Form	990-T	Ex	cempt Organization Business Income Tax Return (and proxy tax under section 6033(e)))	OMB No. 1545-0047	
		For cale	ndar year 2021 or other tax year beginning $\underline{-06/01}$, 2021, and ending $\underline{-05/31}$, 20	22_	2021	
	tment of the Treasury	. .	► Go to www.irs.gov/Form990T for instructions and the latest information.	- 1	Open to Public Inspection for	
_	al Revenue Service	▶ Do	not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(_	501(c)(3) Organizations Only	
Α _	Check box if address changed.				oyer identification number	
	empt under section	Print	TRUSTEES OF BOSTON COLLEGE Number, street, and room or suite no. If a P.O. box, see instructions.		2103545 exemption number	
	1 .	or		structions)		
Λ	501(C)(3) 408(e) 220(e)	Туре	140 COMMONWEALTH AVENUE, STE 440 City or town, state or province, country, and ZIP or foreign postal code			
	408(e) 220(e) 408A 530(a)		CHESTNUT HILL, MA 02467		Check box if	
	529(a) 529A		k value of all assets at end of year		an amended return.	
G (heck organization t					
	heck organization to	• •	Claim credit from Form 8941 Claim a refund shown on Form 2	439		
			ation filing a consolidated return with a 501(c)(2) titleholding corporation			
			Schedules A (Form 990-T)			
			corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?			
	-		identifying number of the parent corporation		P ies _A No	
	-		LYNDSAY KING Telephone number ▶ 617-	-552-	.3363	
	no books are in ear		CONTROLLER'S OFFICE, 140 COMM AVE	332	3303	
			CHESTNUT HILL, MA 02467-3800			
		`	dillo incl. incl., Fit 02107 3000			
Par	Total Unre	elated E	Business Taxable Income			
1			ness taxable income computed from all unrelated trades or businesses (see			
•					4,365,178.	
2					1/303/1/01	
3					4,365,178.	
4			see instructions for limitation rules)		1/303/1/01	
5			axable income before net operating losses. Subtract line 4 from line 3		4,365,178.	
6			g loss. See instructions	• —	4,365,178.	
7			ness taxable income before specific deduction and section 199A deduction.			
			·			
8			ally \$1,000, but see instructions for exceptions)		NONE	
9			uction. See instructions			
10			es 8 and 9		NONE	
11			uble income. Subtract line 10 from line 7. If line 10 is greater than line 7,			
	enter zero			. 11	NONE	
Pai	rt II Tax Com	outatio	1			
1			corporations. Multiply Part I, line 11 by 21% (0.21)	1	NONE	
2			rates. See instructions for tax computation. Income tax on the amount on			
	Part I, line 11 fron	n: [Tax rate schedule or Schedule D (Form 1041)	2		
3	Proxy tax. See in	structions	 >	3		
4			structions	. 4		
5			trusts only).	. 5		
6			lity income. See instructions	. 6		
7			6 to line 1 or 2, whichever applies	. 7	NONE	
For I			Notice, see instructions.		Form 990-T (2021)	

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

	or which an extension request must be sent form, visit www.irs.gov/e-file-providers/e-file-			uctions). For more de	tails	on the electronic			
Automatic	6-Month Extension of Time. Only subm	it original	(no copies needed).						
	ions required to file an income tax return oth orm 7004 to request an extension of time to f			0-C filers), partnership	s, R	EMICs, and trusts			
Type or	Name of exempt organization or other filer, see in	nstructions.	T	axpayer identification nu	mber	(TIN)			
print	TRUSTEES OF BOSTON COLLEGE			04-2103545	5				
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions.								
filing your	140 COMMONWEALTH AVENUE SUITE 440								
return. See nstructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.								
matruotiona.	CHESTNUT HILL, MA 02467								
Enter the R	eturn Code for the return that this application	is for (file	a separate application for	each return)		0 7			
Application		Return	Application			Return			
ls For		Code	Is For			Code			
Form 990 o	r Form 990-EZ	01	Form 1041-A			08			
Form 4720	,	03	Form 4720 (other than i	individual)		09			
Form 990-P		04	Form 5227			10			
	(sec. 401(a) or 408(a) trust)	05	Form 6069			11			
	(trust other than above)	06	Form 8870			12			
Form 990-T	(corporation)	07							
Telephon If the org If this is for the whole list with the	ne No. ▶ 617 552-3363 anization does not have an office or place of or a Group Return, enter the organization's following the group, check this box ▶	business ir ur digit Gro f it is for pa ion is for.	oup Exemption Number (Glart of the group, check this	-2003 this box EN)s box ▶ [
	est an automatic 6-month extension of time u			, to file the exempt	orga	anization return			
> X	calendar year 20 or tax year beginning 06 /	01_, 20 21	, and ending						
	Change in accounting period								
	application is for Forms 990-PF, 990-T,	4720, or	6069, enter the tenta	tive tax, less any		_			
	fundable credits. See instructions.	4706	0000		3a	\$			
	application is for Forms 990-PF, 990-T,		-	dable credits and		_			
	ated tax payments made. Include any prior year			m if required by	3b	\$			
	ce due. Subtract line 3b from line 3a. Ir EFTPS (Electronic Federal Tax Payment Syster			iii, ii requirea, by		•			
				o Form 9452 TF and F-	3c				
nstructions.	ou are going to make an electronic funds withdraw	rai (direct de	טונן שונוו נוווא רסרווו אסטא, se	E FUIII 0403-1E and F0	ım 8	ore-i⊏ ior payment			
	Act and Paperwork Reduction Act Notice, see inst	ructions			Form	8868 (Rev. 1-2022)			
					, 5,,,,,	(

