			P	UBLIC	DIS	SCLOSURE	COE	Ϋ́Υ		
Form <b>990</b>	)-т	Ex	empt Organ (and			siness Inco der section (			m	OMB No. 1545-0687
		For cale	ndar year 2018 or othe						<u>019</u> .	2018
Department of the T Internal Revenue Se		► Do	► Go to www.irs	•		nstructions and th			s)(2)	Open to Public Inspection for
A Check b			Name of organization			me changed and see in			D Empl	501(c)(3) Organizations Only oyer identification number
address	changed								(Emplo	byees' trust, see instructions.)
B Exempt under		Drint	TRUSTEES OF						04 0	100545
X 501( C )(		Print or	Number, street, and i	room or suite no. I	faP.O.	. box, see instructions.				103545 ated business activity code
408(e) 408A	220(e) 530(a)	Туре	140 COMMON	WEALTH AV	ENUE			440		nstructions.)
529(a)	000(a)		City or town, state or				de			
C Book value of a	all assets		CHESTNUT H	ILL, MA O	2467				7223	20 721000
at end of year	1000		up exemption numb	<u> </u>	,				1	
4772402			ck organization type		. ,	rporation	501(c	,	401(a)	
			nization's unrelated t		sses.				-	<ul> <li>(or first) unrelated</li> <li>e than one, describe the</li> </ul>
			end of the previous		nplete					
	•		ete Parts III-V.	, , , ,		, ,				
I During the t	tax year, v	was the	corporation a subsid	diary in an affili	ated g	roup or a parent-sub	osidiary	controlled group?		▶ Yes X No
			identifying number	of the parent co	rporatio				O	2261
J The books a				- 199 - 0			-	ne number ► 61		
Part I Unr 1a Gross red			or Business Inco	ome		(A) Income	•	(B) Expen	ses	(C) Net
	s and allowar			 C Balance ►	1c					
			ule A, line 7)		2					
3 Gross pr	ofit. Subt	ract line	2 from line 1c		3					
4a Capital g	gain net in	icome (a	ttach Schedule D)		4a	392,	129.			392,129.
-			Part II, line 17) (attach		4b					
			rusts		4c	-19,669,	312	ATCH 1		-19,669,312.
			r an S corporation (attach s		5 6	-19,009,	512.	AICH I		-19,009,312.
			come (Schedule E)		7					
			ents from a controlled organ		8					
			1(c)(7), (9), or (17) organi:		9					
			ncome (Schedule I)							
			lule J)		11					
	•		tions; attach schedul ough 12	/	12 13	-19,277,	183.			-19,277,183.
								eductions.) (I	Except	for contributions,
			be directly conr	•				, (		,
14 Compens	sation of	officers,	directors, and trustee	es (Schedule K)					14	
			(see instructions)							
			See instructions for l							
			4562)							
			on Schedule A and						22b	
			compensation plans							
			s Schedule I)							
			chedule J)							
28 Other de	ductions	(attach s	chedule)					ATCH 2	28	1,685,309.
			s 14 through 28							1,685,309.
			le income before							-20,962,492.
		•	g loss arising in tax e income. Subtract l	, 0	•		•	, <u>-</u>		-20,962,492.
For Paperwork	k Reducti	on Act N	lotice, see instruction					<u></u>	32	Form <b>990-T</b> (2018)
8X2740 1.000 06884	4N <sup>JSA</sup> 19	В			V 1	8-7.6F				- ( )

# Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number, see instructions
Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
print	TRUSTEES OF BOSTON COLLEGE	04-2103545
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions. 140 COMMONWEALTH AVENUE 440	Social security number (SSN)
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHESTNUT HILL, MA 02467	
Entor the P	aturn Cada far tha raturn that this application is far (file a congrate application	for each return)

Enter the Return Code for the return that this application is for (file a separate application for each return)

