Form	990-T	Ex	cempt Organization Business Income Tax Return (and proxy tax under section 6033(e))	1	OMB No	. 1545-00	147
		For cale	ndar year 2020 or other tax year beginning $\phantom{00000000000000000000000000000000000$	21	1 20	<b>)20</b>	
	tment of the Treasury		► Go to www.irs.gov/Form990T for instructions and the latest information.		Open to Pub	lic Inspec	tion for
A	al Revenue Service  Check box if	▶ Do	not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3  Name of organization ( Check box if name changed and see instructions.)		Open to Pub 501(c)(3) Or oloyer identifica		
A _	address changed.		TRUSTEES OF BOSTON COLLEGE		-2103545	tion nu	iibei
B Ex	empt under section	Print			up exemption n	umber	
X	, ·	or	140 COMMONWEALTH AVENUE, STE 440	(see	instructions)		
	408(e) 220(e)	Туре	City or town, state or province, country, and ZIP or foreign postal code				
	408A 530(a)		CHESTNUT HILL, MA 02467		Check box if		
	529(a) 529A	C Bool	value of all assets at end of year		□ an amended	return.	
G C	heck organization t	уре 🕨	X 501(c) corporation 501(c) trust 401(a) trust Other trust		Applicable re	insurar	ce entity
	heck if filing only to	_	Claim credit from Form 8941 Claim a refund shown on Form 24				
			ation filing a consolidated return with a 501(c)(2) titleholding corporation			<u> </u>	
J E	nter the number of	attached	Schedules A (Form 990-T)	<u></u>	▶ 3		
	-		corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? $oldsymbol{.}$		▶∟	Yes	X No
			identifying number of the parent corporation				
L T	he books are in care	e of ► I	Telephone number ► 617-	-552	2-3363		
			CONTROLLER'S OFFICE, 140 COMM AVE CHESTNUT HILL MA 02467-3800				
Pa	t I Total Unre	lated E	Business Taxable Income				
1			ness taxable income computed from all unrelated trades or businesses (see				
	instructions)			. 1		79	,812.
2							
3						79	,812.
4	Charitable contrib	outions (s	see instructions for limitation rules)	. 4			
5	Total unrelated be	usiness t	axable income before net operating losses. Subtract line 4 from line 3	. 5			,812.
6	Deduction for net	operatin	g loss. See instructions	. 6		79	,812.
7			ness taxable income before specific deduction and section 199A deduction.				
8			ally \$1,000, but see instructions for exceptions)				
9			uction. See instructions				
10			s 8 and 9		)		
11		ess taxa	<b>ble income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7,				0
Do				.   11			0.
	Tax Comp			т.			
1			corporations. Multiply Part I, line 11 by 21% (0.21)	1			
2	Part I, line 11 fron	Г	rates. See instructions for tax computation. Income tax on the amount on  Tax rate schedule or  Schedule D (Form 1041)				
2		_		2			
3 4			structions	3			
5			rrusts only)				
6			lity income. See instructions				
7			6 to line 1 or 2, whichever applies				
			Notice, see instructions.			990-	<b>T</b> (2020)