Form	990-T (2021)	04-	210354	: 5	Page 2
Pa	rt III Tax and Payments				
1 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a				
Ь	Other credits (see instructions)				
C	General business credit. Attach Form 3800 (see instructions) 1c				
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 1d				
е	Total credits. Add lines 1a through 1d	. 1e			
2	Subtract line 1e from Part II, line 7	. 2		N	IONE
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866				
	Other (attach statement)	. 3	<u></u>		
4	Total tax. Add lines 2 and 3 (see instructions).				
	section 1294. Enter tax amount here	. 4		N	ONE
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)				
6 a	Payments: A 2020 overpayment credited to 2021 6a				
b	2021 estimated tax payments. Check if section 643(g) election applies ▶ 6b				
C	Tax deposited with Form 8868				
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d				
e	Backup withholding (see instructions)				
f	Credit for small employer health insurance premiums (attach Form 8941) 6f				
g	Other credits, adjustments, and payments: Form 2439				
	Form 4136 Other Total ▶ 6g				
7	Total payments. Add lines 6a through 6g , ,	. 7			
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8			
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		N	ONE
)	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10			
	Enter the amount of line 10 you want: Credited to 2022 estimated tax				
ar	t IV Statements Regarding Certain Activities and Other Information (see instruction	ns)			
1	At any time during the 2021 calendar year, did the organization have an interest in or a signature of		authority	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	-	- 1		
	here FRANCE, ITALY, SPAIN	roreign	Country	Х	
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to	a forei	ian trust?	A	X
•	If "Yes," see instructions for other forms the organization may have to file.	, a 10101	gri dast:		
3	Enter the amount of tax-exempt interest received or accrued during the tax year				
ļ	Enter available pre-2018 NOL carryovers here ▶\$ 27434158 Do not include any post-2017 NOL carryo				
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deducti	on repo	orted on		
5	Part I, line 6. Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers	Donk			
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.	. Don t	reduce		
	Business Activity Code Available post-2017 N	JOL carn	(O)(Or		
	540000 \$ NONE	VOL Carry	Over		
	720000 \$ 112,468.				
	901101 \$ 41629879.				
a	Did the organization change its method of accounting? (see instructions)	- A GV	77 70		7.7
	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form	11202	If "No"	-	X
	explain in Part V				
		* • • •			
art					
OVIO	e the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.				
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	to the b	est of my kn	owledge	e and
ign	Ma Ma		RS discuss t	his re	tum
ere	FINANCE VP/TREASURER with	th the p	reparer show	wn be	
	Signature of officer Date Title (se	e instruction	ns)? X Yes		No
	Print/Type preparer's name Preparer's signature O4/4/23 Check self-e		PTIN		
id	GWEN SPENCER 04/4/23 self-e	employed	P00641	1463	
	Firm's name DRICEWATERHOUSECOOPERS LID		13-40083		
e (Only		7-530-50		
4	FIIOR	, U I /	Form 990		2024)

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

B Employer identification number

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

A Name of the organization

▶ Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3).

_TR	USTEES OF BOSTON COLLEGE			04-21035	545		
C Ur	related business activity code (see instructions) ▶ 540000			D Sequence:	1	of	3
F De	escribe the unrelated trade or business ►ADVERTISING						
Par			(A) Income	(B) Expe	nses		(C) Net
1a	Gross receipts or sales						
b	Less returns and allowances c Balance ▶	1c					
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
4a	Capital gain net income (attach Sch D (Form 1041 or Form						
	1120)). See instructions	4a					
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b					
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
	statement)	5					
6	Rent income (Part IV)	6					
7	Unrelated debt-financed income (Part V)	7					
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17)						
	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10	104,05	8. 28	,750.		75,308.
11	Advertising income (Part IX)	11					
12	Other income (see instructions; attach statement)						
13	Total. Combine lines 3 through 12		104,05		,750.		75,308.
Pai	Deductions Not Taken Elsewhere See instructions to directly connected with the unrelated business income		nitations on de	ductions. Dedu	ctions n	nust b	е
1	Compensation of officers, directors, and trustees (Part X)				. 1		
2	Salaries and wages						
3	Repairs and maintenance						
4	Bad debts						
5	Interest (attach statement). See instructions						
6	Taxes and licenses						
7	Depreciation (attach Form 4562). See instructions		1 1				
8	Less depreciation claimed in Part III and elsewhere on return				8b		
9	Depletion		,				
10	Contributions to deferred compensation plans						
11	Employee benefit programs						
12	Excess exempt expenses (Part VIII)						
13	Excess readership costs (Part IX)						
14	Other deductions (attach statement)						
15	Total deductions. Add lines 1 through 14						
16	Unrelated business income before net operating loss deduction						
	column (C)			•			75,308.
17	Deduction for net operating loss. See instructions						NONE
18	Unrelated business taxable income. Subtract line 17 from line						75,308.
	aperwork Reduction Act Notice, see instructions.					A (For	m 990-T) 2021

Schedule A (Form 990-T) 2021 Enter method of inventory valuation ▶ Part III Cost of Goods Sold Inventory at beginning of year 1 2 2 3 3 4 Additional section 263A costs (attach statement) 4 5 5 Other costs (attach statement) Total. Add lines 1 through 5 6 Inventory at end of year 7 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes Nο Rent Income (From Real Property and Personal Property Leased with Real Property) Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. Α В С D C Rent received or accrued a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) **b** From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D . . Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) Unrelated Debt-Financed Income (see instructions) Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. Α В С Α В С D 2 Gross income from or allocable to debt financed property 3 Deductions directly connected with or allocable to debt-financed property a Straight line depreciation (attach statement). Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt - financed property (attach statement) 5 Average adjusted basis of or allocable to debtfinanced property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 8 9 Allocable deductions. Multiply line 3c by line 6 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 10 11