Application	Return	Application	Ret	turn
Is For	Code	Is For	Co	ode
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	0	)7
Form 990-BL	02	Form 1041-A	0	8
Form 4720 (individual)	03	Form 4720 (other than individual)	0	9
Form 990-PF	04	Form 5227	1	0
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	1	1
Form 990-T (trust other than above)	06	Form 8870	1	2
<ul> <li>The books are in the care of ► CONTROLLER'S OF:</li> <li>Telephone No. ► 617 552-3361</li> <li>If the organization does not have an office or place of I</li> </ul>		Fax No. ▶ 617 552-2003	_	
<ul> <li>If this is for a Group Return, enter the organization's for for the whole group, check this box</li> <li>If a list with the names and EINs of all members the extensional extension.</li> </ul>	ur digit Gro f it is for pa	oup Exemption Number (GEN)	If this is	· []
<ol> <li>I request an automatic 6-month extension of time up for the organization named above. The extension is</li> <li>calendar year 20 or</li> <li>X tax year beginning 06/</li> <li>If the tax year entered in line 1 is for less than 12 m</li> <li>Change in accounting period</li> </ol>	for the org	ganization's return for: 3, and ending05/31_, 2		
<b>3a</b> If this application is for Forms 990-BL, 990-PF, 99 nonrefundable credits. See instructions.	90-T, 4720		a \$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, estimated tax payments made. Include any prior year			sb \$	0.
c Balance due. Subtract line 3b from line 3a. Include	your paym	ent with this form, if required, by using EFTPS		
(Electronic Federal Tax Payment System). See instru	ctions.	3	sc \$	0.
Caution: If you are going to make an electronic funds withdrawa	I (direct deb	it) with this Form 8868, see Form 8453-EO and Form 8	3879-EO for payr	nent
instructions.				
For Privacy Act and Paperwork Reduction Act Notice, see instr	uctions.	F	orm 8868 (Rev.	1-2019)

#### TRUSTEES OF BOSTON COLLEGE

04-2103545

Form 990-T (2018)	Page 2
Part III Total Unrelated Business Taxable Income	·
33 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions).	<b>33</b> 24,783.
	34
35 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	
	<b>35</b> 24,783.
36 Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34,	36
	37
38 Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	······································
	38 0.
Part IV Tax Computation	
	39
40 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on	
	40
	41
	42
	43
	44
Part V Tax and Payments	
45a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a	
b Other credits (see instructions)	
c General business credit. Attach Form 3800 (see instructions)	2017 - 20
d Credit for prior year minimum tax (attach Form 8801 or 8827)	
	45e
	46
47 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).	47
48 Total tax. Add lines 46 and 47 (see instructions)	48 0.
	49
50 a Payments: A 2017 overpayment credited to 2018	
b 2018 estimated tax payments	
c Tax deposited with Form 8868	
d Foreign organizations: Tax paid or withheld at source (see instructions)	
e Backup withholding (see instructions)	
f Credit for small employer health insurance premiums (attach Form 8941) 50f	
g Other credits, adjustments, and payments: Form 2439	
Form 4136 Other Total ▶ 50g	
	51
	52
	53
	54
	55
Part VI Statements Regarding Certain Activities and Other Information (see instructions)	
56 At any time during the 2018 calendar year, did the organization have an interest in or a signature or of	CONTRACTOR AND
over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the fo	- 一、一、一、一、一、一、一、一、一、一、一、一、一、一、一、一、一、一、一、
57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	
If "Yes," see instructions for other forms the organization may have to file. 58 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best	st of my knowledge and belief, it is
Sign	
	/ the IRS discuss this return the preparer shown below
Signature of officer Date Title (see	instructions)? X Yes No
Print/Type preparer's name Preparer's stanature Date Check	PTIN
Paid GWEN SPENCER 04/08/2020 self-em	D00C414C0
Preparer Firm's name PRICEWATERHOUSECOOPERS LLP Firm's E	EIN ▶ 13-4008324
Use Only Firm's address ▶ 101 SEAPORT BLVD., SUITE 500, BOSTON, MA 02210 Phone	<sub>no.</sub> 617-530-5000
JSA	Form <b>990-T</b> (2018)

