# \_\_f Organization Exempt Fron

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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.

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

A F	or the	e 2017 calendar year, or tax year beginning 06/01, 201	7, and ending	***************************************		5/31 <b>, 20</b> 18
		C Name of organization		D	Employer identific	ation number
Вс	heck if ap	TRUSTEES OF BOSTON COLLEGE		NAME AND DESCRIPTION OF THE PERSON OF THE PE	04-210354	15
	Addre					
	chang	change Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E	Telephone numbe	r
$\vdash$	Initial	1 4 O COMMONISTER THE RESERVE	440		(617) 552-	2481
-	Final				(011)	
-	termin Amen	nated and the second		٥	Gross receints \$	3,068,613,652.
	return Applic			(a) Is this a group rel		
L	pendir				subordinates?	
			1 1		(b) Are all subordinates	لـــا
		empt status:	1) or 527			a list, (see instructions)
		te: ▶ WWW.BC.EDU	1.		(c) Group exemption	
SOMESTICS.	MANAGEMENT OF THE PARTY OF THE	of organization: X Corporation Trust Association Other	L Year of	formation	n: 1863 <b>M</b> Stat	e of legal domicile: MA
	art I	Summary	COVERNIA			
	1	Briefly describe the organization's mission or most significant activities: $\underline{\hspace{1.5cm} \mathbb{SEE}}$	SCHEDULE	0		
Governance						
nar						
Ver	2	Check this box  if the organization discontinued its operations or disposition	osed of more tha	an 25% o	f its net assets.	1
	3	Number of voting members of the governing body (Part VI, line 1a) $\dots$			3	52.
ళే ഗ	4	Number of independent voting members of the governing body (Part VI, line 1b)	)		4	50.
ij.	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			5	12,359.
Activities &	6	Total number of volunteers (estimate if necessary)			6	58.
Ac	1	Total unrelated business revenue from Part VIII, column (C), line 12				-10,927,232.
		Net unrelated business taxable income from Form 990-T, line 34				-12,994,465.
				T	Prior Year	Current Year
-	8	Contributions and grants (Part VIII, line 1h)		17	1,722,628.	131,641,150.
Revenue	1	Program service revenue (Part VIII, line 2g)			3,389,616.	
ě.	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			8,628,156.	
8	1				1,461,470.	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				1,164,010,591.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12			0,424,419.	207,239,404.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0,424,41).	
		Benefits paid to or for members (Part IX, column (A), line 4)		5.0	7,545,681.	526,990,336.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		50	0.	······
Expenses	16 a	Professional fundraising fees (Part IX, column (A), line 11e)			V.	0.
×	b	Total fundraising expenses (Part IX, column (D), line 25) ▶20,710,67		2.0	0.710.040	216 020 020
144	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			0,713,240.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)				1,051,168,572.
		Revenue less expenses. Subtract line 18 from line 12		<del>                                     </del>	3,595,590.	
Net Assets or Fund Balances					ng of Current Year	
sets	20	Total assets (Part X, line 16)				4,851,948,400.
AS	21	Total liabilities (Part X, line 26)				1,392,003,823.
Ren	22	Net assets or fund balances. Subtract line 21 from line 20		3,29	0,712,940.	3,459,944,577.
Pa	rd III	Signature Block				
Un	der per	nalties of perjury, I declare that I have examined this return, including accompanying sch	edules and staten	nents, and	d to the best of my	knowledge and belief, it is
tru	e, corre	ect, and complete. Declaration of preparer (other than officer) is based on all information of	wnich preparer na	s any kno	wieage.	111
		* HADWE			4/1	1//9
Sig	-	Signature of officer			Date *	′ /
He	re	JOHN D. BURKE FINAN	ICE VP/TRE	ASURE	R	
		Type or print name and title			* * * * * * * * * * * * * * * * * * * *	The state of the s
		Print/Type preparer's name Preparer's signature	Date		Check if	PTIN
Paid	d	GWEN SPENCER	04/04	4/2019	self-employed	P00641463
Pre	parer	DET CENTA MEDIA VIGE COOPERS A LED	L	T.	Firm's EIN > 13-	
Use	Only		MA 02210		C4 =	-530-5000
Ma	v tha	IRS discuss this return with the preparer shown above? (see instruction				
			٠٠) ,			X Yes No Form <b>990</b> (2017)
ror	rape	rwork Reduction Act Notice, see the separate instructions.				rorm <b>さざい</b> (2017)

For Paperwork Reduction Act Notice, see the separate instructions.

TRUSTEES OF BOSTON COLLEGE

For	n 990 (2017) Page <b>2</b>
Pa	Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  SEE SCHEDULE O
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes $\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$
_	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?
	services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others
	the total expenses, and revenue, if any, for each program service reported.
_	
4a	(Code:) (Expenses \$521,690,544. including grants of \$206,517,830. ) (Revenue \$641,241,306. ) INSTRUCTION - INCLUDES EXPENDITURES TO PROVIDE COURSEWORK FOR
	STUDENTS AND TO PROVIDE FINANCIAL AID IN THE FORM OF SCHOLARSHIPS
	AND FELLOWSHIPS. ENROLLMENTS WERE 14,419 AND THE NUMBER OF DEGREES
	CONFERRED WAS 4,192.
4b	(Code: ) (Expenses \$ 185,095,121. including grants of \$ ) (Revenue \$ 172,728,478. )
	AUXILIARY SERVICES - INCLUDES EXPENDITURES FOR THE SELF-SUPPORTING
	ACTIVITIES OF THE UNIVERSITY SUCH AS THE OPERATIONS OF 32
	RESIDENCE HALLS, 14 DINING FACILITIES, 31 NCAA DIVISION I ATHLETIC
	TEAMS, BOOKSTORE AND HEALTH SERVICES.
4c	(Code:) (Expenses \$148,579,008. 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 3.259 MILLION VOLUMES SERVING THE
	UNIVERSITY AND SURROUNDING COMMUNITY.
<u></u>	Other program services (Describe in Schedule O.)
40	Other program services (Describe in Schedule O.) (Expenses \$ 54,238,491. including grants of \$ 721,574. ) (Revenue \$ 31,512,612. )
	Total program service expenses ▶ 909,603,164.
JSA	201,000 Form <b>990</b> (2017)
/ E I	06884N R19B V 17-7.10

Form 9	90 (2017)		F	age 3
Part	IV Checklist of Required Schedules			
	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		37
_	Part III	5		X
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	_		3.7
_	"Yes," complete Schedule D, Part I.	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"		Х	
•	complete Schedule D, Part III	8	Λ	
9	Did the organization report 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	9	Х	
10	debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> Did the organization, directly or through a related organization, hold assets in temporarily restricted	9	21	
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
• • •	VII, VIII, IX, or X as applicable.			
9	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а	complete Schedule D, Part VI	11a	Х	
h	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	114		
~	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
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.	11c		Х
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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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 .	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
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	14b	X	
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	15	Х	
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	16		X
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).	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
4-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			37
	If "Yes," complete Schedule G, Part III	19		X

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Part IV **Checklist of Required Schedules** (continued) Yes No X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.......... b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Χ 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II........ 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Χ 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 23 Χ 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 Χ Χ Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... Did the organization maintain an escrow account other than a refunding escrow at any time during the year X 24c X d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . . 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Χ 25a 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? Χ If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any 26 current or former officers, directors, trustees, key employees, highest compensated employees, or Χ 26 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 Χ entity or family member of any of these persons? If "Yes," complete Schedule L, Part III........... 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): Χ A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . . . **b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Χ 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. . . . . . . . . Χ 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. . . . 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Χ 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Χ 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," Χ 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Χ Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 Χ Χ 35a 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?........... If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a Χ 35b controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable Χ related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Χ 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and Χ 19? Note. All Form 990 filers are required to complete Schedule O.

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Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	Yes	. No
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		163	NO
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
Ŭ	reportable gaming (gambling) winnings to prize winners?	1c	Х	
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 12,359			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	
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	4a		Х
<b>L</b>	account)?	44		21
D	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Cr		
-	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. •	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organization have excess business nothings at any time during the year?			
-	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	4.4-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Λ
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

TRUSTEES OF BOSTON COLLEGE Form 990 (2017) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. 

Sect	ion A. Governing Body and Management			
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 52	2		
	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			
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	Х	
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
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		X
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		X
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		37	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		Х
Secti	ion 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		Х
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
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		v	
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-	Х	
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	21	
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	Х	
a L	The organization's CEO, Executive Director, or top management official	15b	X	
b	Other officers or key employees of the organization	105		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
104	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
-	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		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ CA, IN, MA,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.  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	ls:▶		

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

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 hours for related organizations below dotted line)	box, office or direct	unles	Pos heck ss pe	rson	e than control Highest compensated employee	an tee)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(I) DEFENDENT MADERAL	1 00					å				
(1)PETER K. MARKELL TRUSTEE - CHAIR	1.00	X						0.	0.	0.
(2) JOSEPH L. HOOLEY III	1.00	Λ						0.	0.	<u> </u>
TRUSTEE - VICE CHAIR	0.	X						0.	0.	0.
(3)SUSAN MARTINELLI SHEA	1.00	- A						0.	0.	<u> </u>
TRUSTEE - SECRETARY	0.	X						0.	0.	0.
(4)STEVEN M. BARRY	1.00							<u> </u>	· ·	
TRUSTEE	0.	Х						0.	0.	0.
(5)DRAKE G. BEHRAKIS	1.00									
TRUSTEE (UNTIL 9/17)	0.	Х						0.	0.	0.
(6)PATRICIA LYNOTT BONAN	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(7)CATHY M. BRIENZA	1.00									
TRUSTEE (UNTIL 9/17)	0.	Х						0.	0.	0.
(8)KAREN IZZI BRISTING	1.00									
TRUSTEE	0.	Х						0.	0.	0
(9)D. SCOTT BROWN	1.00									
TRUSTEE	0.	Х						0.	0.	0
(10) JOHN E. BUEHLER, JR.	1.00									
TRUSTEE (UNTIL 9/17)	0.	Х						0.	0.	0
(11)PATRICK CARNEY	1.00									
TRUSTEE	0.	Х						0.	0.	0
(12)DARCEL D. CLARK	1.00									
TRUSTEE	0.	Х						0.	0.	0
(13)CHARLES I. CLOUGH, JR.	1.00									
TRUSTEE	0.	X						0.	0.	0
(14) WILLIAM C. CONNELL	1.00									
TRUSTEE	0.	Х						0.	0.	0.