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Schedule A (Form 990-T) 2021

	10/1 Local - 10 - 1 - 1 - 10 - 10		Idea and D. 1	- 6	0 (111 0			1 age 🔾
Part	interest, Ann	iuities, Roya	ities, and Rent	s tro		zations (see instructions)		
					Exempt Con	trolled Organizations		
		2. Employer identification number	tification income (loss)		4. Total of specified payments made	Part of column 4 that is included in the controlling organization's gross income	Deductions directly connected with income in column 5	
(1)								
(2)								
(3)								
(4)								
• • • • • • • • • • • • • • • • • • • •			Nonexe	empt	Controlled Organization	ns		
	7. Taxable income	i	Net unrelated ncome (loss) ee instructions)		Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income		1. Deductions directly connected with ncome in column 10
(1)								
(2)								
(3)								
(4)								
Totals						Add columns 5 and 10. Enter here and on Part I, line 8, column (A)		dd columns 6 and 11. nter here and on Part I, line 8, column (B)
Part					(9), or (17) Organiza	tion (see instructions)		
	1. Description of income		mount of income		3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)		5. Total deductions and set-asides add columns 3 and 4)
(1)								
(2)								
(3)								
(4)								
Tatala		Enter lin	nounts in column 2. here and on Part I, e 9, column (A)					d amounts in column 5. hter here and on Part I, line 9, column (B)
	VIII Exploited Ex		ty Income Oth	or T	han Advertising Incor	ma (ann instructions)		
			· · · · · · · · · · · · · · · · · · ·			ne (see instructions)		
1					ADVERTISING	mt I line 40 selumer (A)		104 050
2						rt I, line 10, column (A)	2	104,058.
3	•		•			nter here and on Part I,		00 750
	. ,						3	28,750.
4	` '					e 2. If a gain, complete		75 200
_	lines 5 through 7						4	75,308.
5	Gross income from a	•					5	
6	Expenses attributable					then the emerget !!	6	
7	4 Enter here and an I		mile o from fine	σ,	but do not enter more	than the amount on line	_	

Schedule A (Form 990-T) 2021

Schedule A (Form 990-T) 2021 Page 4

	t IX Advertising Income				
1	Name(s) of periodical(s). Check box if r	eporting two or more periodicals o	n a consolidated basis.		
	Α				
	В				
	c				
	D				
Enter	amounts for each periodical listed above	in the corresponding column.			
		Α	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here a	nd on Part I, line 11, column (A),			>
	, and the second				
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here a				>
		(=/:			•
4	Advertising gain (loss). Subtract line 3 fr	om line			
-	2. For any column in line 4 showing				
	complete lines 5 through 8. For any col	-			
	line 4 showing a loss or zero, do not co				
	lines 5 through 7, and enter zero on line				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is les				
'	line 5, subtract line 6 from line 5. If line 5				
	than line 6, enter zero				
8	Excess readership costs allowed				
0	•				
	deduction. For each column showing a				
_	line 4, enter the lesser of line 4 or line 7.		- 0		
а	Add line 8, columns A through D.				on
	Part II, line 13				<u> </u>
Par	t X Compensation of Officers,	Directors, and Trustees (see instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Title	C	of time devoted	attributable to
				to business	unrelated business
(1)				0/	
(2)				%	
(3)				%	
(4)				%	
(4)				%	
T-4-	L Enter have and an Dort II line 1				
	I. Enter here and on Part II, line 1				
Par	t XI Supplemental Information	(see instructions)			

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

B Employer identification number

Department of the Treasury Internal Revenue Service

A Name of the organization

▶ Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 501(c)(3) Organizations Only

OMB No. 1545-0074

_T.K	JSTEES OF BOSTON COLLEGE			04-2103	545		
C Un	related business activity code (see instructions) ▶ 720000			D Sequence:	2	of	3
E De	scribe the unrelated trade or business ►CATERING						
Par	Unrelated Trade or Business Income		(A) Income	(B) Exp	enses	(C) Net
1a	Gross receipts or sales						
b	Less returns and allowances c Balance ▶	1c					
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
4a	Capital gain net income (attach Sch D (Form 1041 or Form						
	1120)). See instructions	4a					
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b					
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
	statement)	5					
6	Rent income (Part IV)						
7	Unrelated debt-financed income (Part V)	7					
8	Interest, annuities, royalties, and rents from a controlled	_					
•	organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17)						
10	organizations (Part VII)						
11	Advertising income (Part IX)						
12	Other income (see instructions; attach statement) STMT 1		457,84	12		1	57,842.
13	Total. Combine lines 3 through 12		457,84				57,842.
	Deductions Not Taken Elsewhere See instructions f				uctions r		
	directly connected with the unrelated business incom		mationic on do	addiono. Dod			
1	Compensation of officers, directors, and trustees (Part X)				1		
2	Salaries and wages						
3	Repairs and maintenance						
4	Bad debts						
5	Interest (attach statement). See instructions						
6	Taxes and licenses		1 1		6		
7	Depreciation (attach Form 4562). See instructions						
8	Less depreciation claimed in Part III and elsewhere on return				8b		
9	Depletion						
10	Contributions to deferred compensation plans						
11	Employee benefit programs						
12	Excess exempt expenses (Part VIII)						
13 14	Excess readership costs (Part IX)					5.	54,379.
	Total deductions. Add lines 1 through 14						54,379.
15 16	Unrelated business income before net operating loss deduction					اد	J I , J J .
10	column (C)			•	.	_1	06,537.
17	Deduction for net operating loss. See instructions						NONE
18	Unrelated business taxable income. Subtract line 17 from line 1					-10	$\frac{10000}{16,537}$
	perwork Reduction Act Notice, see instructions.						990-T) 2021