8×2741 1.000 06884N R19B

TRUSTEES OF BOSTON COLLEGE

04-2103545

Form 990-T (2018)								Page <b>3</b>
Schedule A - Cost of G		nter method						
<b>1</b> Inventory at beginning of y						ar	6	
2 Purchases			7		-	Id. Subtract line		
3 Cost of labor	3					ter here and in		
4a Additional section 263A co				Part I, line	2		7	
(attach schedule)	. <u>4a</u>			B Do the	rules of	section 263A (w	vith respect to	Yes No
<b>b</b> Other costs (attach schedu						or acquired for		
5 Total. Add lines 1 through						<u></u>		
Schedule C - Rent Income	e (From Real F	Property a	nd Persona	al Property	Leased V	Vith Real Proper	rty)	
(see instructions)								
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent rece	ived or accru	ed					
(a) From personal property (if the for personal property is more th more than 50%)	percent	age of rent for p	ersonal property personal property ased on profit or i	exceeds	<b>3(a)</b> Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			
(1)								
(2)								
(3)								
(4)								
Total		Total						
(c) Total income. Add totals of c here and on page 1, Part I, line 6		(b). Enter				(b) Total deductio Enter here and on Part I, line 6, colur	i page 1,	
Schedule E - Unrelated D	ebt-Financed	I <b>ncome</b> (se	e instruction	າຣ)				
1. Description of del	ot-financed property			come from or debt-financed		Deductions directly cor debt-financ nt line depreciation		
			prop		(attach schedule)		(attach sched	
(1)								
(2)								
(3)								
(4)								
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)     (attach schedule)		able to I property	4 di	olumn vided lumn 5		income reportable n 2 x column 6)	<b>8.</b> Allocable ded (column 6 x total c 3(a) and 3(l	of columns
(1)				%				
(2)				%				
(3)				%				
(4)				%				
Totals						e and on page 1, le 7, column (A).	Enter here and o Part I, line 7, coli	
Total dividends-received deduct	ions included in c	olumn 8 🚬	<u></u>			<u> </u>		00 T

Form **990-T** (2018)

Form 990-T (2018)	TRUSTEES											103545	Page <b>4</b>
Schedule F-Interest, Ann	uities, Royalties							atio	<b>ns</b> (see	instructio	ons)		
			Exem	pt Co	ntrolled Org	ganizatio	ons						
1. Name of controlled organization						of specified included		of column 4 that is I in the controlling ion's gross income		6. Deduction connected w in colum	ith income		
(1)								-					
(2)													
(3)													
(4)													
Nonexempt Controlled Organi	zations												
7. Taxable Income	8. Net unrelated in (loss) (see instruct				Total of specifie ayments made	ed	inc	luded	of column I in the cor ion's gross	ntrolling		1. Deductions nected with in column 10	ncome in
(1)			_										
(2)			_										
(3)			_										
(4)								dd oo	lumns 5 a	ad 10		dd columns 6 a	and 11
							En	ter he	re and on   ne 8, colur	page 1,	Ent	ter here and on art I, line 8, colu	page 1,
	<u></u> .					<u></u> >							
Schedule G-Investment Ir	ncome of a Sec	tion 5	501(c	<u>)(7),</u>			nizati	on (	see inst	ructions)			
1. Description of income	2. Amount of	income			3. Deduc directly cor (attach sch	nected			4. Set-asides (attach schedule)		5. Total dec and set-asid plus co	es (col. 3	
(1)													
(2)													
(3)													
(4)	Enter here and	00 0000	1									Enter here and	l on page 1
Totals	Part I, line 9, co											Part I, line 9,	
Schedule I-Exploited Exe	empt Activity In	come.	, Othe	er Th	an Adverti	sing Ir	ncome	e (se	e instru	ctions)			
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. l conn proc ui	Expense directly dected v duction nrelated	es with of	4. Net incom from unrelat or business 2 minus col If a gain, co cols. 5 thro	ne (loss) ed trade (column umn 3). ompute	<b>5.</b> G from is n	6. Expenses om activity that s not unrelated usiness income		7. Excess expe (column column 5 more colun	nses 6 minus 5, but not than		
(1)													
(2)													
(3)													
(4)													
Totals	Enter here and on page 1, Part I, line 10, col. (A).	page	here an e 1, Par 10, col.	τI,								Enter h on pa Part II,	ige 1,
Schedule J-Advertising Ir	ncome (see instru	uctions	;)										
Part I Income From Per				nsol	idated Bas	sis							
1. Name of periodical	2. Gross advertising income	advertising adve			gain or (los 2 minus co a gain, co	unc col 2) If		Circul incon			ership ts	7. Excess costs (c minus colu not mo colun	umn 5, but re than
(1)													
(2)													
(3)													
(4)													
Totals (carry to Part II, line (5))													

Form **990-T** (2018)