JSA 7E1041 1.000

TRUSTEES OF BOSTON COLLEGE

Form 990 (2017) Page **8** 

Р	art VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo	yee	es,	and F	lig	hest Compensat	ed Employees (c	ontinued)
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	not ch unles	s per	ition more	n ooth an is or/trust Highest compensated en is or/employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
15	) JOHN M. CONNORS, JR.	1.00									
	TRUSTEE	0.	Х						0.	0.	0.
$(\overline{16})$	) ROBERT J. COONEY	1.00									
	TRUSTEE	0.	Х						0.	0.	0.
$\overline{17}$	) LEO J. CORCORAN	1.00									
	TRUSTEE	0.	Х						0.	0.	0.
$\overline{18}$	) PAUL R. COULSON	1.00									
	TRUSTEE	0.	Х						0.	0.	0.
$\overline{19}$	) CLAUDIA HENAO DE LA CRUZ	1.00									
	TRUSTEE	0.	Х						0.	0.	0.
20	) MICHAEL H. DEVLIN II	1.00									
`	TRUSTEE	0.	Х						0.	0.	0.
$(\overline{21}$		1.00									
` ==	TRUSTEE (UNTIL 9/17)	0.	Х						0.	0.	0.
$(\frac{1}{22}$	) MICHAEL E. ENGH, S.J.	1.00							0.		
` ==	TRUSTEE	0.	Х						0.	0.	0.
23	) JOHN F. FISH	1.00							0.	0.	
	TRUSTEE (CHAIR UNTIL 9/17)	0.	X						0.	0.	0.
24	) MARIO J. GABELLI	1.00	21						0.	0.	<u> </u>
	TRUSTEE	0.	X						0.	0.	0.
25	) WILLIAM J. GEARY	1.00							0.	0.	<u> </u>
	TRUSTEE	0.	X						0.	0.	0.
_		0.	Λ						0.	0.	0.
	o Sub-total								11,705,518.	0.	1,468,342.
	c Total from continuation sheets to Part VII, S	-							11,705,518.	0.	
	d Total (add lines 1b and 1c)					•					1,468,342.
2	Total number of individuals (including but not				a ar	OOV	e) wno	o re	eceived more than	\$100,000 of	
	reportable compensation from the organization		985	)							1 1
3	Did the organization list any <b>former</b> office employee on line 1a? <i>If</i> "Yes," complete Schede For any individual listed on line 1a, is the organization and related organizations greater than the second se	<i>ule J for su</i> d sum of rep	ch ind ortab	lividu Ie c	<i>ıal</i> :om∣	pen	satior	n ai	nd other compens	sation from the	Yes No
	individual										4 X
5		accrue coi	mpen	satio	on f	ron	n any	un	related organization	on or individual	5 X

#### **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	(C) Compensation
ATTACHMENT 1		

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 ▶ 262

TRUSTEES OF BOSTON COLLEGE

Form 990 (2017)

rt VII Section A. Officers, Directors, T (A)	(B)	, <u>-</u>	٠,٠٠٠		C)		<u>J</u>	(D)	(E)	(F)
Name and title	Average hours per week (list any	box,	unles er and	Pos heck ss pe	ition more	e than o is both cor/trust employed	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimate amount of other compensate from the organizati and relate
	line)	ll trustee or	Institutional trustee		loyee	Highest compensated employee				organizatio
SUSAN MCMANAMA GIANINNO TRUSTEE (UNTIL 9/17)	1.00	Х						0.	0.	
JANICE GIPSON	1.00									
TRUSTEE	0.	Х						0.	0.	
DAVID T. GRIFFITH	1.00								_	
TRUSTEE	0.	X						0.	0.	
KATHLEEN POWERS HALEY	1.00									
TRUSTEE CHRISTIAN W. E. HAUB	1.00	X						0.	0.	
TRUSTEE	$-\frac{1.00}{0.}$	X						0.	0.	
DANIEL S. HENDRICKSON, S.J.	1.00	Λ						0.	0.	
TRUSTEE	$-\frac{1.00}{0}$	X						0.	0.	
MICHAELA MURPHY HOAG	1.00	- A						0.	0.	
TRUSTEE	0.	X						0.	0.	
KATHLEEN FLATLEY IX	1.00	Λ						0.	0.	
TRUSTEE	0.	Х						0.	0.	
ROBERT L. KEANE, S.J.	1.00							0.	0.	
TRUSTEE	0.	Х						0.	0.	
ALFRED F. KELLY, JR.	1.00									
TRUSTEE		Х						0.	0.	
WILLIAM P. LEAHY, S.J.	40.00									
PRESIDENT, TRUSTEE	0.	Х		Х				0.	0.	
Sub-total Total from continuation sheets to Part VII, Total (add lines 1b and 1c) Total number of individuals (including but no	Section A ot limited to t	hose	liste			e) who	► ► • re	eceived more than	\$100,000 of	
reportable compensation from the organizat	ion <b>&gt;</b>	985	)							1
						_				Yes
Did the organization list any <b>former</b> of employee on line 1a? <i>If</i> "Yes," complete Sche	edule J for su	ch ind	livid	ual			• •			3 X
For any individual listed on line 1a, is the organization and related organizations (individual	greater than	\$15	50,0	00?	) If	"Yes	5,"	complete Schedu	sation from the le <i>J for such</i>	4 X
									ا المالية المالية	4 22
Did any person listed on line 1a receive of for services rendered to the organization? <i>If</i> ction B. Independent Contractors										5

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 ▶

TRUSTEES OF BOSTON COLLEGE

(A)	(B)			(0	<b>C</b> )			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related	box,	unles er and	ss pe d a d	more rson irect	e than o	an ee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount o other compensati from the
	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)	organization and relate organization
) PETER S. LYNCH	1.00									
TRUSTEE	0.	Х						0.	0.	
) MATTHEW F. MALONE, S.J.	1.00									
TRUSTEE	0.	Х						0.	0.	
) T.J. MALONEY	1.00									
TRUSTEE (UNTIL 9/17)	0.	X						0.	0.	
) DOUGLAS W. MARCOUILLER, S.J.	1.00									
TRUSTEE	0.	X						0.	0.	
) CARMINE A. MARTIGNETTI	1.00									
TRUSTEE	0.	X						0.	0.	
) DAVID M. MCAULIFFE	1.00	37								
TRUSTEE ) KATHLEEN M. MCGILLYCUDDY	1.00	X						0.	0.	
TRUSTEE	$\frac{1.00}{0.}$	v						0.	0.	
) WILLIAM S. MCKIERNAN	1.00	Х						0.	0.	
TRUSTEE	1.00	X						0.	0.	
) DENISE M. MORRISON	1.00	21						0.	0.	
TRUSTEE	0.	Х						0.	0.	
) ROBERT F. MORRISSEY	1.00									
TRUSTEE	·	Х						0.	0.	
) JOHN C. MORRISSEY III	1.00									
TRUSTEE	0.	Х						0.	0.	
o Sub-total  Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)  Total number of individuals (including but not	limited to t						► ► • re	ceived more than	\$100,000 of	
reportable compensation from the organization	n ▶	985	5							
										Yes
Did the organization list any <b>former</b> office employee on line 1a? <i>If "Yes," complete Sched</i>										3 X
For any individual listed on line 1a, is the organization and related organizations grindividual	eater than	\$15	50,0	00?	. If	"Yes	5,"	complete Schedu	le J for such	4 X
Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on f	ron	n any	un	related organizati	on or individual	5
ection B. Independent Contractors										

year.

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

Part VII Section A. Officers, Directors, To	riistees Ka	v Fr	nole	)Ve	<u></u>	and I	Hia	hest Compensat	ed Employees /c	ontinu		Page <b>{</b>
(A)	(B)	.y ⊑11	ιρις		es, C)	and I	ııy.	(D)	(E)	onunu	(F)	
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unle	Pos heck ss pe	sition mor	e than of is both tor/trus: Highest compensated employee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	com fi org an	stimated mount o other npensati rom the ganization d related anization	f ion on d
48) DAVID P. O'CONNOR	1.00											
TRUSTEE	0.	Х						0.	0.			0
49) STEPHEN J. PEMBERTON	1.00											
TRUSTEE	0.	X						0.	0.			0
50) FRANK E. PREVITE	1.00											•
TRUSTEE	0.	X						0.	0.			0
51) NAVYN DATOO SALEM	1.00	37										0
TRUSTEE 52) REV. NICHOLAS A. SANNELLA	1.00	X						0.	0.			0
TRUSTEE	$-\frac{1.00}{0}$	X						0.	0.			0
53) PHILIP W. SCHILLER	1.00	- 1						0.	0.			
TRUSTEE		X						0.	0.			0
54) MARIANNE D. SHORT	1.00	21						0.	0.			
TRUSTEE		X						0.	0.			0
55) RALPH C. STAYER	1.00											
TRUSTEE		X						0.	0.			0
56) PATRICK T. STOKES	1.00											
TRUSTEE	0.	Х						0.	0.			0
57) ELIZABETH W. VANDERSLICE	1.00											
TRUSTEE	0.	Х						0.	0.			0
58) DAVID C. WEINSTEIN	1.00											
TRUSTEE (UNTIL 9/17)	0.	Х						0.	0.			0
total from continuation sheets to Part VII, d Total (add lines 1b and 1c)      Total number of individuals (including but no reportable compensation from the organization).	t limited to t		liste				o re	eceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former off employee on line 1a? If "Yes," complete Scheen										3	Х	
4 For any individual listed on line 1a, is the organization and related organizations gindividual	sum of represents	oortab \$15	ole o	com	per	nsatio "Yes	n a	nd other compens	sation from the le <i>J</i> for such	4	Х	
5 Did any person listed on line 1a receive o for services rendered to the organization? If "	r accrue co	mpen	sati	on '	fron	n any	un	related organization	on or individual	5		Х
Section B. Independent Contractors												
1 Complete this table for your five highest con	mpensated i	ndepe	ende	ent	con	tracto	rs t	hat received more	than \$100,000 o	f		

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 ▶

TRUSTEES OF BOSTON COLLEGE

Part VII Section A. Officers, Directors, T  (A)  Name and title	(B) Average	<u> </u>	.p.o	_		una n	9.	noor oomponear	ou Employees (e.	ontinada <sub>)</sub>
	hours per week (list any hours for	box,	not ch unles	s per	ition more	e 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
9) MICHAEL D. WHITE TRUSTEE	1.00							0.	0.	0
0) KELLI J. ARMSTRONG	40.00	X						0.	0.	0
VP PLANNING & ASSESSMENT				х				237,343.	0.	56,006
1) CASEY BEAUMIER, S.J.	40.00									
VP & UNIV. SECTY. (SINCE 9/17)	0.			Х				0.	0.	0
2) DANIEL BOURQUE	40.00									
VP FACILITIES MANAGEMENT	0.			Х				274,197.	0.	102,554
3) MICHAEL BOURQUE VP INFORMATION TECHNOLOGY	40.00			х				352,764.	0.	108,774
4) JOHN D. BURKE	40.00			Λ				332,704.	0.	100,774
FIN. VP & TREASURER	0.			х				396,406.	0.	106,958
5) JOHN T. BUTLER, S.J.	40.00									
VP INIV. MISSION & MINISTRY	0.			Х				0.	0.	0
6) TERRENCE P. DEVINO, S.J.	40.00									
VP & UNIV SEC (UNTIL 9/15/17)	0.			Х				0.	0.	0
7) JAMES J. HUSSON SR. VP UNIVERSITY ADVANCEMENT	40.00			х				578,574.	0.	60,690
8) BARBARA JONES	40.00			^				3/8,3/4.	0.	00,090
VP STUDENT AFFAIRS				х				281,256.	0.	38,383
9) THOMAS J. KEADY	40.00									
VP GVT & COMMUNITY AFFAIRS	0.			Х				292,923.	0.	60,258
to Sub-total  c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	<u>.</u>						<b>&gt; &gt;</b>		0.100.000.5	
2 Total number of individuals (including but no reportable compensation from the organizati		nose 985		a ar	oove	e) wno	re	eceived more than	\$100,000 of	
3 Did the organization list any former off employee on line 1a? If "Yes," complete Sche										Yes No
For any individual listed on line 1a, is the organization and related organizations gindividual	sum of represents	ortab \$15	ole c 50,00	omı 00?	pen <i>If</i>	sation <i>"Ye</i> s,	n aı ,"	nd other compens	sation from the le J for such	4 X
5 Did any person listed on line 1a receive of for services rendered to the organization? If "	r accrue co	mpen	satio	on f	ron	any	un	related organization	on or individual	5 X
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 ▶