Schedule A (Form 990-T) 2021 Page 2 Enter method of inventory valuation ▶ Part III Cost of Goods Sold Inventory at beginning of year 1 2 2 3 3 4 Additional section 263A costs (attach statement) 4 5 5 Other costs (attach statement) Total. Add lines 1 through 5 6 Inventory at end of year 7 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes Nο Rent Income (From Real Property and Personal Property Leased with Real Property) Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. Α В С D C Rent received or accrued a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) **b** From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D . . Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) Unrelated Debt-Financed Income (see instructions) Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. Α В С Α В С D 2 Gross income from or allocable to debt financed property Deductions directly connected with or allocable 3 to debt-financed property a Straight line depreciation (attach statement). Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt - financed property (attach statement) 5 Average adjusted basis of or allocable to debtfinanced property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 8 9 Allocable deductions. Multiply line 3c by line 6 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 10 11

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Schedule A (Form 990-T) 2021 Page 3

Part	VI Interest, Ann	uities, Roy	alties, and Rent	s fro	m Controlled Organi	izations (see instructions)				
	•		Exempt Controlled Organizations							
1	I. Name of controlled organization	2. Employe identification number)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5			
(1)										
(2)										
(3)										
(4)										
			Nonexe	empt	Controlled Organization	ns				
	7. Taxable income		8. Net unrelated income (loss) (see instructions)		9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10			
(1)										
(2)										
(3)										
(4)										
Totals						Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)			
Part					(9), or (17) Organiza	tion (see instructions)				
	1. Description of income		Amount of income	,	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)			
(1)										
(2)										
(3)										
(4)										
		Ent	amounts in column 2. er here and on Part I, ine 9, column (A)				Add amounts in column 5. Enter here and on Part I, line 9, column (B)			
	VIII		-46-1 C**		han Administra					
Part			vity income, Oth	er i i	han Advertising Inco	me (see instructions)				
1	Description of exploite	· -			.					
2						art I, line 10, column (A)	2			
3			•			nter here and on Part I,				
_	, , ,						3			
4	` '					e 2. If a gain, complete				
	· ·						4			
5	Gross income from ac	•					5			
6	Expenses attributable						6			
7		nses. Subtra	ct line 5 from line	6, l	but do not enter more	than the amount on line				

Schedule A (Form 990-T) 2021

04/4/23

Schedule A (Form 990-T) 2021 Page 4

	t IX Advertising Income				
1	Name(s) of periodical(s). Check box if r	eporting two or more periodicals o	n a consolidated basis.		
	Α				
	В				
	c				
	D				
Enter	amounts for each periodical listed above	in the corresponding column.			
		Α	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here a	nd on Part I, line 11, column (A),			>
	, and the second				
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here a				>
		(=/:			•
4	Advertising gain (loss). Subtract line 3 fr	om line			
-	2. For any column in line 4 showing				
	complete lines 5 through 8. For any col	-			
	line 4 showing a loss or zero, do not co				
	lines 5 through 7, and enter zero on line				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is les				
'	line 5, subtract line 6 from line 5. If line 5				
	than line 6, enter zero				
8	Excess readership costs allowed				
0	•				
	deduction. For each column showing a				
_	line 4, enter the lesser of line 4 or line 7.		- 0		
а	Add line 8, columns A through D.				on
	Part II, line 13				<u> </u>
Par	t X Compensation of Officers,	Directors, and Trustees (see instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Title	C	of time devoted	attributable to
				to business	unrelated business
(1)				0/	
(2)				%	
(3)				%	
(4)				%	
(4)				%	
T-4-	L Enter have and an Dort II line 1				
	I. Enter here and on Part II, line 1				
Par	t XI Supplemental Information	(see instructions)			

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

04-2103545

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

A Name of the organization

TRUSTEES OF BOSTON COLLEGE

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3).

B Employer identification number

C Un	related business activity code (see instructions) ▶ 901101			D Sequence:	3	of	3
E De	scribe the unrelated trade or business ►QUALIFYING PAR	TNE	RSHIP INT	TERESTS			
Par	Unrelated Trade or Business Income		(A) Income	(B) Expen	ses	(0	C) Net
1a	Gross receipts or sales						
b	Less returns and allowances c Balance ▶	1c					
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
4a	Capital gain net income (attach Sch D (Form 1041 or Form						
	1120)). See instructions	4a	2,392,16	58.		2,39	92,168.
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b					
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
	statement) SEE. STATEMENT. 1	5	4,060,25	57.		4,06	50,257.
6	Rent income (Part IV)	6					
7	Unrelated debt-financed income (Part V)	7					
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17)						
	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10					
11	Advertising income (Part IX)	11					
12	Other income (see instructions; attach statement)	12					
13	Total. Combine lines 3 through 12						<u>52,425.</u>
Par			nitations on de	ductions. Deduc	tions r	nust be	
	directly connected with the unrelated business incom	е					
1	Compensation of officers, directors, and trustees (Part X)				. 1		
2	Salaries and wages						
3	Repairs and maintenance				. 3		
4	Bad debts						
5	Interest (attach statement). See instructions				. 5		
6	Taxes and licenses				. 6		
7	Depreciation (attach Form 4562). See instructions		7				
8	Less depreciation claimed in Part III and elsewhere on return . $\ .$		8a		8b		
9	Depletion				. 9		
10	Contributions to deferred compensation plans				. 10		
11	Employee benefit programs						
12	Excess exempt expenses (Part VIII)				. 12		
13	Excess readership costs (Part IX)						
14	Other deductions (attach statement)						<u>52,555.</u>
15	Total deductions. Add lines 1 through 14					2,16	<u>52,555.</u>
16	Unrelated business income before net operating loss deduction	. Sub	tract line 15 fro	m Part I, line 13,			
	column (C)				. 16	4,28	<u>89,870.</u>
17	Deduction for net operating loss. See instructions						NONE
18	Unrelated business taxable income. Subtract line 17 from line	16					<u>39,870.</u>
For Pa	aperwork Reduction Act Notice, see instructions.			So	hedule	A (Form	990-T) 2021