TRUSTEES OF BOSTON COLLEGE

Form 990-T (2018)	TRUSTEES	G OF BOSTON C	COLLEGE		04-21	03545 Page <b>5</b>
Part II Income From Pe 2 through 7 on a			rate Basis (For e	each periodica	I listed in Part II	, fill in columns
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I						
	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)						
Schedule K - Compensatio	on of Officers, D	irectors, and Tr	rustees (see instr	uctions)		
1. Name		2. Title		3. Percent of time devoted to business	4. Compensation attributable to unrelated business	
(1)				%		
(2)				%		
(3)				%		
(4)				%		

Total. Enter here and on page 1, Part II, line 14 ►

Form **990-T** (2018)

SCHEE	DULE	Μ
(Form	990-1	Γ)

# **Unrelated Business Taxable Income for Unrelated Trade or Business**

OMB No. 1545-0687

06/01, 2018, and ending For calendar year 2018 or other tax year beginning \_

8

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury	Go to v
Internal Revenue Service	Do not enter SSN
Name of organization	

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

I numbers on this form as it may be made public if your organization is a 501(c)(3).

Employer identification number

04-2103545

05/31 .20 19

TRUSTEES OF BOSTON COLLEGE

Unrelated business activity code (see instructions) > 722320 Describe the unrelated trade or business ADVERTISING

Par	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net	
1a	Gross receipts or sales				
b	Less returns and allowances C Balance	1c			
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10	109,620.	90,483.	19,137.
11	Advertising income (Schedule J)	11			
12	Other income (See instructions; attach schedule)	12			
13	Total. Combine lines 3 through 12	13	109,620.	90,483.	19,137.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance		
17	Bad debts		
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)		
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans		
25	Employee benefit programs		
26	Excess exempt expenses (Schedule I)		
27	Excess readership costs (Schedule J)		
28	Other deductions (attach schedule)		
29	Total deductions. Add lines 14 through 28		
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	19,137.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions).	31	
32	Unrelated business taxable income. Subtract line 31 from line 30		19,137.
For D	anarwark Reduction Act Nation, and instructions	6.	hadula M (Farm 000 T) 2019

JSA

SCHEE	DULE	Μ
(Form	990-1	Γ)

# Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No. 1545-0687

For calendar year 2018 or other tax year beginning  $\__{06/01}$  , 2018, and ending \_\_\_

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury	Go to www.irs.gov/Form990
Internal Revenue Service	Do not enter SSN numbers on this form a
Name of organization	

IT for instructions and the latest information. as it may be made public if your organization is a 501(c)(3).

Employer identification number 04 - 2103545

05/31 .20 19

TRUSTEES OF BOSTON COLLEGE

Unrelated business activity code (see instructions)  $\blacktriangleright$  721000

#### Describe the unrelated trade or business CATERING **Unrelated Trade or Business Income** Part I (A) Income (B) Expenses (C) Net Gross receipts or sales 1a c Balance 1c b Less returns and allowances Cost of goods sold (Schedule A, line 7) 2 2 Gross profit. Subtract line 2 from line 1c 3 3 4a Capital gain net income (attach Schedule D) 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) . b 4b Capital loss deduction for trusts С 4c Income (loss) from a partnership or an S corporation (attach 5 5 6 Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 7 Interest, annuities, royalties, and rents from a controlled 8 organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) 9 organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 11 492,404 492,404. Other income (See instructions; attach schedule) ATCH 3 12 12 492,404. 492,404. Total. Combine lines 3 through 12 13 13 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions,

deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages		
16	Repairs and maintenance		
17	Bad debts		
18	Interest (attach schedule) (see instructions)		
19	Taxes and licenses		
20	Charitable contributions (See instructions for limitation rules)		
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans		
25	Employee benefit programs		
26	Excess exempt expenses (Schedule I)		
27	Excess readership costs (Schedule J)		
28	Other deductions (attach schedule) ATCH 4	28	486,758.
29	Total deductions. Add lines 14 through 28	29	486,758.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	5,646.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions).	31	
32	Unrelated business taxable income. Subtract line 31 from line 30	32	5,646.
		-	

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

04-2103545

\_\_\_\_

ATTACHMENT 1

FORM 990T - LINE 5 -INC	ME (LOSS) FROM PARTNE	RSHIPS OR S CORPORATIONS
INCOME (LOSS) FROM PARTI	ERSHIPS	-19,669,312.
INCOME (LOSS) FROM	PARTNERSHIPS	-19,669,312.