TRUSTEES OF BOSTON COLLEGE

(A)	(B)			(C	;)			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for	box, office	not ch unless r and	Posit eck r s per a di	tion more son rect	than or	an ee)	Reportable compensation from the	Reportable compensation from related organizations	am com	timated ount 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)	orga and	om the anizatio I related inization	d
70) MICHAEL J. LOCHHEAD  EXECUTIVE VICE PRESIDENT	40.00			х				498,906.	0.		49,4	160
	40.00							490,900.	0.		49,5	.00.
71) BETH E. MCDERMOTT				., l				200 000			24 0	י די נ
VP FOR DEVELOPMENT	0.			Х				300,880.	0.		34,2	. / 3
72) DAVID QUIGLEY	40.00			٠,				F01 020			co c	- 0 1
PROVOST & DEAN OF FACULTIES	0.			Х				581,238.	0.		60,6	, Z T
73) KEVIN J. SHEA	40.00			٠,				250 561			·	
VP AND EXECUTIVE ASST. TO PRES	0.			Х				250,561.	0.		57,3	12/
74) DAVID P. TRAINOR	40.00			٠,				204 070			F0 0	
VP HUMAN RESOURCES	0.			Х				384,879.	0.		52,3	553
75) JOHN J. ZONA	40.00							005 060		0	F 6 0	
CHIEF INV. OFF. & ASSOC. TREAS	0.				Х			987,260.	0.	2	56,9	56
76) STEPHEN R. ADDAZIO	40.00											
FOOTBALL COACH	0.					Х		2,586,249.	0.		56,7	63
77) BRADLEY J. BATES	40.00											
ATHLETIC DIRECTOR	0.					Х		542,475.	0.		48,5	, 75
78) ANDREW C. BOYNTON	40.00											
DEAN CSOM	0.					Х		564,560.	0.		60,6	52
79) JAMES P. CHRISTIAN	40.00											
BASKETBALL COACH	0.					Х		1,319,710.	0.		55,4	161
80) JEREMIAH F. YORK	40.00								_			
HOCKEY COACH	0.					Х		594,556.	0.		57,9	94
1b Sub-total							ightharpoons					
c Total from continuation sheets to Part VII, Se												
d Total (add lines 1b and 1c)							<u> </u>					
2 Total number of individuals (including but not I reportable compensation from the organization		nose I 985		d ab	OVE	e) who	re	ceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										3	Х	
4 For any individual listed on line 1a, is the sorganization and related organizations gre	ater than	\$15	0,00	0?	If	"Yes	," (	complete Schedu	le J for such		v	
individual										4	X	
5 Did any person listed on line 1a receive or	accrue cor	mpen	satio	n fi	rom	nanv	uni	related organizatio	on or individual			

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 ▶

TRUSTEES OF BOSTON COLLEGE

Form 990 (2017)

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	ploy	/ee	s, and	Hig	hest Compensat	ed Employe	es (cont	inued)	
(A) Name and title	(B) Average hours per week (list any hours for	box, office	ot che unless r and	pers a dir	ion nore than o son is both ector/trus	an tee)	(D) Reportable compensation from the	(E) Reportabl compensation related organizatio	from	(F) Estimate amount other compensations	of
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Highest compensated employee Key employee	Former	organization (W-2/1099-MISC)	(W-2/1099-N		from th organiza and rela organizat	tion ted
81) CUTBERTO GARZA PROFESSOR AND FORMER PROVOST	40.00					Х	113,510.		0.	32,	,314.
82) PATRICK J. KEATING  SPL ADV TO PROVOST&FMR EXEC VP	40.00					Х	241,613.		0.	53,	,488.
83) JOSEPH F. QUINN PROF & FORMER INTERIM PROVOST	40.00					Х	325,658.		0.	58,	,482.
1b Sub-total c Total from continuation sheets to Part VII, S	ection A					<b>&gt;</b>					
d Total (add lines 1b and 1c)	limited to t		isted	abo	ove) wh	o re	ceived more than	\$100,000 of			
				4	leave		Januara an Hinbara			Yes	s No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schede										3 X	
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,00	0?	If "Ye	s,"	complete Schedu			4 X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5	X
Section B. Independent Contractors     Complete this table for your five highest compensation from the organization. Report of the compensation from the organization.										tax	
year.											

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 ▶

Form 990 (2017) Part VIII Statement of Revenue

		Check if Schedule O contains a respon	se or note to ar	ny line in this Part VI	<u></u>		
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns 1a					
iran	b	Membership dues					
s, G	c	Fundraising events 1c	14,772,890.				
a g	d	Related organizations					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contributions) 1e	33,431,404.				
utio	f	All other contributions, gifts, grants,					
를		and similar amounts not included above . 1f	83,436,856.				
ng pu	g	Noncash contributions included in lines 1a-1f: \$	13,639,109.				
	h	Total. Add lines 1a-1f		131,641,150.			
ğ			Business Code				
Şe Ç	2a	TUITION AND FEES	900099	641,241,306.	641,241,306.		
Se Fe	b	SALES/SERVICES OF AUXILLARY ENTERPRISES	900099	172,728,478.	171,857,324.	871,154.	
Ž	С	NON-GOVT GRANTS/F&A RECOVERY	900099	10,521,357.	10,521,357.		
Š	d	SALES/SERVICES OF EDUCATIONAL ACTIVITIES	900099	5,125,459.	5,125,459.		
Iran	е	OTHER MISCELLANEOUS PROGRAM REVENUE	900099	15,865,796.	15,865,796.		
Program Service Revenue	f	All other program service revenue		045 400 306			
<u> </u>	g	Total. Add lines 2a-2f		845,482,396.			
	3	Investment income (including dividend and other similar amounts)		29,865,024.		-11,798,386.	41,663,410.
	4	Income from investment of tax-exempt bond	_	57,973.		11773073001	57,973.
	5	Royalties	•	656,917.			656,917.
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses 2,752,455.					
	c	Rental income or (loss) -1,251,104.					
	d	Net rental income or (loss)		-1,251,104.			-1,251,104.
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 2,055,721,609.	1,700,000.				
	b	Less: cost or other basis					
		and sales expenses 1,896,761,362.	1,512,531.				
	С	Gain or (loss)	187,469.				
	d	Net gain or (loss)	<u></u>	159,147,716.			159,147,716.
ne	8a	J 1					
ven		events (not including \$14,772,890.					
Re		of contributions reported on line 1c).	000 450				
Other Revenue		See Part IV, line 18	802,470. 3,576,713.				
ŏ		Less: direct expenses		-2,774,243.			-2,774,243.
	C	` ,		2,//1,213.			2,114,243.
	9a	Gross income from gaming activities.  See Part IV, line 19					
	b	Less: direct expenses b					
	C	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less					
		returns and allowances					
	b	Less: cost of goods sold b					
	С	Net income or (loss) from sales of inventory		0.			
		Miscellaneous Revenue	Business Code				
	11a	CHILDREN'S CENTER	624410	600,359.			600,359.
	b	VENDING	900099	584,403.			584,403.
	C .						
	d	All other revenue		1,184,762.			
	12	Total. Add lines 11a-11d		1,164,010,591.	844,611,242.	-10,927,232.	198,685,431.
							<del></del>

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Form 990 (2017) TRUSTEES OF B
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).

(C) Management and (A) Total expenses (B) Program service Do not include amounts reported on lines 6b. 7b. Fundraising 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations 526,274 526,274. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 206,517,830. 206,517,830. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 195,300 195,300. 4 Benefits paid to or for members 5 Compensation of current officers, directors, 6,690,654. 995,714. 5,122,220 572,720. trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and 606,393 606,393 persons described in section 4958(c)(3)(B) 397,869,450. 306,759,660. 79,220,386. 11,889,404. 7 Other salaries and wages 8 Pension plan accruals and contributions (include 26,802,300. 20,389,817. 5,592,557. 819,926. section 401(k) and 403(b) employer contributions) 70,258,604 14,661,628 2,142,374. 53,454,602. 757,538. 24,762,935. 18,838,373. 5,167,024. 11 Fees for services (non-employees): 0 a Management 1,602,972. 51,684. 1,551,288 652,316. 652,316. c Accounting 75,631 75,631. d Lobbying e Professional fundraising services. See Part IV, line 17, 17,395,677. 17,395,677. f Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column 36,583,484. 30,193,106. 5,292,165. 1,098,213. (A) amount, list line 11g expenses on Schedule O.) 720,592. 747,058. 26,316 150. 12 Advertising and promotion 11,006,331. 7,275,475. 2,426,959. 1,303,897. 13 Office expenses 15,104,304. 10,075,258. 4,927,247. 101,799. 14 Information technology 15 Royalties 31,412,919. 11,852,611. 19,560,308 Occupancy 16 20,744,601. 19,303,027. 724,020. 717,554. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 5,389,198 1,423,466. 3,186,485 779,247. 19 Conferences, conventions, and meetings 42,345,147 36,713,186. 5,631,961. Payments to affiliates 78,363,716. 70,170,263. 8,193,453 22 Depreciation, depletion, and amortization 0 Insurance 23 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.) 18,394,969. aCOST OF GOODS SOLD 18,394,969. hOPERATIONS & MAINT. ALLOC. 61,169,626. -61,169,626 947,775. cDISPOSALS/LOSSES 947,775 dOTHER 36,172,734. 33,028,163. 2,616,717. 527,854. e All other expenses 1,051,168,572 909,603,164. 120,854,732 20,710,676. 25 Total functional expenses. Add lines 1 through 24e 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 following SOP 98-2 (ASC 958-720) 0

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04-2103545

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Form 990 (2017)

TRUSTEES OF BOSTON COLLEGE

# Part X Balance Sheet

		Check if Schedule O contains a response o	r not	e to any line in this P	Part X		
		·		-	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			11,458,983.	1	9,016,729.
	2	Savings and temporary cash investments			11,224,447.	2	8,059,854.
	3	Pledges and grants receivable, net			207,405,712.	3	181,893,131.
	4	Accounts receivable, net			35,010,844.	4	30,444,209.
	5	Loans and other receivables from current and f					
		trustees, key employees, and highest co	mpe	nsated employees.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified person			4,399,246.	5	3,920,421.
	6	Loans and other receivables from other disqualified personal to 500 (00)	ons (a	s defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and sponsoring organizations of section 501(c)(9) volu	, and ( ntarv	employees' beneficiary			
"		organizations (see instructions). Complete Part II of Sche			0.	6	0.
Assets	7	Notes and loans receivable, net		74,785,175.	7	68,159,170.	
ASS	8	Inventories for sale or use	407,364.	8	384,942.		
	9	Prepaid expenses and deferred charges			6,556,512.	9	6,749,333.
	10 a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation	10b	983,089,937.		10c	1,597,695,537.
	11	Investments - publicly traded securities			1,371,007,706.	11	1,233,745,903.
	12	Investments - other securities. See Part IV, line 11			1,478,247,411.	12	1,700,766,371.
	13	Investments - program-related. See Part IV, line 11			11,112,800.	13	11,112,800.
	14	Intangible assets			0.	14	0.
	15	Other assets. See Part IV, line 11			0.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal			4,693,970,609.	16	4,851,948,400.
	17	Accounts payable and accrued expenses			197,519,023.	17	230,897,393.
	18	Grants payable	7,632,687.	18	8,952,080.		
	19	Deferred revenue			15,646,946.	19	17,539,867.
	20	Tax-exempt bond liabilities			662,103,697. 8,740,977.	20	638,816,497.
	21	Escrow or custodial account liability. Complete Pa			0,740,977.	21	0,299,021.
Liabilities	22	Loans and other payables to current and for					
ij		trustees, key employees, highest compensions disqualified persons. Complete Part II of Schedule			0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelate			4,236,553.	23	3,445,000.
	24	Unsecured notes and loans payable to unrelated t			455,856,842.	24	450,242,279.
	25	Other liabilities (including federal income tax,				24	
		parties, and other liabilities not included on lines					
		of Schedule D		•	51,520,944.	25	33,810,886.
	26	Total liabilities. Add lines 17 through 25			1,403,257,669.	26	1,392,003,823.
		Organizations that follow SFAS 117 (ASC 958),					
es		complete lines 27 through 29, and lines 33 and	34.				
anc	27	Unrestricted net assets			1,581,451,871.	27	1,672,742,767.
Bal	28	Temporarily restricted net assets			707,466,186.	28	762,304,470.
pq	29	Permanently restricted net assets		1,001,794,883.	29	1,024,897,340.	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here  and			
ţs	30	Capital stock or trust principal, or current funds				30	
SSe	31	Paid-in or capital surplus, or land, building, or equ		nt fund		31	
t A	32	Retained earnings, endowment, accumulated inco	ome,	or other funds		32	
Š	33	Total net assets or fund balances			3,290,712,940.	33	3,459,944,577.
	34	Total liabilities and net assets/fund balances		<u></u>	4,693,970,609.	34	4,851,948,400.