Schedule A (Form 990-T) 2021 Enter method of inventory valuation ▶ Part III Cost of Goods Sold Inventory at beginning of year 1 2 2 3 3 4 Additional section 263A costs (attach statement) 4 5 5 Other costs (attach statement) Total. Add lines 1 through 5 6 Inventory at end of year 7 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes Nο Rent Income (From Real Property and Personal Property Leased with Real Property) Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. Α В С D C Rent received or accrued a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) **b** From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D . . Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) Unrelated Debt-Financed Income (see instructions) Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. Α В С Α В С D 2 Gross income from or allocable to debt financed property 3 Deductions directly connected with or allocable to debt-financed property a Straight line depreciation (attach statement). Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt - financed property (attach statement) 5 Average adjusted basis of or allocable to debtfinanced property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 8 9 Allocable deductions. Multiply line 3c by line 6 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 10 11

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Schedule A (Form 990-T) 2021

	W Interest Ann	ldlaa Daw I	tion and De 1	- from Controlled C	veninations (c. 1. f. d. 1.	1 age 2
Par	interest, Ann	nuities, Koyali	iles, and Kent		ganizations (see instructions)	
					Controlled Organizations	
•	Name of controlled organization	2. Employer identification number	3. Net unrelate income (loss) (see instruction	payments made	5. Part of column 4 that is included in the controlling organization's gross income	Deductions directly connected with income in column 5
(1)						
(2)						
(3)						
(4)						
		'	Nonexe	empt Controlled Organiz	ations	
	7. Taxable income	in	Net unrelated come (loss) e instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)						
(2)						
(3)						
(4)						
Totals					Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
Part					nization (see instructions)	
	1. Description of income		ount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)						
(2)						
(3)						
(4)						
		Enter h line	ounts in column 2. ere and on Part I, 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
			1 01	TI A I 41 1		
			y income, Oth	er inan Advertising In	ncome (see instructions)	
1	Description of exploit					
2					Part I, line 10, column (A)	2
3	•				. Enter here and on Part I,	
	line 10, column (B)					3
4	` ,				line 2. If a gain, complete	
_	lines 5 through 7					4
5		•		s income		5
6	•					6
7	Excess exempt expe		line 5 from line	o, but do not enter mo	ore than the amount on line	

Schedule A (Form 990-T) 2021

	ne A (Foini 990-1) 2021				rage 4
Par	t IX Advertising Income				
1	Name(s) of periodical(s). Check box if r	eporting two or more periodicals on a	consolidated basis.		
	A .				
	В				
	c				
Entor	D amounts for each periodical listed above	in the corresponding column			
illei	amounts for each periodical listed above				
		A	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here a	nd on Part I, line 11, column (A)			—
				T	
3	Direct advertising costs by periodical .				
а	Add columns A through D. Enter here a	nd on Part I, line 11, column (B)			
4	Advertising gain (loss). Subtract line 3 fr	om line			
	2. For any column in line 4 showing	a gain,			
	complete lines 5 through 8. For any co	-			
	line 4 showing a loss or zero, do not co				
	lines 5 through 7, and enter zero on line				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is les				
•	line 5, subtract line 6 from line 5. If line 9				
	•				
	than line 6, enter zero				
8	Excess readership costs allowed				
	deduction. For each column showing a	·			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D.	_		or zero here and	on
	Part II, line 13				>
Par	X Compensation of Officers,	Directors, and Trustees (see	instructions)		
			3	3. Percentage	4. Compensation
	1. Name	2. Title		f time devoted	attributable to
	Titalio	21 1143		to business	unrelated business
				to business	uni ciateu business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
Total	. Enter here and on Part II, line 1				
Par	XI Supplemental Information	(see instructions)			