04-2103545

ATTACHMENT 2

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

TAX PREPARATION FEES INVESTMENT MANAGEMENT EXPENSE 41,950. 1,643,359.

PART II - LINE 28 - OTHER DEDUCTIONS 1,685,309.

ATTACHMENT 3

SCHEDULE M - LINE 12 - OTHER INCOME

CATERING

LINE 12 - OTHER INCOME

492,404.

492,404.

06884N R19B

V 18-7.6F

SCHEDULE M - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

DINING/CATERING COSTS FLOWERS/CONTRACT SERVICES/OTHER 186,395. 300,363.

04-2103545

PART II - LINE 28 - OTHER DEDUCTIONS

486,758.

		F NOL GENERATED BEGINNING BEFORE	-		
DATE	NOL EXPIRATION DATE	AMOUNT OF NOL CARRYFORWARD	AMOUNT OF NOL UTILIZED	AMOUNT OF NOL GENERATED	AMOUNT OF NOL REMAINING
5/31/2007	7/31/2027	313,213	267,626	0	45,587
5/31/2008	7/31/2028	45,587	0	1,059,131	1,104,718
5/31/2009	7/31/2029	1,104,718	0	2,089,544	3,194,262
5/31/2010	7/31/2030	3,194,262	0	396,907	3,591,169
5/31/2011	7/31/2031	3,591,169	1,041,246	62,018	2,611,941
5/31/2012	7/31/2032	2,611,941	0	1,611,150	4,223,091
5/31/2013	7/31/2033	4,223,091	1,943,750	0	2,279,341
5/31/2014	7/31/2034	2,279,341	0	2,906,804	5,186,145
5/31/2015	7/31/2035	5,186,145	0	2,171,377	7,357,522
5/31/2016	7/31/2036	7,357,522	0	774,951	8,132,473
5/31/2017	7/31/2037	8,132,473	0	6,452,247	14,584,720
5/31/2018	7/31/2038	14,584,720	0	13,224,282	27,809,002

TOTAL REMAINING NOL

#### ATTACHMENT 5

27,809,002

			_		-	ATTACHMENT 6
FORM 990-T, SCHEDULE OF NOL GENERATED AFTER TCJA - TAX YEARS BEGINNING AFTER 1/1/2018:		=				
DATE	NOL EXPIRATION DATE	AMOUNT OF NOL CARRYFORWARD	AMOUNT OF NOL UTILIZED	AMOUNT OF NOL GENERATED	AMOUNT OF NOL REMAINING	ACTIVITY GENERATING LOSS
5/31/2019	7/31/2039	0	0	20,962,492	20,962,492	Partnership Investments
			TOTAL REMAII	NING NOL	20,962,492	

#### SCHEDULE D (Form 1120)

Name

# **Capital Gains and Losses**

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

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

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

Employer identification number

04-	. 21	02	54	5
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TRU	STEES OF BOSTON COLLEGE				(	04-2103545
Part	Short-Term Capital Gains and Losses	(See instructions	.)			
	See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustments or loss from For 8949, Part I, lin column (g)	m(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1 b	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked					
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					53,517.
4	Short-term capital gain from installment sales from I	Form 6252, line 26 or 3	7		4	
5	Short-term capital gain or (loss) from like-kind exchange	nges from Form 8824			5	
6	Unused capital loss carryover (attach computation)				6	()
7	Net short-term capital gain or (loss). Combine lines	1a through 6 in column	h		7	53,517.
Part	II Long-Term Capital Gains and Losses	(See instructions.)	)			
	See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustments or loss from For 8949, Part II, lir column (g)	m(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b	Totals for all transactions reported on Form(s) 8949					
	with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked					174,588.
11	Enter gain from Form 4797, line 7 or 9				11	164,024.
12	Long-term capital gain from installment sales from F	Form 6252, line 26 or 3	7		12	
13	Long-term capital gain or (loss) from like-kind exchar	nges from Form 8824			13	
14	Capital gain distributions (see instructions)				14	
15 Dorr	Net long-term capital gain or (loss). Combine lines 8	a through 14 in columr	ıh	<u></u>	15	338,612.
Part	Summary of Parts I and II					
16	Enter excess of net short-term capital gain (line 7) o	ver net long-term capita	al loss (line 15)		16	53,517.
17	Net capital gain. Enter excess of net long-term capit	tal gain (line 15) over n	et short-term capital lo	ss (line 7)	17	338,612.
18	Add lines 16 and 17. Enter here and on Form 1120,				18	392,129.