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TRUSTEES OF BOSTON COLLEGE

orm 98	90 (2017)				Pag	ge IZ				
Part	XI Reconciliation of Net Assets									
	Check if Schedule O contains a response or note to any line in this Part XI					X				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		64,0		91.				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,0	51,1	68,5	72.				
3	Revenue less expenses. Subtract line 2 from line 1	3		112,842,019.						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))									
5	Net unrealized gains (losses) on investments									
6	Donated services and use of facilities	6				0.				
7	Investment expenses	7				0.				
8	Prior period adjustments	8				0.				
9	Other changes in net assets or fund balances (explain in Schedule O)	9	ı	30,2	92,7	773.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line									
	33, column (B))	10	3,4	59,9	44,5	577.				
Part										
	Check if Schedule O contains a response or note to any line in this Part XII									
					Yes	No				
1	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," ex	κplair	n in							
	Schedule O.									
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	lor							
	reviewed on a separate basis, consolidated basis, or both:									
	Separate basis Consolidated basis Both consolidated and separate basis									
b	Were the organization's financial statements audited by an independent accountant?			2b	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed o	n a							
	separate basis, consolidated basis, or both:									
	Separate basis X Consolidated basis Both consolidated and separate basis									
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for committee that a	vers	ight							
	of the audit, review, or compilation of its financial statements and selection of an independent acc	ounta	ant?	2c	X					
	If the organization changed either its oversight process or selection process during the tax year, e	xplaiı	n in							
	Schedule O.									
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	n in							
	the Single Audit Act and OMB Circular A-133?			3a	Х					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	ergo	the							
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such aud	dits.		3b	X					

Form **990** (2017)

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#### PUBLIC INSPECTION COPY

#### 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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2017
Open to Public Inspection

Department of the Treasury Internal Revenue Service

TRUSTEES OF BOSTON COLLEGE

Name of the organization

Employer identification number 04-2103545

Pa	rt I	Reason for Public Cha	rity Status (All c	organizations must c	omplet	e this pa	art.) See instructions						
The	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)						
1	Ţ	A church, convention of chu	urches, or associa	tion of churches desci	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).						
2	X	A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	)-EZ).)						
3		A hospital or a cooperative			-								
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed in	section 170(b)(1)(A)	(iii). Enter the					
		hospital's name, city, and st	tate:										
5		An organization operated	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ntal unit described in					
		section 170(b)(1)(A)(iv). (C	Complete Part II.)										
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).						
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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college											
	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or												
	university:												
10	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.)												
11		An organization organized	•	•	-								
12		An organization organized	•	•									
		of one or more publicly su											
		Check the box in lines 12a t	•	• •			•	•					
а	L	Type I. A supporting orga	•	•	-		• , ,						
		the supported organization				ajority of	the directors or truste	es of the					
_		supporting organization.											
b	L	<b>Type II</b> . A supporting org	•										
		control or management of			tne sam	e persor	is that control or man	age the supported					
	Г	organization(s). You must			4 1. 1			ha taka amaka da atki					
С	L	Type III functionally integ						ly integrated with,					
	Г	its supported organization		•				tod organization(a)					
d	L	Type III non-functionally			-			- ' '					
		that is not functionally into requirement (see instruct	-		_		•	an allenliveness					
е	Г	Check this box if the orga	•	-				I Type III					
C	_	functionally integrated, or					• • • • • • • • • • • • • • • • • • • •	i, type iii					
f	Fn	iter the number of supported	• •			•							
g		ovide the following information											
		lame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of					
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)					
				above (see ilistructions))	Yes	No	instructions)	instructions)					
/۸۱													
(A)													
(B)													
(C)													
(D)													
(E)													
Tota	al												

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

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Schedule A (Form 990 or 990-EZ) 2017

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	139,307,553.	183,567,050.	210,570,096.	171,722,628.	131,641,150.	836,808,477.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	139,307,553.	183,567,050.	210,570,096.	171,722,628.	131,641,150.	836,808,477.
5	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						44 002 510
6	shown on line 11, column (f). <b>Public support.</b> Subtract line 5 from line 4						44,923,512. 791,884,965.
	tion B. Total Support						791,884,965.
	endar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
7	Amounts from line 4	139,307,553.	183,567,050.	210,570,096.	171,722,628.	131,641,150.	836,808,477.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	26,825,182.	29,971,669.	26,182,476.	32,546,697.	43,879,651.	159,405,675.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0.	0.	0.	0.	0.	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,365,653.	1,752,615.	1,965,244.	1,976,491.	1,987,232.	10,047,235.
11	Total support. Add lines 7 through 10						1,006,261,387.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	3,865,417,860.
13	First five years. If the Form 990 is forganization, check this box and stop here	<u> </u>					
	tion C. Computation of Public Sup			44		44	78.70 <b>%</b>
14 15	Public support percentage for 2017 (li Public support percentage from 2016		-			15	79.72 <b>%</b>
15 160	331/3% support test - 2017. If the org						
ıva	box and <b>stop here.</b> The organization q	•					
h	331/3% support test - 2016. If the org						
D	this box and <b>stop here.</b> The organization						
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization						
	Part VI how the organization meets t					-	•
	organization			•	•		
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the orga	•	•		•		
	Explain in Part VI how the organizati						-
18	supported organization						<b>&gt;</b>
	instructions						

Schedule A (Form 990 or 990-EZ) 2017 Page 3

#### Part III

TRUSTEES OF BOSTON COLLEGE

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support				· · · · · · · · · · · · · · · · · · ·	•	
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	ļ					
3	· · · ·						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3	ļ					
<b>L</b>	received from disqualified persons						
Ü	Amounts included on lines 2 and 3 received from other than disqualified	ļ					
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support		# \ 0044	4 ) 2045	( 1) 22 ( 2)	( ) 00 ( 7	(n = 1 )
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
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	ļ					
	acquired after June 30, 1975						
С	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.)						<u> </u>
14	First five years. If the Form 990 is for	or the organiza	tion's first, seco	nd, third, fourth	, or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop here	<u> </u>					▶ 🔃
Sec	tion C. Computation of Public Supp	port Percenta	ge				
15	Public support percentage for 2017 (line 8,		-			15	<u>%</u>
16	Public support percentage from 2016 Sche	dule A, Part III, lin	ne 15			16	%
Sec	tion D. Computation of Investmen	t Income Perc	entage				
17	Investment income percentage for 2017 (lin					17	%
18	Investment income percentage from 2016	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2017. If the org	ganization did no	ot check the box	on line 14, and	d line 15 is mor	e than 331/3%,	and line
	17 is not more than 331/3%, check this	s box and <b>stor</b>	here. The org	anization qualifie	s as a publicly	supported organi	ization . ►
b	331/3% support tests - 2016. If the orga	nization did not	check a box on	line 14 or line 19	a, and line 16 is	more than 331/3	3 %, and
	line 18 is not more than 331/3 %, check	this box and st	t <b>op here.</b> The or	ganization qualifi	es as a publicly	supported organi	ization 🕨 🔃
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b	o, check this bo	ox and see instr	uctions >
JSA 7E122	1 1.000					Schedule A (Form 9	990 or 990-EZ) 2017
	06884N R19B		V 17-7.10				

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#### Part IV **Supporting Organizations**

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

#### Se

Secti	on A. All Supporting Organizations			
	1. 0		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing 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 (b) and (c) below.	3a		
b	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 12a or 12b 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	<b>Type I or Type II only.</b> 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? <i>If</i> "Yes," <i>complete Part I of Schedule L (Form 990 or 990-EZ)</i> .	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>	9с		
10 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			

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.)

10a

10b

04-2103545

supporting organizations)? If "Yes," answer 10b below.

TRUSTEES OF BOSTON COLLEGE

Schedul	le A (Form 990 or 990-EZ) 2017		F	⊃age <b>5</b>
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)	445		
<b>L</b>	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11c		
	on B. Type I Supporting Organizations	110		
00011	on billypo i capporang organizations		Yes	No
	Did the divertors twisters as membership of one or many supported examinations have the negrot to			110
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			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
C4!		2		
Section	on C. Type II Supporting Organizations		Yes	No
_			162	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 <b>Part VI</b> 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			
	, , , , , , , , , , , , , , , , , , ,		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.			
Section	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 ins	tructi	ions)	
a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.		· · · · · · · · · · · · · · · · · · ·	
b	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions).	
•	Ashibits Task Anguay (a) and (b) halou		Yes	No
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		
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 Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	۵.		
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2.0		
I_	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	3h		

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Type III Non-Functionally Integrated 509(a)(3) Supporting Organ  Check here if the organization satisfied the Integral Part Test as a qualifying			in in Part VIV Soc
instructions. All other Type III non-functionally integrated supporting organization	_		•
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>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 <b>Part VI</b> ):			
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-functionall	y integra	ated Type III supporting	g organization (see
instructions).			· · · · · · · · · · · · · · · · · · ·

TRUSTEES OF BOSTON COLLEGE

Schedule A (Form 990 or 990-EZ) 2017 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 

				• • • • • • • • • • • • • • • • • • • •
1	Amounts paid to supported organizations to accomplish ex	cempt purposes		
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 <b>Part VI</b> ). See instructions.			
7	<b>Total annual distributions.</b> 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 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
5	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2017 distributable amount			
<u>i</u>	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.  Distributions for 2017 from			
4				
	Section D, line 7: \$ Applied to underdistributions of prior years			
a b	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
<u>с</u> 5	Remaining underdistributions for years prior to 2017, if			
J	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

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Part VI

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

SCHEDULE A, PART II, LINE 10

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

CENTER, VENDING, AND GAIN ON EXTINGUISHMENT OF DEBT (2013).