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

► Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2021

Name	•				Employ	er identifica	tion number
TRUSTEES OF BOSTON COLLEGE							545
_	ne corporation dispose of any investment(s) in a	qualified opportuni	tv fund during the ta	ıx vear?		Yes	X No
	s," attach Form 8949 and see its instructions for						
Part				, , , , , , , , , , , , , , , , , , , 			
	See instructions for how to figure the amounts to enter on			(g) Adjustments	to gain	(h) Gain or	(loss)
	the lines below.	(d) Proceeds	(e) Cost	or loss from For			olumn (e) from
	This form may be easier to complete if you round off cents to	(sales price)	(or other basis)	8949, Part I, lin	e 2,		and combine with column (g)
1a	whole dollars. Totals for all short-term transactions reported on Form			column (g)		the result	with column (g)
	1099-B for which basis was reported to the IRS and for						
	which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949,						
	leave this line blank and go to line 1b						
1 b	Totals for all transactions reported on Form(s) 8949						
	with Box A checked						
2	Totals for all transactions reported on Form(s) 8949						
	with Box B checked						
3	Totals for all transactions reported on Form(s) 8949						
	with Box C checked						18,978.
4	Short-term capital gain from installment sales from F	orm 6252, line 26 or 3	7		4		
5	Short-term capital gain or (loss) from like-kind exchan	aes from Form 8824			5		
	1 3 ()	•			-		
6	Unused capital loss carryover (attach computation)				6	()
·	Chased capital loss carryover (attach compatition)				- ├-	\	
7	Net short-term capital gain or (loss). Combine lines 1	a through 6 in column	h		. 7		10 070
Part					/		18,978.
rail	See instructions for how to figure the amounts to enter on			(g) Adjustments	to gain	(h) Gain or	(loss)
	the lines below.	(d) Proceeds	(e) Cost	or loss from For			olumn (e) from
	This form may be easier to complete if you round off cents to	(sales price)	(or other basis)	8949, Part II, lii	ne 2,		and combine
- 82	whole dollars. Totals for all long-term transactions reported on Form			column (g)		the result	with column (g)
0a	1099-B for which basis was reported to the IRS and for						
	which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949,						
	leave this line blank and go to line 8b						
8b	Totals for all transactions reported on Form(s) 8949						
	with Box D checked						
9	Totals for all transactions reported on Form(s) 8949						
	with Box E checked						
10	Totals for all transactions reported on Form(s) 8949						
	with Box F checked						441,010.
11	Enter gain from Form 4797, line 7 or 9				11	1	,932,180.
					•		· · ·
12	Long-term capital gain from installment sales from Fo	orm 6252 line 26 or 3	7		12		
		o 0202,0 20 0. 0			•		
13	Long-term capital gain or (loss) from like-kind exchange	nes from Form 8824			13		
13	Long-term capital gain of (1033) from like-kind exchang	gc3 110111 1 01111 0024			· 13		
4.4	Capital gain distributions (ass instructions)				144		
14	Capital gain distributions (see instructions)				. 14		
4-	Net least terms conited asia. (I. N. O. Li. II. O.		L		4-		272 100
15	Net long-term capital gain or (loss). Combine lines 8a	through 14 in column	<u>ın</u>		. 15		,373,190.
Part	Summary of Parts I and II						
			11 (2. 45)				10 0=-
16	Enter excess of net short-term capital gain (line 7) ov	er net long-term capita	ai ioss (line 15)		. 16		18,978.
17	Net capital gain. Enter excess of net long-term capital						,373,190.
18	Add lines 16 and 17. Enter here and on Form 1120,	page 1, line 8, or the	applicable line on othe	r returns	18	2	,392,168.
	Note: If losses exceed gains, see Capital Losses in the	instructions.					

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

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Schedule D (Form 1120) 2021

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return Social security number or taxpayer identification number								ion number
TRUSTEES	OF BOSTON COLLEGE				0	4-2103545		
statement	I check Box A, B, or C below, will have the same information I may even tell you which box	on as Form 10		,		. , ,		
Part I	Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.							
	Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).							
complete	t check Box A, B, or C bel a separate Form 8949, p r more of the boxes, com	page 1, for e	ach applicab	le box. If you ha	ve more shor	t-term transac		
(B)	Short-term transactions re Short-term transactions re Short-term transactions n	eported on F	orm(s) 1099-	-B showing basis	•	•	e Note above)	
1	(a) (b)		(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	See the senarate instructions		(h) Gain or (loss). Subtract column (
Description of property (Example: 100 sh. XYZ Co.) Date acquired disposed of (Mo., day, yr.) Mo., day, yr.) Date sacquired disposed of (sales price) (see instructions) (sales price) in the separate instructions Code(s) from Amou						(g) Amount of adjustment	from column (d) a combine the resu with column (g)	

(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
SHORT TERM CAPITAL GAIN/(LOSS)	VAR	VAR					16,380.
FORM 6781, PART 1	VAR	VAR					2,598.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C above is checked).	I here and inc is checked), lin	lude on your e 2 (if Box B					18,978.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2021)					Attach	nment Sequence No.	12A Page 2	
Name(s) shown on return. Name and SSN or tax	ayer identification n	o. not required if sh	own on other side	Social sec	curity number or	taxpayer identificat	ion number	
TRUSTEES OF BOSTON COLLEGE				04	-2103545			
Before you check Box D, E, or F below, statement will have the same informat broker and may even tell you which bo.	ion as Form 10	,	• /		. , ,			
Part II Long-Term. Transactinstructions). For sho	tions involvi ort-term tran	ing capital a sactions, se	ssets you held e page 1.	more than 1	year are ge	enerally long-te	erm (see	
Note: You may agg to the IRS and for w 8a; you aren't requir	/hich no adj	justments o	r codes are re	quired. Enter	the totals d	irectly on Sche		
You must check Box D, E, or F b a separate Form 8949, page 2, fo more of the boxes, complete as m (D) Long-term transactions r (E) Long-term transactions r x (F) Long-term transactions r	r each applic any forms wit eported on F eported on F	able box. If y h the same b orm(s) 1099- orm(s) 1099-	ou have more lo oox checked as y -B showing basis B showing basis	ng-term transa ou need. was reported t	actions than voo	will fit on this pa	•	
1 (a) Description of property	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see Column (e)	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.			
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	(Mo., day, yr.)	(see instructions)	in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	ount of with column (g)	
LONG TERM CAPITAL GAIN/ (LOSS)	VAR	VAR					437,113.	
FORM 6781, PART 1	VAR	VAR					3,897.	
2 Totals. Add the amounts in columns								

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form **8949** (2021)

441,010.

negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)

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

OMB No. 1545-0184

Department of the Treasury

► Attach to your tax return. Go to www.irs.gov/Form4797 for instructions and the latest information.