Note: If losses exceed gains, see Capital losses in the instructions.

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

Schedule D (Form 1120) 2018

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# PUBLIC DISCLOSURE COPY Sales and Other Dispositions of Capital Assets

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

Department of the Treasury Internal Revenue Service Name(s) shown on return File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

 Name(s) shown on return
 Social security number or taxpayer identification number

 TRUSTEES OF BOSTON COLLEGE
 04-2103545

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

X (C) Short-term transactions not reported to you on Form 1099-B

<b>1</b> (a) Description of property (Example: 100 sh. XYZ Co.)	<b>(b)</b> Date acquired	<b>(c)</b> Date sold or	<b>(d)</b> Proceeds	Cost or other basis. See the <b>Note</b> below	Adjustment, if If you enter an a enter a co See the sepa	Gain or (loss). Subtract column (e)	
	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g)
SHORT TERM CAPITAL GAIN/(LOSS)	VAR	VAR					42,835.
FORM 6781, PART I	VAR	VAR					10,682.
<b>2 Totals.</b> Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked) or line 3 (if Box C ab	here and inc is checked), <b>lin</b>	lude on your e 2 (if Box B					53,517.

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

For Paperwork Reduction Act Notice, see your tax return instructions. JSA 8X2615 1.000 OMB No. 1545-0074

12A

Form 8949 (2018)	Attachment Sequence No. 12A	Page <b>2</b>
Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side	Social security number or taxpayer identification number	
TRUSTEES OF BOSTON COLLEGE	04-2103545	

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

**Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

**(F)** Long-term transactions not reported to you on Form 1099-B

	Date acquired	<b>(c)</b> Date sold or disposed of	<b>(d)</b> Proceeds (sales price)	Cost or other basis. See the <b>Note</b> below	Adjustment, if a If you enter an a enter a co See the sepa	(h) Gain or (loss). Subtract column (e) from column (d) and	
	(Mo., day, yr.)	(Mo., day, yr.)	(see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	combine the result with column (g)
LONG-TERM CAPITAL GAIN/ (LOSS)	VAR	VAR					158,565.
FORM 6781, PART I	VAR	VAR					16,023.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 8b (if Box D above	here and inclu	ude on your					174.588.

above is checked), or line 10 (if Box F above is checked)

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

Form	4	7	9	7	
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Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