Schedule A (Form 990 or 990-EZ) 2017

#### PUBLIC INSPECTION COPY

#### 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

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

**Open to Public** Inspection

OMB No. 1545-0047

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 Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization Employer identification number TRUSTEES OF BOSTON COLLEGE 04-2103545 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities") Volunteer hours for political campaign activities (see instructions)..... Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ \$ Enter the amount of any excise tax incurred by organization managers under section 4955 . . . >\$ If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes Nο 4a Was a correction made? Yes No b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities.....▶\$ Enter the amount of the filing organization's funds contributed to other organizations for section Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL. Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political contributions received and filing organization's funds. If none, enter -0-. promptly and directly delivered to a separate political organization. If none, enter -0-. (1) (2) (3) (4) (5) (6)

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

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Schedule C (Form 990 or 990-EZ) 2017

TRUSTEES OF BOSTON COLLEGE

Pa	art II-A Complete if the organi section 501(h)).	zation is exen	npt under sectio	n 501(c)(3) and	filed Form 5768 (ele	ction under
Α	Check ▶ if the filing organization address, EIN, expens				ach affiliated group mem	ber's name,
В	Check ▶ if the filing organization	n checked box A	and "limited contr	ol" provisions app	ly.	
	Limits on (The term "expenditures	Lobbying Expends means amour		.)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
i 0	a Total lobbying expenditures to influe Total lobbying expenditures to influe Total lobbying expenditures (add lind Other exempt purpose expenditures Total exempt purpose expenditures Lobbying nontaxable amount. Enterolumns.	ence a legislativenes 1a and 1b) s (add lines 1c an	e body (direct lobby	ing)		
	If the amount on line 1e, column (a) or	(b) is: The lobbyin	g nontaxable amount	is:		
	Not over \$500,000	20% of the	amount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 pl	us 15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,0	00 \$175,000 pl	us 10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,	000 \$225,000 pl	us 5% of the excess	over \$1,500,000.		
	Over \$17,000,000	\$1,000,000				
-	g Grassroots nontaxable amount (en			_		
	n Subtract line 1g from line 1a. If zero					
i	Subtract line 1f from line 1c. If zero					
j	If there is an amount other than		•	•		
	reporting section 4911 tax for this y					Yes No
			aging Period Unde	• •		
	(Some organizations that ma		11(h) election do no le instructions for			nns below.
		Lobbying Exper	nditures During 4-Y	ear Averaging Pe	riod	
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	<b>(d)</b> 2017	(e) Total
28	Lobbying nontaxable amount					
k	Lobbying ceiling amount (150% of line 2a, column (e))					
_	Total lobbying expenditures					
_	d Grassroots nontaxable amount					
-	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017

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Schedule C (Form 990 or 990-EZ) 2017 Page **3** 

TRUSTEES OF BOSTON COLLEGE

(election under section 501(h)).	(a	1)		(b)		
For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No		Amou	ınt	
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:		7.7				
a Volunteers?		X				
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.		X				
c 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				75,	,631
<ul> <li>g Direct contact with legislators, their staffs, government officials, or a legislative body?</li> <li>h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?</li> </ul>		Х			,	,
<ul><li>h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?</li><li>i Other activities?</li></ul>		Х				
j Total. Add lines 1c through 1i					75,	,631
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х				
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?						
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ectio	n		
501(c)(6).					Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?				1		110
<ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree.</li> </ul>	m the	prior	year?	3		
<ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 501 (c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."</li> </ul>	om the (c)(5) OR (I	prior , or s b) Pa	year? ection	2 3	3, is	
<ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 501 (c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."</li> <li>Dues, assessments and similar amounts from members</li> </ul>	om the (c)(5) OR (l	prior , <b>or s</b> b) Pa	year?	2 3	3, is	
<ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 501 section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."</li> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid).</li> </ul>	om the (c)(5) OR (l	prior , or s b) Pa	year? ection rt III-A	2 3	3, is	
<ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 501 (c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."</li> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid).</li> <li>Current year</li> </ul>	om the (c)(5) OR (l	prior , or s b) Pa	year? ection rt III-A	2 3	3, is	
<ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 501 to 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."</li> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid).</li> <li>Current year</li> <li>Carryover from last year</li> </ul>	om the (c)(5) OR (l	prior , or s b) Pa	year? ection rt III-A	2 3	3, is	
<ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 501 sources from 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."</li> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> </ul>	om the (c)(5) OR (l	prior , or s b) Pa	year? ection rt III-A	2 3	3, is	
<ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 501 or 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."</li> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> <li>Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due</li> </ul>	om the (c)(5) OR (l	prior , or s b) Pa	year? ection rt III-A	2 3	3, is	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the part III-B Complete if the organization is exempt under section 501(c)(4), section 501 to 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid).  Current year.  Carryover from last year.	om the (c)(5) OR (l) unts (es.	prior , or s b) Pa	year? ection rt III-A	2 3	3, is	
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Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 501 to 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid).  Current year.  Carryover from last year.  Carryover from last year.  Carryover from last year.  Carryover 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 land political expenditure next year?	om the (c)(5) OR (l) unts (c)	prior , or s b) Pa	year? ection t III-A  2a 2b 2c 3	2 3	3, is	
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Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 501 (c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid).  Current year.  Carryover from last year.  Total.  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues the organization agree to carryover to the reasonable estimate of nondeductible leand political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information  Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated)	om the (c)(5) OR (l	prior, or sob) Pa	year? ection t III-A  2a 2b 2c 3	2 3 n A, line		and
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Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the proof of the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid).  Current year.  Carryover from last year.  Total.  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Part IV  Supplemental Information  Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.	om the (c)(5) OR (l	prior, or sob) Pa	year? ection t III-A  2a 2b 2c 3	2 3 n A, line		and
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Schedule C (Form 990 or 990-EZ) 2017

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.

### PUBLIC INSPECTION COPY

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

# 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.

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

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number

TRU	STEES OF BOSTON COLLEGE	04-2103545
Pa	rt I 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 L No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant for	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	
	conferring impermissible private benefit?	Yes No
Pa	rt II Conservation Easements.	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
•	Purpose(s) of conservation easements held by the organization (check all that apply).	of a historically important land area
		of a historically important land area of a certified historic structure
	Preservation of open space	of a certified historic structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	the form of a conservation
_	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
C	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
-	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terming	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>&gt;</b> \$	4-0 (1 ) (4) (5) (1)
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section described and a setting described and described and described as a setting described as	
9	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and balance sheet, and include, if applicable, the text of the footnote to the organization's finance	
	organization's accounting for conservation easements.	iai statemente triat describes trie
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other	r Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its	revenue statement and balance sheet
	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	cation, or research in furtherance of
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its re	
D	works of art, historical treasures, or other similar assets held for public exhibition, edu public service, provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	<b>▶</b> \$ 668,252.
	(ii) Assets included in Form 990, Part X	<b>▶</b> \$ 27,638,849.
2	If the organization received or held works of art, historical treasures, or other similar	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these item-	s:
а	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	<b>▶</b> \$

TRUSTEES OF BOSTON COLLEGE

Schedule D (Form 990) 2017 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Part III Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): Χ Public exhibition Loan or exchange programs а Χ Scholarly research b Preservation for future generations C Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part During the year, did the organization solicit or receive donations of art, historical treasures, or other similar X No assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes Part IV **Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not X No included on Form 990, Part X? Yes If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c Additions during the year Distributions during the year 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V **Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (d) Three years back (e) Four years back (a) Current year (b) Prior year (c) Two years back 2345990000. 2195667000. 2198282000. 1981349000. 2400473000. 1a Beginning of year balance . . . 32,545,000. 33,086,000. 53,622,000. 88,693,000. 61,865,000. c Net investment earnings, gains, 245,387,000. 278,834,000. -99,775,000. 155,877,000. 244,280,000. and losses 32,394,000. 31,250,000. 28,831,000. 26,467,000. 21,871,000. d Grants or scholarships . . . . . Other expenditures for facilities 76,099,000. 73,575,000. 72,651,000. 68,357,000. 65,563,000. 2,507,000. 2,289,000. 2,688,000. 2,038,000. 1,778,000. f Administrative expenses 2567405000. 2400473000. 2195667000. 2345990000. 2198282000. g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment **b** Permanent endowment ▶ 39.9200 % Temporarily restricted endowment ▶ 22.7100 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the Yes No organization by: 3a(i) Χ 3a(ii) Χ b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?.......... Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. Part VI Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value (investment) depreciation (other) 1a Land 214,637,994. 214,637,994. **b** Buildings 1632262991. 652,268,880 979,994,111. Leasehold improvements С 237,236,613. 192,668,708. 44,567,905. **d** Equipment 496,647,876. 138,152,349 358,495,527. 1,597,695,537. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2017

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Schedule D (Form 990) 2017 Page **3** 

TRUSTEES OF BOSTON COLLEGE

Part VII Investments - Other Securities.  Complete if the organization answered	d "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	1,146,833,971.	FMV	
(B) REAL ESTATE	98,356,748.	FMV	
(C) FIXED INCOME	276,268,440.	FMV	
(D) CASH	179,307,212.	FMV	
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	1,700,766,371.		
Part VIII Investments - Program Related. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	<b>(c)</b> Method of valuation: Cost or end-of-year market value	
<u>(1)</u>			_
(2)			_
(3)			_
(4)			_
(5)			_
(6)			_
(7)			_
(8)			_
(9)			_
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11d. See Form 990, Part X, line 15.	
(a) De	escription	(b) Book value	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 15.)		
Part X Other Liabilities. Complete if the organization answered line 25.	d "Yes" on Form 990	), Part IV, line 11e or 11f. See Form 990, Part X,	
1. (a) Description of liability	(b) Book valu	le	
(1) Federal income taxes			
(2) DEPOSITS PAYABLE	14,658,8	883.	
(3)US GOVERNMENT LOAN ADVANCES	19,152,0	003.	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>▶</b> 33,810,8	386.	

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<sup>2.</sup> 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

TRUSTEES OF BOSTON COLLEGE

Schedule D (Form 990) 2017

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	, ago 1
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	-	
b	Bollated Scivices and use of Idollates 111111111111111111111111111111111111	-	
C C	Recoveries of prior year grants	1	
d e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	.	
b	Prior year adjustments	-	
С	Other losses	-	
d	Other (Describe in Part XIII.)	.	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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 IIII alt Alli.)	4c	
с 5	Add lines <b>4a</b> and <b>4b</b>	5	
	XIII Supplemental Information.		
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	art V, I	ne 4; Part X, line
2; Par	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	
SEE	PAGE 5		
_			

JSA Schedule D (Form 990) 2017

04-2103545 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.

Schedule D (Form 990) 2017

### 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** Inspection

► Attach to Form 990 or Form 990-EZ. Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for the latest information.

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

Par	tl			
			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	X	
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	X	
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	X	
	SEE SUPPLEMENTAL PAGE			
Ļ	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
	Records documenting that scholarships and other financial assistance are awarded on a racially			
	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	X	
Ч	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
u	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
	if you answered the to any of the above, please explain. If you fleed more space, use Fart II.			
5	Does the organization discriminate by race in any way with respect to:			
		Eo		Х
а	Students' rights or privileges?	5a		- 21
	Adminstrate mallate 2			Х
D	Admissions policies?	5b		- 21
	Front words of Constitution and administrative at 100			Х
С	Employment of faculty or administrative staff?	5c		
		l		3.7
d	Scholarships or other financial assistance?	5d		X
е	Educational policies?	5e		X
f	Use of facilities?	5f		X
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.			
àa	Does the organization receive any financial aid or assistance from a governmental agency?	6a	X	
	Has the organization's right to such aid ever been revoked or suspended?	6b		X
	If you answered "Yes" on 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	

04-2103545 Schedule E (Form 990 or 990-EZ) (2017)

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.

PART I, LINE 6A

THE UNIVERSITY PARTICIPATES IN THE FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANT, PERKINS, FEDERAL WORK-STUDY AND OTHER FEDERAL TITLE IV AND HUMAN SERVICES PROGRAMS.

Schedule E (Form 990 or 990-EZ) (2017)

Page 2

#### **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.

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

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

Department of the Treasury Internal Revenue Service Name of the organization

Form 990, Part IV, line 14b.