		7 to WWW.113.gc	777 07711-7-57 10	n matructions ar	id the latest line		-l 4	dequence No. = 1
van	ne(s) shown on return					'	-	ring number
	USTEES OF BOSTON COLLE						04-2	103545
1 a	Enter the gross proceeds from sa	•			` '	`		
	substitute statement) that you are in	ncluding on line 2	, 10, or 20. See i	nstructions			1a	
b	Enter the total amount of gain th	at you are inclu	ding on lines 2,	, 10, and 24 due	to the partial disp	ositions of		
	MACRS assets							
c	c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS							
	assets						1c	
Pa	rt I Sales or Exchanges of						ns Fro	om Other
	Than Casualty or Thef	t - Most Prop	erty Held Mo	re Than 1 Year	(see instruction	s)		
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or basis, pl improvement expense of	us its and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
								1,932,180.
3	Gain, if any, from Form 4684, line 3	9					3	
4	Section 1231 gain from installment	t sales from Form	n 6252, line 26 or	37			4	
5	Section 1231 gain or (loss) from like	ke-kind exchanges	from Form 8824				5	
6	Gain, if any, from line 32, from other						6	
7	Combine lines 2 through 6. Enter t		7	1,932,180.				
	Partnerships and S corporations. line 10, or Form 1120-S, Schedule h				for Form 1065, S	chedule K,		
	Individuals, partners, S corporation from line 7 on line 11 below and 1231 losses, or they were recapture. Schedule D filed with your return and the schedule D filed with your return and the schedule.	skip lines 8 and ed in an earlier y	9. If line 7 is a ear, enter the ga	gain and you didn' ain from line 7 as a	t have any prior ye	ear section		
8	Nonrecaptured net section 1231 lo	sses from prior ye	ars. See instructi	ons			8	
9	Subtract line 8 from line 7. If zero	or less. enter -0-	. If line 9 is zero	. enter the gain fro	m line 7 on line 12	2 below. If		
	line 9 is more than zero, enter the a							
	capital gain on the Schedule D filed	with your return.	See instructions				9	
Рa	rt II Ordinary Gains and Lo	sses (see ins	structions)					_
10	Ordinary gains and losses not inclu	uded on lines 11	through 16 (inclu	ide property held 1 ye	ear or less):			
11	Loss, if any, from line 7						11	()
12	Gain, if any, from line 7 or amount	from line 8, if app	licable				12	1,932,180.
13	Gain, if any, from line 31						13	
14	Net gain or (loss) from Form 4684,	lines 31 and 38a					14	
15	Ordinary gain from installment sale	es from Form 625	2, line 25 or 36				15	
16								
17	, , , , , , , , , , , , , , , , , , ,							1,932,180.
18	For all except individual returns, en			the appropriate line	of your return and	skip lines		
	a and b below. For individual returns			- (-)(::)		Forton III		
а	If the loss on line 11 includes a loss							
	loss from income-producing propert					-	100	
h	an employee.) Identify as from "Form Redetermine the gain or (loss) on						18a	
~	(Form 1040), Part I, line 4						18b	
or	Paperwork Reduction Act Notice, s							Form 4797 (2021)

JSA

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Form 4797 (2021) 04-2103545 Page 2

(see instructions) (a) Description of section 1245, 1250, 1252, 1254, c	or 125	55 property:			(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	
A		(mo., day, yr.)	(mo., day, yi.)				
3							
<u> </u>							
)							
		Property A	Property B		Property C	Property D	
These columns relate to the properties on lines 19A through 19D	. ▶				. roporty o		
Gross sales price (Note: See line 1 before completing.)	20						
Cost or other basis plus expense of sale	21						
Depreciation (or depletion) allowed or allowable	22						
Adjusted basis. Subtract line 22 from line 21	23						
Total gain. Subtract line 23 from line 20	24						
If section 1245 property:							
Depreciation allowed or allowable from line 22	25a						
	25b						
If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.							
Additional depreciation after 1975. See instructions .	26a						
Applicable percentage multiplied by the smaller of							
line 24 or line 26a. See instructions	26b						
Subtract line 26a from line 24. If residential rental property							
or line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
Additional depreciation after 1969 and before 1976.	26d						
Enter the smaller of line 26c or 26d	26e						
Section 291 amount (corporations only)	26f						
Add lines 26b, 26e, and 26f	26g						
If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.							
Soil, water, and land clearing expenses	27a						
Line 27a multiplied by applicable percentage. See instructions	27b						
Enter the smaller of line 24 or 27b	27c						
If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits,							
mining exploration costs, and depletion. See instructions	28a						
Enter the smaller of line 24 or 28a	28b						
If section 1255 property:							
Applicable percentage of payments excluded from							
income under section 126. See instructions	29a						
Enter the smaller of line 24 or 29a. See instructions							
nmary of Part III Gains. Complete property		lumns A through	D through line	29b	before going to lir	ne 30.	
1 1 7533		J	<u> </u>				
Total gains for all properties. Add property columns A	throu	ıgh D, line 24			30		
Add property columns A through D, lines 25b, 26g, 2							
Subtract line 31 from line 30. Enter the portion from							
other than casualty or theft on Form 4797, line 6		•					
Recapture Amounts Under Section (see instructions)	s 17	9 and 280F(b)(2)	When Busine	ss l	Ise Drops to 50%	or Less	
•					(a) Section	(b) Section	
					179	280F(b)(2)	
Section 179 expense deduction or depreciation allow	ahle i	n prior vears	Γ	33			
Recomputed depreciation. See instructions				34			
Recapture amount. Subtract line 34 from line 33. See				5 T			