G 8

OMB No. 1545-0184

	artment of the Treasury mal Revenue Service	Go to <i>www.irs.go</i>	v/Form4797 fo	or instructions a	nd the latest info	rmation.		Sequence No. 27
	me(s) shown on return						dentify	/ing number
TR	USTEES OF BOSTON COLI	LEGE					04-2	2103545
1	Enter the gross proceeds from	sales or exchanges	s reported to yo	ou for 2018 on Fo	orm(s) 1099-B or	1099-S (or		
	substitute statement) that you are	e including on line 2	, 10, or 20. See i	nstructions			1	
Pa	art I Sales or Exchanges						ns Fro	om Other
	Than Casualty or Th	eft - Most Prop	erty Held Mo	re Than 1 Year	(see instruction	s)		
2	(a) Description of property	<b>(b)</b> Date acquired (mo., day, yr.)	<b>(c)</b> Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or basis, plu improvemen expense of	us ts and	<b>(g) Gain or (loss)</b> Subtract (f) from the sum of (d) and (e)
A	ATTACHMENT 1							164,024.
3	Gain, if any, from Form 4684, line	e39					3	
4	Section 1231 gain from installme	ent sales from Form	6252, line 26 or	37			4	
5	Section 1231 gain or (loss) from	like-kind exchanges	from Form 8824				5	
6	Gain, if any, from line 32, from c	other than casualty or	theft				6	
7	Combine lines 2 through 6. Ente	er the gain or (loss) l	here and on the a	ppropriate line as fo	llows		7	164,024.
	<b>Partnerships and S corporation</b> line 10, or Form 1120S, Schedule		· · ·	•	for Form 1065, S	chedule K,		
	Individuals, partners, S corpora line 7 on line 11 below and skij losses, or they were recaptured Schedule D filed with your return	p lines 8 and 9. If li in an earlier year,	ne 7 is a gain a enter the gain	nd you didn't have from line 7 as a l	e any prior year see	ction 1231		
8	Nonrecaptured net section 1231	losses from prior ye	ars. See instruction	ons			8	
9	Subtract line 8 from line 7. If zero	o or less, enter -0 If	line 9 is zero, er	nter the gain from I	ine 7 on line 12 be	ow. If line		
	9 is more than zero, enter the a							
	capital gain on the Schedule D fil						9	
Pa	art II Ordinary Gains and							
10	Ordinary gains and losses not in	cluded on lines 11 t	hrough 16 (inclu	de property held 1 y	ear or less):			
								· · · · · · · · · · · · · · · · · · ·
11	, ,,						11	( )
12							12	
	Gain, if any, from line 31						13	
14	Net gain or (loss) from Form 468		14					
15	Ordinary gain from installment s		15					
16	Ordinary gain or (loss) from like-		16					
17	Combine lines 10 through 16.	• • • • • • • • • •	• • • • • • • • •	• • • • • • • • • •	• • • • • • • • •		17	
18	For all except individual returns, and b below. For individual return			e appropriate line	of your return and s	skip lines a		
a	a If the loss on line 11 includes a l	oss from Form 4684	, line 35, columr	n (b)(ii), enter that r	part of the loss here	e. Enter the		
	loss from income-producing prop							
	an employee.) Identify as from "F	orm 4797, line 18a.'	See instructions	3			18a	
k	b Redetermine the gain or (loss) on line	e 17 excluding the loss	, if any, on line 18	a. Enter here and on	Schedule 1 (Form 10	40), line 14	18b	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2018)

Form 4797 (2018)			-	2103545	Page <b>2</b>
Part III Gain From Disposition of Propert (see instructions)	y Un	der Sections 124	5, 1250, 1252, 12		
<b>19</b> (a) Description of section 1245, 1250, 1252, 1254,	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)			
Α					,.,,
В					
C					
D					
		Due verster A	Dana antus D	Draw anti- 0	Description D
These columns relate to the properties on lines 19A through 19	D. 🕨	Property A	Property B	Property C	Property D
20 Gross sales price (Note: See line 1 before completing.)	20				
21 Cost or other basis plus expense of sale	21				
22 Depreciation (or depletion) allowed or allowable	22				
23 Adjusted basis. Subtract line 22 from line 21	23				
,					
24 Total gain. Subtract line 23 from line 20	. 24				
25 If section 1245 property:					
a Depreciation allowed or allowable from line 22	25a				
<b>b</b> Enter the <b>smaller</b> of line 24 or 25a.					
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
<b>a</b> Additional depreciation after 1975. See instructions	26a				
<b>b</b> Applicable percentage multiplied by the <b>smaller</b> of					
line 24 or line 26a. See instructions	26b				
c Subtract line 26a from line 24. If residential rental property					
	. 26c				
d Additional depreciation after 1969 and before 1976					
e Enter the smaller of line 26c or 26d	26e				
f Section 291 amount (corporations only)	20e				
g Add lines 26b, 26e, and 26f	261				
27 If section 1252 property: Skip this section if you didn't					
dispose of farmland or if this form is being completed for a partnership.					
a Soil, water, and land clearing expenses					
<b>b</b> Line 27a multiplied by applicable percentage. See instructions					
c Enter the smaller of line 24 or 27b	. 27c				
<ul> <li>28 If section 1254 property:</li> <li>a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions</li> </ul>	. 28a				
<b>b</b> Enter the <b>smaller</b> of line 24 or 28a	. 28b				
29 If section 1255 property:					
a Applicable percentage of payments excluded from					
income under section 126. See instructions	29a				
b Enter the smaller of line 24 or 29a. See instructions	. 29b				
Summary of Part III Gains. Complete proper	ty co	lumns A through	D through line 29	b before going to li	ine 30.
30 Total gains for all properties. Add property columns	A thro	uah D. line 24		30	
<b>31</b> Add property columns A through D, lines 25b, 26g,					
<b>32</b> Subtract line 31 from line 30. Enter the portion fro					
other than casualty or theft on Form 4797, line 6		,	,		
Part IV Recapture Amounts Under Section (see instructions)					or Less
,				(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allow	wable i	n prior vears			
<ul><li>34 Recomputed depreciation. See instructions</li></ul>			· · · · · · · · · ·		
35 Recapture amount. Subtract line 34 from line 33. S					
· · · · · · · · · · · · · · · · · · ·			· · · ·		