Employer identification number

TRUSTEES OF BOSTON COLLEGE 04-2103545 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I

For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other

	assistance, the grantees' eligibility grants or assistance?	ty for the grant	s or assistance	e, and the selection criteri		X Yes No						
	For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other											
	assistance outside the United States.											
3	Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)											
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region						
(4)		_										
(1)	CENTRAL AMERICA/CARIBBEAN	0.	54.	PROGRAM SERVICES	RSRCH, PUB SERV, INST.	160,569.						
(2)	NORTH AMERICA	0.	211.	PROGRAM SERVICES	RSRCH, ATHL, INST	894,674.						
(3)	SUB-SAHARAN AFRICA	0.	37.	PROGRAM SERVICES	STUDY ABROAD, RESEARCH	343,919.						
(4)	EAST ASIA AND THE PACIFIC	0.	135.	PROGRAM SERVICES	RSRCH, STUDY AB, INSTR	935,573.						
(5)	EUROPE	4.	608.	PROGRAM SERVICES	STUDY AB, INST., RSRCH	7,169,683.						
(6)	MIDDLE EAST AND NORTH AFRICA	0.	38.	PROGRAM SERVICES	INST., STUDY AB, RSRCH	186,328.						
( )					,							
(7)	RUSSIA/INDEPENDENT STATES	0.	17.	PROGRAM SERVICES	INSTRUCTION, RESEARCH	34,644.						
(8)	SOUTH AMERICA	0.	62.	PROGRAM SERVICES	STUDY AB., RSRCH, INST	356,871.						
(0)	BOOTH TANDRICK	0.	02.	TROGICIA DERVICED	BIODI IIB., RORGII, INGI	330,011.						
(9)	SOUTH ASIA	0.	38.	PROGRAM SERVICES	INSTRUCTION, RESEARCH	89,507.						
10)	GENTEDAL AMEDICA /GADIDDEAN	0.	1.	GRANTMAKING		35 000						
10)	CENTRAL AMERICA/CARIBBEAN	0.	1.	GRANIMAKING		25,000.						
11)	EAST ASIA AND THE PACIFIC	0.	1.	GRANTMAKING		20,000.						
40)	OVE CAMADAN APPAGA		_	GD LYMY V TYG		150 200						
12)	SUB-SAHARAN AFRICA	0.	4.	GRANTMAKING		150,300.						
13)	CENTRAL AMERICA/CARIBBEAN	0.	2.	FUNDRAISING		7,631.						
4.4	DIGE 1071 NVD 0000		_									
14)	EAST ASIA AND THE PACIFIC	0.	3.	FUNDRAISING		28,840.						
15)	EUROPE	0.	3.	FUNDRAISING		30,110.						
16)	MIDDLE EAST AND NORTH AFRICA	0.	2.	FUNDRAISING		8,133.						
17)	NORTH AMERICA	0.	5.	FUNDRAISING		32,329.						
	Sub-total	4.	1,221.			10,474,111.						
b	Total from continuation					CAR FOR 010						
С	sheets to Part I  Totals (add lines 3a and 3b)	4.	1,221.			647,587,910.						

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

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#### **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.

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

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

Department of the Treasury Internal Revenue Service Name of the organization

Part I

TRUSTEES OF BOSTON COLLEGE

Form 990, Part IV, line 14b.

Employer identification number

04-2103545 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

1	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?											
2	For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.											
3	Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)											
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region						
(1)	EUROPE	0.	0.	INVESTMENTS		26,048,237.						
(2)	SUB-SAHARAN AFRICA	0.	0.	INVESTMENTS		12,883,811.						
(3)	CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		608,655,862.						
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
(11)												
(11) (12)												
(13)												
(14)												
(15)												
(16)												
(17)	0.1.1.1											
3a b												
С	Totals (add lines 3a and 3b)											

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

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Part II	Grants and Other Assistance Part IV, line 15, for any re							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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	GENERAL SUPP	17,300.	WIRE TRANSFR			
(2)			SUB-SAHARAN AFRICA	GENERAL SUPP	50,000.	WIRE TRANSFR			
(3)			SUB-SAHARAN AFRICA	GENERAL SUPP	25,000.	WIRE TRANSFR			
(4)			SUB-SAHARAN AFRICA	GENERAL SUPP	58,000.	WIRE TRANSFR			
(5)			CENT. AMERICA/CARIBBEAN	GENERAL SUPP	25,000.	WIRE TRANSFR			
(6)			EAST ASIA/PACIFIC	GENERAL SUPP	20,000.	WIRE TRANSFR			
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2 E	nter total number of recipient orga the IRS, or for which the grantee nter total number of other organiz	or counsel has prov	rided a section 501(c)(3) ed	quivalency lette	r		<b>&gt;</b>		

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

TRUSTEES OF BOSTON COLLEGE 04-2103545

Schedule F (Form 990) 2017

# Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Region (c) Number of (d) Amount of (e) Manner of (h) Method of (f) Amount of (g) Description noncash assistance valuation (book, FMV, recipients cash grant cash of noncash disbursement assistance appraisal, other) (1) (2) (3) (4) (5) (6) (7) (8) \_(9) (10)(11) (12)(13)(14)(15)(16)(17) (18)

Part III

Page 4 Schedule F (Form 990) 2017

TRUSTEES OF BOSTON COLLEGE

Part	V 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; don't 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; don't file with Form 990)	X	Yes	☐ No

Schedule F (Form 990) 2017

04-2103545

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Schedule F (Form 990) 2017 Page **5** 

**Supplemental Information** Part V

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) 2017

04-2103545

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

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

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

OMB No. 1545-0047

Department of the Treasury

Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest instructions.

Open to Public

	al Revenue Service					Complement identification	inspection
	of the organization STEES OF BOSTON COLLEGE					Employer identification 04-2103545	on number
Par		mplete if the orga	anization a	answered	"Yes" on Form		17.
. ai	Form 990-EZ filers are not						
1	Indicate whether the organization ra	ised funds through	any of the	following	activities. Check	all that apply.	
а		е			non-government g		
b		f			government grant	S	
C		g	ı	cial fundra	ising events		
d							
	Did the organization have a written or key employees listed in Form 990 If "Yes," list the 10 highest paid incompensated at least \$5,000 by the	0, Part VII) or entity Iividuals or entities	y in connec	tion with p	rofessional fundra	ising services?	Yes No fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No		Con. (i)	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total	List all states in which the organize				contributions or	has been notified	it is exempt from
	registration or licensing.	ation is registered	01 110011001			nao boon notinoa	it is exempt from

Schedule G (Form 990 or 990-EZ) 2017

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		gross receipts greater than \$5,00	JU.			
			(a) Event #1 NIGHT AT POPS	(b) Event #2 WALL ST DINNER	(c) Other events	(d) Total events (add col. (a) through
4			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	13,528,615.	2,046,745.		15,575,360
œ	2	Less: Contributions	12,879,580.	1,893,310.		14,772,890
		Gross income (line 1 minus	, ,	, ,		, , , , , , , , , , , , , , , , , , , ,
		line 2)	649,035.	153,435.		802,470
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs	825,544.	35,248.		860,792
Direct Expenses	7	Food and beverages	569,301.	293,544.		862,845
Dire	8	Entertainment	559,032.	19,200.		578,232
	9	Other direct expenses	1,015,420.	259,424.		1,274,844
	10	Direct expense summary. Add lines 4	through 9 in column (d	)	•	3,576,713
		Net income summary. Subtract line 1				-2,774,243
Pa		Gaming. Complete if the orga	anization answered "Y			orted more
		than \$15,000 on Form 990-E	Z, line 6a.	T T		
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						( ) ( ) ( )
ď	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes%	Yes% No	Yes% No	
	7	Direct expense summary. Add lines 2	through 5 in column (d	)	▶	
_	8	Net gaming income summary. Subtra	act line 7 from line 1, col	umn (d)		
	ls	nter the state(s) in which the organizate the organization licensed to conduct of "No," explain:		of these states?		. Yes No
		ere any of the organization's gaming l "Yes," explain:	icenses revoked, suspe			Yes No

04-2103545

TRUSTEES OF BOSTON COLLEGE

04-2103545

Sched	ule G (Form 990 or 990-EZ) 2017
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
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
	revenue? Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
С	amount of gaming revenue retained by the third party ▶ \$  If "Yes," enter name and address of the third party:
C	in res, enter name and address of the third 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
	retain the state gaming license? Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
Dom	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 I (Form 990)

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

2017

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Open to Public Inspection

TRAINE OF THE ORGANIZATION						Employer identific	
TRUSTEES OF BOSTON COLLEGE	d Assistans					04-210354	15
<ol> <li>General Information on Grants and</li> <li>Does the organization maintain records to so the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's proced</li> </ol>	ubstantiate th s or assistand	ne amount of the					X Yes No
Part II Grants and Other Assistance to D 990, Part IV, line 21, for any recipi		_					es" on Form
1 (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 noncash assistance	(h) Purpose of grant or assistance
(1) GLORIOUS ORPHANAGE CORPORATION							
674 CLAPBOARDTREE STREET WESTWOOD, MA 02090	80-0553024	501(C)(3)	100,000.				GENERAL SUPPORT
(2) JESUITS USA NORTHEAST PROVINCE							
39 E 83RD STREET NEW YORK, NY 10028	47-2184310	501(C)(3)	35,000.				GENERAL SUPPORT
(3) CARITAS DE PUERTO RICO							
201 CALLE SAN JORGE SAN JUAN, PR 00902	66-0287035	501(C)(3)	94,000.				GENERAL SUPPORT
(4) JESUITS USA CENTRAL AND SOUTHERN PROVINCE							
4511 WEST PINE BOULEVARD	43-0416129	501(C)(3)	94,000.				GENERAL SUPPORT
(5) CITY OF NEWTON							
1000 COMMONWEALTH AVENUE NEWTON, MA 02459	04-6001404	GOVT	100,000.				GENERAL SUPPORT
(6) ALLSTON BRIGHTON COMMUNITY FUND							
116 COLLEGE ROAD CHESTNUT HILL, MA 02467	04-2304133	501(C)(3)	75,000.				GENERAL SUPPORT
_(7)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and	_	•					6.
3 Enter total number of other organizations list							
For Paperwork Reduction Act Notice, see the Instruct	ions for Form 9	990.				Scl	nedule I (Form 990) (2017)

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIPS TO STUDENTS	7,938.	206,517,830.			
2					
3					
4					
5					
6					
7					

**Part IV** Supplemental Information. 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 ENTITIES. THESE GRANTS ARE PROVIDED AT THE COLLEGE'S DISCRETION.

Schedule I (Form 990) (2017)

Page 2

Schedule I (Form 990) (2017)

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

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> 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. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

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)

**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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 Housing allowance or residence for personal use Payments for business use of personal residence			
	X Tax indemnification and gross-up payments X Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
	Biodictionally openium glacocuric Toronal convious (cacinate, maia, chambar, one)			
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 on line			
	1a?	2	X	
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  Independent compensation consultant  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		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
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" on 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		Х
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 nonfixed			
	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		X
9	If "Yes" on 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) 2017

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	f W-2 and/or 1099-MI	SC 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)	221,414.	0.	15,929.	22,953.	33,053.	293,349.	0.
1 VP PLANNING & ASSESSMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
DANIEL BOURQUE	(i)	256,369.	0.	17,828.	21,002.	81,552.	376,751.	0.
2 P FACILITIES MANAGEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
MICHAEL BOURQUE	(i)	317,668.	0.	35,096.	27,000.	81,774.	461,538.	0.
3 <sup>VP</sup> INFORMATION TECHNOLOGY	(ii)	0.	0.	0.	0.	0.	0.	0.
JOHN D. BURKE	(i)	361,884.	0.	34,522.	22,000.	84,958.	503,364.	0.
FIN. VP & TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
JAMES J. HUSSON	(i)	525,588.	0.	52,986.	27,000.	33,690.	639,264.	0.
<b>5</b> SR. VP UNIVERSITY ADVANCEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
BARBARA JONES	(i)	250,725.	0.	30,531.	21,283.	17,100.	319,639.	0.
6 STUDENT AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.
THOMAS J. KEADY	(i)	274,067.	0.	18,856.	27,000.	33,258.	353,181.	0.
7 VP GVT & COMMUNITY AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.
MICHAEL J. LOCHHEAD	(i)	436,311.	0.	62,595.	21,600.	27,860.	548,366.	0.
8 EXECUTIVE VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
BETH E. MCDERMOTT	(i)	285,270.	0.	15,610.	21,600.	12,673.	335,153.	0.
9 P FOR DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
DAVID QUIGLEY	(i)	474,371.	0.	106,867.	27,000.	33,621.	641,859.	0.
10 PROVOST & DEAN OF FACULTIES	(ii)	0.	0.	0.	0.	0.	0.	0.
KEVIN J. SHEA	(i)	233,604.	0.	16,957.	24,166.	33,161.	307,888.	0.
11 VP AND EXECUTIVE ASST. TO PRES	(ii)	0.	0.	0.	0.	0.	0.	0.
DAVID P. TRAINOR	(i)	280,998.	0.	103,881.	21,600.	30,753.	437,232.	0.
12 <sup>VP</sup> HUMAN RESOURCES	(ii)	0.	0.	0.	0.	0.	0.	0.
JOHN J. ZONA	(i)	578,090.	389,928.	19,242.	117,253.	139,703.	1,244,216.	216,200.
13 CHIEF INV. OFF. & ASSOC. TREAS	(ii)	0.	0.	0.	0.	0.	0.	0.
STEPHEN R. ADDAZIO	(i)	2,364,865.	85,000.	136,384.	21,600.	35,163.	2,643,012.	0.
14 <sup>FOOTBALL COACH</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
BRADLEY J. BATES	(i)	455,036.	25,000.	62,439.	21,600.	26,975.	591,050.	0.
15 <sup>ATHLETIC DIRECTOR</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
ANDREW C. BOYNTON	(i)	536,837.	0.	27,723.	27,000.	33,652.	625,212.	0.
16 CSOM	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2017