Form **8868** 

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

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

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

	form, visit www.irs.gov/e-file-providers/e-file-			tructions). For more de	etans	on u	ne electronic
Automatic	6-Month Extension of Time. Only subm	nit original	(no copies needed)				
	ions required to file an income tax return other			)-C filers), partnerships,	. RE	MICs.	and trusts
•	orm 7004 to request an extension of time to		, -	· · · · · · · · · · · · · · · · · · ·	,	,	,
	1						
_	Name of exempt organization or other filer, see in	nstructions.		Taxpayer identification nu	ımbe	r (TIN)	)
Гуре or							
orint	TRUSTEES OF BOSTON COLLEGE			04-210354	5		
ile by the	Number, street, and room or suite no. If a P.O. bo	ox, see instru	ctions.				
lue date for iling your	140 COMMONWEALTH AVENUE, STE	440					
eturn. See	City, town or post office, state, and ZIP code. Fo	r a foreign ac	ldress, see instructions.				
nstructions.	CHESTNUT HILL, MA 02467						
Enter the R	eturn Code for the return that this application	n is for (file	a separate application fo	r each return)			0 7
Application		Return	Application				Return
s For		Code	Is For				Code
orm 990 c	r Form 990-EZ	01	Form 990-T (corporati	on)			07
orm 990-E		02	Form 1041-A	,			08
orm 4720	(individual)	03	Form 4720 (other than	n individual)			09
orm 990-P	F	04	Form 5227	,			10
orm 990-1	(sec. 401(a) or 408(a) trust)	05	Form 6069				11
orm 990-1	(trust other than above)	06	Form 8870				12
Telephor If the org If this is to	The No. ► 617 552-3363  It is a real in the care of ► CONTROLLER'S OF the No. ► 617 552-3363  It is a real in the care of ► CONTROLLER'S OF the No. ► 617 552-3363  It is a real in the care of ► CONTROLLER'S OF the No. ► CONTR	business ir bur digit Gro	Fax No. ▶ 617 55  n the United States, checoup Exemption Number (	2-2003 k this box		 lf <sup>.</sup>	▶ ☐
	est an automatic 6-month extension of time u		04/15 , 20 2	22 , to file the exemp	t org	aniza	ation return
	e organization named above. The extension is			<u> </u>			
<ul><li>▶ X</li><li>2 If the t</li></ul>	calendar year 20 or tax year beginning 06,		0, and endingck reason: Initial re			<u>21</u> .	
	Change in accounting period						
3a If this	application is for Forms 990-BL, 990-PF, 9	99 <mark>0-T, 472</mark>	0, or 6069, enter the	tentative tax, less any			
nonre	fundable credits. See instructions.				3a	\$	0.
	application is for Forms 990-PF, 990-T		-			_	_
	ated tax payments made. Include any prior ye				3b	\$	0.
	ce due. Subtract line 3b from line 3a. Include		nent with this form, if red	quired, by using EFTPS			
-	ronic Federal Tax Payment System). See instru				3с	_	0.
-	ou are going to make an electronic funds withdrawa	al (direct deb	oit) with this Form 8868, se	e Form 8453-EO and Forn	n 88	′9-EO	for payment
nstructions.							
or Privacy	Act and Paperwork Reduction Act Notice, see inst	ructions.			Forr	ո 886	8 (Rev. 1-2020)