Form	47	97	(2018)
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#### TRUSTEES OF BOSTON COLLEGE Supplement to Form 4797 Part I Detail

04-2103545

ATTACHMENT 1

Description	Date Acquired	Date Sold	Gross Sales Price	Depreciation Allowed or Allowable	Cost or Other Basis	Gain or (Loss) for entire year
SECT. 1231 GAIN/LOSS	VAR	VAR	164,024.			164,024.
Totals						164,024.

PUBLIC	DISCLOSURE	COPY
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# Gains and Losses From Section 1256 Contracts and Straddles

OMB No. 1545-0644

Form	D/OI	Contracts and Straddles								2012	2	
	nent of the Treasury	► Go to www.irs.gov/Form6781 for the latest information.								Attachment		
	Attach to your tax return.									Sequence No. 8 entifying number	2	
`	TEES OF BOS		GE							-2103545		
	all applicable box		-	Mixed	straddle election	n		C 🗌 Mixed strado				
		(	В	Stradd	le-by-straddle id	dentification				contracts loss elect	tion	
Part	Section	1256 Contra	acts Mar	ked to M	arket							
	(	a) Identificati	on of acco	unt		(b) (L	_oss)	(c) Gain				
<b>1</b> I	NVESTMENT I	PARTNERSHI	PS					26,705		-		
										-		
2	Add the amount	s on line 1 in co	lumns (b) ar	nd (c)	2	(	0)	26,705		-		
3	Net gain or (loss		. ,	. ,					3	26,705		
4	Form 1099-B ad								4			
5	Combine lines 3								5	26,705		
	<b>Note:</b> If line 5 s instructions.	hows a net gair	n, skip line 6	and enter	the gain on line	7. Partnersh	nips and S c	orporations, see				
6								nt of loss to be				
	carried back. En	ter the loss as a	i positive nu	imber. If yo	u didn't check b	ox D, enter -	-0		6		ļ	
7	Combine lines 5								7	26,705		
8		Short-term capital gain or (loss). Multiply line 7 by 40% (0.40). Enter here and include on line 4 of Schedule D or on Form 8949 (see instructions)										
9	Long-term capi D or on Form 89								9	16,023		
Part	Gains a	nd Losses F	rom Stra	ddles. A	ttach a separa	ate stateme	ent listing e	ach straddle and	l its c	omponents.		
Secti	on A—Losses	s From Strac	dles				<i>(</i> <b>)</b> .			1		
	(a) Description of	property	(b) Date entered into or acquired	(c) Date closed out or sold	<b>(d)</b> Gross sales price	(e) Cost or other basis plus expense of sale	(f) Loss. If column (e is more that (d), enter difference. Otherwise, enter -0-	n Unrecognize gain on	d	(h) Recognized loss. If column (f) is more than (g), enter difference. Otherwise, enter -0-		
10												
11a			osses from	line 10, co	lumn (h), here a	nd include o	n line 4 of S	chedule D or on		1	,	
	Form 8949 (see		· · · ·				· · · ·		11a	(		
b	Enter the long-te Form 8949 (see								446	(	,	
Secti	on B—Gains								11b	1	<u>.                                     </u>	
	(a) Description of	property	(b) Date entered into or acquired	(c) Date closed out or sold	(d) Gross sales price			(e) Cost or other basis plus expense of sale		(f) Gain. If column (d) is more than (e), enter difference. Otherwise, enter -0-		
12												
13a	Enter the short-t Form 8949 (see	•	gains from	line 12, col	ine 12, column (f), here and include on line 4 of Schedule D or on							
b	Enter the long-te Form 8949 (see				ımn (f), here and				13b			
Part	III Unreco							Memo Entry Or	nly (se	ee instructions)		
	(a) Descrip	tion of property	(b) Date (c) Fair		market value on last ess day of tax year		(d) Cost or other basis as adjusted		(e) Unrecognized gain. If column (c) is more than (d), enter difference			
14										Otherwise, enter -		

For Paperwork Reduction Act Notice, see instructions.

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Form **6781**