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		<b>(B)</b> Breakdown of	f W-2 and/or 1099-MIS	SC 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
JAMES P. CHRISTIAN	(i)	1,261,589.	0.	58,121.	21,600.	33,861.	1,375,171.	0.
1 BASKETBALL COACH	(ii)	0.	0.	0.	0.	0.	0.	0.
JEREMIAH F. YORK	(i)	554,576.	0.	39,980.	27,000.	30,994.	652,550.	0.
2HOCKEY COACH	(ii)	0.	0.	0.	0.	0.	0.	0.
CUTBERTO GARZA	(i)	99,271.	0.	14,239.	11,667.	20,647.	145,824.	0.
3PROFESSOR AND FORMER PROVOST	(ii)	0.	0.	0.	0.	0.	0.	0.
PATRICK J. KEATING	(i)	207,295.	0.	34,318.	23,245.	30,243.	295,101.	0.
4 SPL ADV TO PROVOST&FMR EXEC VP	(ii)	0.	0.	0.	0.	0.	0.	0.
JOSEPH F. QUINN	(i)	302,634.	0.	23,024.	27,000.	31,482.	384,140.	0.
5 PROF & FORMER INTERIM PROVOST	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							adula I (Form 000) 2017

Schedule J (Form 990) 2017

#### Part | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I

THE UNIVERSITY PAID COMPENSATION AND BENEFITS OF \$5,094,191 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, 4 HIGHLY COMPENSATED INDIVIDUALS FLEW

CHARTER WITH THE ATHLETIC TEAMS AND 2 HIGHLY COMPENSATED EMPLOYEES

TRAVELED FIRST CLASS.

TRAVEL FOR COMPANIONS: UNIVERSITY POLICY IS NOT TO REIMBURSE FOR

COMPANION TRAVEL. DURING CALENDAR YEAR 2017, 4 HIGHLY COMPENSATED

Schedule J (Form 990) 2017

#### Part | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

INDIVIDUALS LISTED IN PART VII HAVE HAD COMPANION TRAVEL AT NO ADDITIONAL COST TO THE COLLEGE.

GROSS-UP PAYMENTS: DURING CALENDAR YEAR 2017, TWO OFFICERS RECEIVED GROSS-UP PAYMENTS. THE FULL VALUE WAS INCLUDED IN THEIR TAXABLE COMPENSATION.

HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES: 3 HIGHLY COMPENSATED INDIVIDUALS AND 1 OFFICER RECEIVED 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 AND ARE APPROVED.

Schedule J (Form 990) 2017

#### Part | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 4B AND 7

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 2017, THE CHIEF INVESTMENT OFFICER'S 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). THE AMOUNT INCLUDED IN SCHEDULE J, PART II COLUMN (F) REPRESENTS COMPENSATION RECEIVED IN 2017 AND IS INCLUDED IN SCHEDULE J, PART II COLUMN (B)(II). THE AMOUNT IN SCHEDULE J, PART II COLUMN (F) WAS PREVIOUSLY REPORTED AS DEFERRED COMPENSATION IN SCHEDULE J. PART II. COLUMN (C) IN A PRIOR YEAR.

Schedule J (Form 990) 2017

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE 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

# **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.

Internal Revenue Service

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

TRUSTEES OF BOSTON COLLEGE

04-2103545

Part I Bond Issues (a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issu	ied (e) is	sue price	(f) De	escription of pu	rpose	(g) De	feased	bèha	On alf of	(i) Po	
									\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		iss		V	I NI
A									Yes	No	Yes		Yes	+
A MASS DFA - SERIES Q1, Q2	04-3431814	57583RL45	05/21/20	109 10	1,818,300.	SEE PART VI				Х		Х		Х
<b>B</b> mass dfa - series r1, r2	04-3431814	57583R4M4	11/16/20	)10 215,755,525. SEE PART VI				Х		х		Х		
C mass dfa - series s	04-3431814	57583UZQ4	08/20/20	013 150	5,252,258.	SEE PART VI				х		х		Х
D mass dfa - series t	04-3431814	57584XK42	01/31/20	117 14	202 852	SEE PART VI				х		х		х
Part II Proceeds	01 3131011	373012012	01/31/20	,1, 11.	,202,032.	DEB TIME VI				21				
1.000000					Α		В	-	:			D		_
1 Amount of bonds retired				34,	130,000	. 41,4	50,000.	28,8	35,00	0.				_
2 Amount of bonds legally defeased														_
3 Total proceeds of issue				104,	968,137	. 215,8	32,146.	156,2	56,98	3.	141	1,20	2,8	52
4 Gross proceeds in reserve funds														
5 Capitalized interest from proceeds					198,197	. 7,3	32,415.	2,6	57,91	6.				
6 Proceeds in refunding escrows														
7 Issuance costs from proceeds					583,495	. 1,1	63,025.	6	76,55	51.		92	2,8	10
8 Credit enhancement from proceeds														
9 Working capital expenditures from proceeds														
10 Capital expenditures from proceeds				-	951,640		49,143.		47,27					
11 Other spent proceeds				27,	234,805	. 105,4	87,563.	95,5	75,24	2.	140	0,28	0,0	_2
12 Other unspent proceeds														
13 Year of substantial completion				201	L2	201	4	201	6		2	2010		
				Yes	No	Yes	No	Yes	No		Yes		No	
14 Were the bonds issued as part of a current refunding				X		X		Х					X	
15 Were the bonds issued as part of an advance refur					X		Х		X		X			
16 Has the final allocation of proceeds been made? .				X		X		X			X			
17 Does the organization maintain adequate boo final allocation of proceeds?				Х		Х		Х			Х			
Part III Private Business Use														
					Α		В		;			D		
1 Was the organization a partner in a partnership which owned property financed by tax-exempt bon				Yes	No X	Yes	No X	Yes	No X		Yes	;	No X	
2 Are there any lease arrangements that may bond-financed property?	result in privat	te business	use of	Х		X		X			Х			

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

Schedule K (Form 990) 2017

Part III Private Business Use (Continued)	X-EXEMP	T BONDS						
		Α		В		С		D
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property?	Yes X	No	Yes X	No	Yes X	No	Yes X	No
<b>b</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?	Х		Х		Х		Х	
c Are there any research agreements that may result in private business use of bond-financed property?	Х		Х		Х		Х	
<b>d</b> 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?	Х		Х		Х		Х	
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 ▶		.1000 %		%		.9000 %	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, another section 501(c)(3) organization, or a state or local government ▶		%		%		%		.1000 %
6 Total of lines 4 and 5		.1000 %		%		.9000 %	1	.2000 %
7 Does the bond issue meet the private security or payment test?		X		Х		X		X
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		Х		X
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	Х		Х		X		X	
Part IV Arbitrage								
· · · · · · · · · · · · · · · · · · ·		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		X		X		X
2 If "No" to line 1, did the following apply?						_	37	
a Rebate not due yet?							X	
b Exception to rebate?	37		37		37			
c No rebate due?	X		X		X			
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?		X		Х		Х		Х
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х		Х		Х		Х
<b>b</b> Name of provider		1						1
c Term of hedge.								1
d Was the hedge superintegrated?								
e Was the hedge terminated?								

JSA

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Schedule K (Form 990) 2017

04-2103545

Schedule K (Form 990) 2017

Part IV Arbitrage (Continued)								<u> </u>
, , , , , , , , , , , , , , , , , , ,		4		В	(	;	I	<u> </u>
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		Х		Х		X
<b>b</b> Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		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								
		4		В	(	;	I	)
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 isn't available under applicable regulations?	Yes	No	Yes	No	Yes	No	Yes	No
voluntary closing agreement program if self-remediation isn't available under	Х		X		X		X	
Part VI Supplemental Information. Provide additional information for responses to		s on Sche		oo inetruct			Λ	
all VI	question	13 011 00110	duic IX. O					

Schedule K (Form 990) 2017

04-2103545

JSA 7E1328 1.000

04-2103545

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Schedule K (Form 990) 2017

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

SCHEDULE K, PART I, COLUMN F

- A. REFUNDING BANK OF AMERICA, LINE OF CREDIT (12/10/08), PROPERTY

  ACQUISTION CONSTRUCTION, RENOVATION AND EQUIPMENT FOR VARIOUS BUILDINGS

  ON MULTIPLE CAMPUSES.
- B. REFUNDING MHEFA SERIES L (9/25/98) CONSTRUCTION, RENOVATION AND EQUIPMENT FOR VARIOUS BUILDINGS ON MULTIPLE CAMPUSES.
- C. REFUNDING MHEFA SERIES N (9/04/03) CONSTRUCTION, RENOVATION AND EQUIPMENT FOR VARIOUS BUILDINGS ON MULTIPLE CAMPUSES.
- D. ADVANCE REFUNDING OF SERIES P (07/26/07) 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, 2C. THE REBATE CALCULATION DATES ARE FOLLOWS: SERIES Q: 5/21/2012; SERIES R: 5/13/2014; SERIES S: 8/31/2016

JSA 7E1511 1.000 Schedule K (Form 990) 2017

#### **SCHEDULE L**

#### **Transactions With Interested Persons**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

▶ 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.

Name of the organization

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

OMB No. 1545-0047

Open To Public Inspection

Employer identification number TRUSTEES OF BOSTON COLLEGE 04-2103545 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Vec" on Form 000, Part IV, line 25e or 25h, or Form 000 E7, Part IV, line 40h

	Complete ii the organization a	iliswered Tes Offi Offi 990, Fait IV, life 25a (	01 23D, 01 1 01111 330-LZ, Fait V, IIIIe 40D.			
1	(a) Name of diagnalified person	(b) Relationship between disqualified person and	(c) Description of transaction			
	(a) Name of disqualified person	organization				
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
2	Enter the amount of tax incurred by	the organization managers or disqualified per	reone during the year			

_	Lines the amount of tax incurred by the organization managers of disqualified persons during the year
	under section 4958
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

#### 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.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		<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.		Х	Х		Х	
(2) MICHAEL LOCHHEAD	EXECUTIVE VP	MORTGAGE		Х	600,000.	600,000.		Х	Х		X	
(3) DAVID QUIGLEY	PROVOST	MORTGAGE		Х	250,000.	210,921.		Х	Х		X	
(4) DAVID QUIGLEY	PROVOST	MORTGAGE		Х	200,000.	40,000.		Х	Х		X	
(5) BARBARA JONES	VP STUDENT	MORTGAGE		Х	369,500.	369,500.		Х	Х		X	
(6) DAVID TRAINOR	VP HR	MORTGAGE		Х	400,000.	400,000.		Х	Х		X	
(7)												
(8)												
(9)												
(10)												
Total						\$ 2,120,421.						