6781

7

8

Gains and Losses From Section 1256 Contracts and Straddles

Attachment

6

7

8

6,495

2,598

3,897

OMB No. 1545-0644

► Go to www.irs.gov/Form6781 for the latest information. Department of the Treasury Internal Revenue Service ► Attach to your tax return. Sequence No. 82 Name(s) shown on tax return Identifying number TRUSTEES OF BOSTON COLLEGE 04-2103545 Check all applicable boxes. A ☐ Mixed straddle election C Mixed straddle account election See instructions. **B** Straddle-by-straddle identification election **D** ☐ Net section 1256 contracts loss election **Section 1256 Contracts Marked to Market** Part I (a) Identification of account (b) (Loss) (c) Gain 1 INVESTMENT PARTNERSHIPS 6,495 Add the amounts on line 1 in columns (b) and (c) 6,495 3 Net gain or (loss). Combine line 2, columns (b) and (c) 3 6,495 4 Form 1099-B adjustments. See instructions and attach statement . . . 4 5 Combine lines 3 and 4 5 6,495 Note: If line 5 shows a net gain, skip line 6 and enter the gain on line 7. Partnerships and S corporations, see instructions. 6 If you have a net section 1256 contracts loss and checked box D above, enter the amount of loss to

Gains and Losses From Straddles. Attach a separate statement listing each straddle and its components. Part II

be carried back. Enter the loss as a positive number. If you didn't check box D, enter -0-

Short-term capital gain or (loss). Multiply line 7 by 40% (0.40). Enter here and include on line 4 of

Long-term capital gain or (loss). Multiply line 7 by 60% (0.60). Enter here and include on line 11 of

	(a) Description of property	(b) Date entered into or acquired	(c) Date closed out or sold	(d) Gross sales price	(e) Cost or other basis plus expense of sale	(f) Loss. If column (e) is more than (d), enter difference. Otherwise, enter -0	(g) Unrecog gain o offsett positio	on ing	(h) Recognized loss. If column (f) is more than (g), enter difference. Otherwise, enter -0
10									
	Enter the short-term portion of D or on Form 8949. See instru							11a	()
	Enter the long-term portion of D or on Form 8949. See instru							11b	()
	on B—Gains From Straddle							11b	[(

(f) Gain. (b) Date (c) Date (d) Gross (a) Description of property (e) Cost or If column (d) is entered into closed out sales price other basis more than (e), or acquired or sold plus expense enter difference. of sale Otherwise, enter -0-. 12 Enter the short-term portion of gains from line 12, column (f), here and include on line 4 of Schedule D 13a Enter the long-term portion of gains from line 12, column (f), here and include on line 11 of Schedule

Unrecognized Gains From Positions Held on Last Day of Tax Year. Memo entry only (see instructions) Part III (e) Unrecognized (a) Description of property (b) Date (c) Fair market (d) Cost or gain. If column (c) other basis acquired value on last is more than (d), business day as adjusted enter difference. of tax year Otherwise, enter -0-. 14

TRUSTEES OF BOSTON COLLEGE 04-2103545

SCHEDULE A: CATERING

PART I - LINE 12 - OTHER INCOME

457,842. CATERING

TOTAL OTHER INCOME 457,842.

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04-2103545 TRUSTEES OF BOSTON COLLEGE SCHEDULE A: CATERING PART II - LINE 14 - OTHER DEDUCTIONS DINING/CATERING COSTS 294,017. FLOWERS/CONTRACT SERVICES/OTHER 270,362.

TOTAL OTHER DEDUCTIONS

564,379.

=========

TRUSTEES OF BOSTON COLLEGE

04-2103545

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

INCOME (TiOSS)	FROM	PARTNERSHIPS	AND/OR	S	CORPORATIONS

SHARE OF	SHARE OF	GAIN OR
GROSS INCOME	DEDUCTIONS	(LOSS
4,060,257.		4,060,257.

INCOME (LOSS) FROM PARTNERSHIPS

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

4,060,257.

==========

TRUSTEES OF BOSTON COLLEGE 04-2103545 SCHEDULE A: THE ONLY OR FIRST UNRELATED TD OR BUS. PART II - LINE 14 - OTHER DEDUCTIONS 42,325. TAX PREPARATION FEES INVESTMENT MANAGEMENT EXPENSE 2,120,230.

TOTAL OTHER DEDUCTIONS 2,162,555.

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ATTACHMENT 4

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

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

ATTACHMENT 4A

FORM 990-T, SCHEDULE OF NOL GENERATED AFTER TCJA - TAX YEARS BEGINNING AFTER 1/1/2018:

DATE	ORIGINAL NOL	AMOUNT AVAILABLE	AMOUNT USED	NOL CARRYOVER TO NEXT YEAR	ACTIVITY GENERATING LOSS
5/31/2019 5/31/2020	20,962,492 15,549,378	20,962,492 15,549,378	0 0	20,962,492 15,549,378	Partnership Investments Partnership Investments
5/31/2021	5,118,009	5,118,009	0	5,118,009	Partnership Investments
	41,629,879	41,629,879	0	41,629,879	
DATE	ORIGINAL NOL	AMOUNT AVAILABLE	AMOUNT USED	NOL CARRYOVER TO NEXT YEAR	ACTIVITY GENERATING LOSS
DAIL	ORIGINAL NOL	AVAILABLE	USLD	10 NEXT TEAK	1033
5/31/2020	37,350	37,350	0	37,350	Catering
5/31/2021	75,118	75,118	0	75,118	Catering
5/31/2022	106,537	106,537	0	106,537	Catering
	·			- · -	
	219,005	219,005	0	219,005	