#### 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)				
(10)				

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

04-2103545

Schedule L (Form 990 or 990-EZ) 2017 Page **2** 

#### Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

TRUSTEES OF BOSTON COLLEGE

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of ization's nues?
				Yes	No
(1) SUFFOLK CONSTRUCTION	CONTROLLED ORG OF TRUSTEE	36,878,014.	CONSTRUCTION SERVICES		Х
_(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

#### Part V Supplemental Information

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

SCHEDULE L, PART IV

IN FISCAL 2017, BOSTON COLLEGE ENTERED INTO AN ARRANGEMENT WITH SUFFOLK CONSTRUCTION COMPANY, INC. FOR THE CONSTRUCTION OF CERTAIN FACILITIES.

THIS ARRANGEMENT WAS REVIEWED BY THE FINANCE AND AUDIT COMMITTEE OF THE BOARD OF TRUSTEES AND WAS DETERMINED TO BE FAIR AND REASONABLE AND IN THE BEST INTERESTS OF BOSTON COLLEGE. IN ACCORDANCE WITH THE BOSTON COLLEGE CONFLICT OF INTEREST POLICY, THE RELATED TRUSTEE RECUSED HIMSELF FROM ALL DECISION MAKING ON THIS MATTER.

JSA 7E1507 1.000

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

### **Noncash Contributions**

OMB No. 1545-0047

Open to Public 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.

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

TRUSTEES OF BOSTON COLLEGE

04-2103545

Employer identification number

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 of noncash cont			
1	Art - Works of art	X	21.	648,690.	OPINION C	F EX	PER'	īs —
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications	Х		93,913.	OPINION C	F EX	PER'	īs —
5	Clothing and household							
-	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	386.	12,231,282.	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							
25	Other ►(ATCH 1)		17.	665,224.				
26	Other ►()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received							
	which the organization completed I	Form 8283,	Part IV, Donee Acknowledg	ement	29			19.
							Yes	No
30a	During the year, did the organizat				-			
	28, that it must hold for at least the	-			-			
	to be used for exempt purposes for		olding period?			30a		X
	If "Yes," describe the arrangement i							
31	Does the organization have a						3,7	
	contributions?					31	Х	
32a	Does the organization hire or use	-	<del>-</del>	•				37
	contributions?					32a		X
	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in c	olumn (c) for a type of pro	perty for which column (a)	is checked,			
	describe in Part II.							

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

Schedule M (Form 990) (2017)

TRUSTEES OF BOSTON COLLEGE

Schedule M (Form 990) (2017) Page **2** 

Part II Supple

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B)

COLUMN B IS BASED ON THE NUMBER OF CONTRIBUTIONS.

Schedule M (Form 990) (2017)

04-2103545

Schedule M (Form 990) (2017) Page **2** 

Part II Supple

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

ATTACHMENT 1

04-2103545

#### SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
SPRINKLER SYSTEMS/EQUIP	Х	2.	583,609.	ACTUAL INVOICE PRICE
EVENTS/RECEPTIONS	Х	13.	50,805.	ACTUAL INVOICE PRICE
GAME TICKETS	Х	1.	2,040.	ACTUAL INVOICE PRICE
FLOWERS	Х	1.	28,770.	ACTUAL INVOICE PRICE
TOTALS	_	17.	665,224.	

Schedule M (Form 990) (2017)

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

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

TRUSTEES OF BOSTON COLLEGE

04-2103545

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

STRENGTHENED BY MORE THAN A CENTURY AND A HALF OF DEDICATION TO ACADEMIC EXCELLENCE, BOSTON COLLEGE COMMITS ITSELF TO THE HIGHEST STANDARDS OF TEACHING AND RESEARCH IN UNDERGRADUATE, GRADUATE AND PROFESSIONAL PROGRAMS AND TO THE PURSUIT OF A JUST SOCIETY THROUGH ITS OWN ACCOMPLISHMENTS, THE WORK OF ITS FACULTY AND STAFF, AND THE ACHIEVEMENTS OF ITS GRADUATES. IT SEEKS BOTH TO ADVANCE ITS PLACE AMONG THE NATION'S FINEST UNIVERSITIES AND TO BRING TO THE COMPANY OF ITS DISTINGUISHED PEERS AND TO CONTEMPORARY SOCIETY THE RICHNESS OF THE CATHOLIC INTELLECTUAL IDEAL OF A MUTUALLY ILLUMINATING RELATIONSHIP BETWEEN RELIGIOUS FAITH AND FREE INTELLECTUAL INQUIRY.

BOSTON COLLEGE DRAWS INSPIRATION FOR ITS ACADEMIC AND SOCIETAL MISSION FROM ITS DISTINCTIVE RELIGIOUS TRADITION. AS A CATHOLIC AND JESUIT UNIVERSITY, IT IS ROOTED IN A WORLD VIEW THAT ENCOUNTERS GOD IN ALL CREATION AND THROUGH ALL HUMAN ACTIVITY, ESPECIALLY IN THE SEARCH FOR TRUTH IN EVERY DISCIPLINE, IN THE DESIRE TO LEARN, AND IN THE CALL TO LIVE JUSTLY TOGETHER. IN THIS SPIRIT, THE UNIVERSITY REGARDS THE CONTRIBUTION OF DIFFERENT RELIGIOUS TRADITIONS AND VALUE SYSTEMS AS ESSENTIAL TO THE FULLNESS OF ITS INTELLECTUAL LIFE AND TO THE CONTINUOUS DEVELOPMENT OF ITS DISTINCTIVE INTELLECTUAL HERITAGE.

BOSTON COLLEGE PURSUES THIS DISTINCTIVE MISSION BY SERVING SOCIETY IN

#### 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

Page 2

Name of the organization

TRUSTEES OF BOSTON COLLEGE

04-2103545

EAGLES OR MAKING A DIFFERENCE THROUGH THE UNIVERSITY, BOSTON COLLEGE HAS ACTIVE ALUMNI WHO CONTINUE TO VOLUNTEER THEIR TIME TO CONTRIBUTE TO THE BOSTON COLLEGE COMMUNITY.

OTHER PROGRAM SERVICES

FORM 990, PART III, LINE 4D

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

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

DANIEL F. BOURQUE AND MICHAEL J. BOURQUE HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, GOVERNANCE, MANAGEMENT, AND DISCLOSURE

SECTION B - QUESTION 11

WORKING WITH PRICEWATERHOUSECOOPERS, LLP (PWC), THE FORM 990 IS PREPARED BY BOSTON COLLEGE. UPON COMPLETION, THE FULL FORM 990 IS REVIEWED BY SENIOR MANAGEMENT, THE PRESIDENT OF BOSTON COLLEGE, THE CHAIR OF THE BOARD OF TRUSTEES, AND THE CHAIR OF THE FINANCE AND AUDIT COMMITTEE OF THE BOARD OF TRUSTEES. THE FULL 990, 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.

04-2103545

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'18 WERE \$5,094,191. 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

Schedule O (Form 990 or 990-EZ) 2017 Page **2** 

Name of the organization

TRUSTEES OF BOSTON COLLEGE

64-2103545

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 GAIN/(LOSS): (\$9,598,794)

FOREIGN CURRENCY EXCHANGE GAIN/(LOSS): \$283,119

LIFE INCOME VALUE ADJUSTMENTS: (\$328,462)

LOSS ON WRITE-OFF OF GIFTS/PLEDGES: (\$2,339,220)

LOSS ON DEPRECIATION ADJUSTMENT: (\$18,309,416)

TOTAL: (\$30,292,773)

ATTACHMENT 1

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
SKANSKA USA BUILDING INC 101 SEAPORT BLVD BOSTON, MA 02210	CONSTRUCTION	31,009,690.
SUFFOLK CONSTRUCTION COMPANY INC 65 ALLERTON STREET BOSTON, MA 02119	CONSTRUCTION	19,019,030.
BOND BROTHERS INC 10 CABOT RD, STE 300 MEDFORD, MA 02155	CONSTRUCTION	15,945,268.
CONSIGLI CONSTRUCTION CO INC 72 SUMNER ST. MILFORD, MA 01757	CONSTRUCTION	9,918,852.
WISE CONSTRUCTION	CONSTRUCTION	5,229,050.

Schedule O (Form 990 or 990-EZ) 2017 Page **2** 

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

21 EAST STREET WINCHESTER, MA 01890

04-2103545

#### SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

# **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.

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

OMB No. 1545-0047
2017
Open to Public Inspection

Name of the organization
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 IV, 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 04-2103	3545				
140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 0246	7 ALUM. REL	MA		0.	BC
(2)					
(3)					
(4)					
(5)					
(6)					

Part II 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.

(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	l contr	g) 512(b)(13) rolled :ity?
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2017

JSA

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04-2103545

Schedule R (Form 990) 2017	Pa	age <b>Z</b>
Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990. Part IV, lir	ne 34.	

because it had one or more related organizations treated as a partnership during the tax year. **(b)** Primary activity (d) Direct controlling (c) Legal (e) Predominant income (related, (g) (h) (j) (k) Name, address, and EIN of Share of total Share of end-of-Code V - UBI General or Percentage Disproportionate amount in box 20 related organization domicile entity income year assets managing ownership unrelated, excluded from (state or of Schedule K-1 partner? foreign (Form 1065) tax under sections 512 - 514) country) Yes No Yes No (1) (2) (3) (4) (5) (6) (7)

**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. Part IV

(a)  Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign 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	
								Yes No
(1) CHARITABLE REMAINDER TRUSTS (15)	SUPPORT	MA	N/A	T				х
(2) CHARITABLE REMAINDER TRUSTS (1)	BOFFORT	PIE	IV/A	1				Α
	SUPPORT	PA	N/A	T				Х
(3) OTHER TRUSTS (4)	_							
	SUPPORT	MA	N/A	T				Х
(4) POOLED LIFE INCOME FUND (1)								
	SUPPORT	MA	N/A	T				Х
<u>(5)</u>	-							
(6)								
(7)								

JSA

7E1308 1.000

Schedule R (Form 990) 2017

Part	Transactions With Related Organizations. Complete if the organization answered "You	es" on Form 990, Pa	rt IV, line 34, 35b, or 36.			
Note	: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	sted in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				а	X
	Gift, grant, or capital contribution to related organization(s)				b	X
С	Gift, grant, or capital contribution from related organization(s)			1	С	X
d	oans or loan guarantees to or for related organization(s)			<u>  1</u>	d	X
	_oans or loan guarantees by related organization(s)				е	X
f	Dividends from related organization(s)			1	f	Х
g	Sale of assets to related organization(s)			1	g	X
	Purchase of assets from related organization(s).				h	X
	Exchange of assets with related organization(s)				li	X
	_ease of facilities, equipment, or other assets to related organization(s)				j	X
k	_ease of facilities, equipment, or other assets from related organization(s)			1	k	X
	Performance of services or membership or fundraising solicitations for related organization(s)				II.	Х
m	Performance of services or membership or fundraising solicitations by related organization(s)			1	m	Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1	n	Х
	Sharing of paid employees with related organization(s)				0	Х
•						
р	Reimbursement paid to related organization(s) for expenses			1	р	X
-	Reimbursement paid by related organization(s) for expenses				q	Х
					_	X
r	Other transfer of cash or property to related organization(s)				r s X	
2	Other transfer of cash or property from related organization(s)	this line including cove	ared relationships and transc	oction threeh	3	•
	(a)	(b)	(c)	(d		
	Name of related organization	Transaction type (a-s)	Amount involved	Method of d amount	etermir	
(4)						
(1)						
(2)						
(3)						
(3)						
(4)						
(5)						

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(6)

Schedule R (Form 990) 2017

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#### Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) (c) Legal domicile (state or foreign country)		income (related, unrelated, excluded from tax under	organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
(4)			sections 512-514)	Yes	No			Yes	No		Yes	No	
_(1)													
(2)													
(3)													
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# Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

FORM 990, SCHEDULE R, PART IV, LINE 1

CHARITABLE REMAINDER TRUSTS ARE DOMICILED IN MASSACHUSETTS AND

PENNSYLVANIA.

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