Form	Public Disclosure Copy  TRUSTEES OF BOSTON SOLLEGE UP	04-2	103545	Page 2
-	rt III Tax and Payments			
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a			
	Other credits (see instructions)			
	General business credit. Attach Form 3800 (see instructions) 1c			
	Credit for prior year minimum tax (attach Form 8801 or 8827)			
e	Total credits. Add lines 1a through 1d	. 1e		
2	Subtract line 1e from Part II, line 7			
3	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866  Other (attach statement)			
4	Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under			
•	section 1294. Enter tax amount here	. 4		0
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	. 5		
	Payments: A 2019 overpayment credited to 2020			
	2020 estimated tax payments. Check if section 643(g) election applies 66			
	Tax deposited with Form 8868			
q	Foreign organizations: Tax paid or withheld at source (see instructions) 6d			
_	Backup withholding (see instructions)			
f	Credit for small employer health insurance premiums (attach Form 8941) 6f			
g	5 0400			
9	Form 4136 Other Total ▶ 6g			
7	Total payments. Add lines 6a through 6g	. 7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
0	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid			
1	Enter the amount of line 10 you want: Credited to 2021 estimated tax			
	rt IV Statements Regarding Certain Activities and Other Information (see instruction)	ons)		
1	At any time during the 2020 calendar year, did the organization have an interest in or a signature	or other	authority Y	es No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization			
		may nave	to file	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	may nave e foreign	country	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the here ▶FRANCE, ITALY, SPAIN	e foreign	country	X
2	here ▶FRANCE, ITALY, SPAIN	e foreign	country	
2		e foreign	country	х
2	here FRANCE, ITALY, SPAIN  During the tax year, did the organization receive a distribution from, or was it the grantor of, or	e foreign	country	
2	here FRANCE, ITALY, SPAIN  During the tax year, did the organization receive a distribution from, or was it the grantor of, or foreign trust?	e foreign	country	Х
	here FRANCE, ITALY, SPAIN  During the tax year, did the organization receive a distribution from, or was it the grantor of, o foreign trust?	e foreign	country	
3 4 a	here FRANCE, ITALY, SPAIN  During the tax year, did the organization receive a distribution from, or was it the grantor of, o foreign trust?	r transfer	or to, a	Х
3 4 a	here FRANCE, ITALY, SPAIN  During the tax year, did the organization receive a distribution from, or was it the grantor of, o foreign trust?	r transferd	or to, a	Х
3 4 a b	here FRANCE, ITALY, SPAIN  During the tax year, did the organization receive a distribution from, or was it the grantor of, or foreign trust?	r transferd	or to, a	Х
3 4 a b	here FRANCE, ITALY, SPAIN  During the tax year, did the organization receive a distribution from, or was it the grantor of, o foreign trust?  If "Yes," see instructions for other forms the organization may have to file.  Enter the amount of tax-exempt interest received or accrued during the tax year  Did the organization change its method of accounting? (see instructions)  If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form explain in Part V	r transferd	or to, a	Х
3 4 a b	During the tax year, did the organization receive a distribution from, or was it the grantor of, o foreign trust?	r transferd	or to, a	Х
3 4 a b	During the tax year, did the organization receive a distribution from, or was it the grantor of, o foreign trust?  If "Yes," see instructions for other forms the organization may have to file.  Enter the amount of tax-exempt interest received or accrued during the tax year  Did the organization change its method of accounting? (see instructions)  If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form explain in Part V  Supplemental Information  ide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.	e foreign r transfere	or to, a	X
3 4a b Par	During the tax year, did the organization receive a distribution from, or was it the grantor of, o foreign trust?  If "Yes," see instructions for other forms the organization may have to file.  Enter the amount of tax-exempt interest received or accrued during the tax year  Did the organization change its method of accounting? (see instructions)  If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form explain in Part V  Supplemental Information  Indee the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the true, correct, and complete, Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	e foreign r transfere	or to, a	X
3 4 a b Par Provi	During the tax year, did the organization receive a distribution from, or was it the grantor of, o foreign trust?  If "Yes," see instructions for other forms the organization may have to file.  Enter the amount of tax-exempt interest received or accrued during the tax year  Did the organization change its method of accounting? (see instructions)  If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form explain in Part V  Supplemental Information  ide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.  Under penalties of perjury, 1 declare that 1 have examined this return, including accompanying schedules and statements, and to the true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	e foreign r transferd m 1128? e best of my	or to, a  if "No,"  knowledge and	X X I belief, it
3 4a b Par	During the tax year, did the organization receive a distribution from, or was it the grantor of, of foreign trust?  If "Yes," see instructions for other forms the organization may have to file.  Enter the amount of tax-exempt interest received or accrued during the tax year  Did the organization change its method of accounting? (see instructions)  If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form explain in Part V  Supplemental Information  ide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  The true correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	e foreign  r transferd   m 1128?   e best of my  May the III  with the II	or to, a  If "No,"  Knowledge and RS discuss the preparer show	X X X I belief, it his return below
3 4 a b Par Provi	During the tax year, did the organization receive a distribution from, or was it the grantor of, or foreign trust?  If "Yes," see instructions for other forms the organization may have to file.  Enter the amount of tax-exempt interest received or accrued during the tax year  Did the organization change its method of accounting? (see instructions)  If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form explain in Part V  Supplemental Information  ide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Signature of officer  Date  Title	e foreign  r transferd   m 1128?  e best of my  May the     with the    (see instruction	r to, a  If "No,"  RS discuss the preparer show yes? X Yes	X X I belief, it
3 4 a b Par Provi	During the tax year, did the organization receive a distribution from, or was it the grantor of, of foreign trust?  If "Yes," see instructions for other forms the organization may have to file.  Enter the amount of tax-exempt interest received or accrued during the tax year  Did the organization change its method of accounting? (see instructions)  If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form explain in Part V  Supplemental Information  Indee the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Signature of officer  Date  Print/Type preparer's name  Preparer's signature  Date  Change  Change	e foreign r transferd	r to, a  If "No,"  knowledge and RS discuss the preparer showns)? X Yes  PTIN	X X X I belief, it
3 4 a b Par Provi	During the tax year, did the organization receive a distribution from, or was it the grantor of, of foreign trust?  If "Yes," see instructions for other forms the organization may have to file.  Enter the amount of tax-exempt interest received or accrued during the tax year  Did the organization change its method of accounting? (see instructions)  If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form explain in Part V  Supplemental Information  ide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Signature of officer  Signature of officer  Date  Title  Print/Type preparer's name  GWEN SPENCER  Date  Date  O4/08/22  See  Date  O4/08/22	e foreign  r transferd  m 1128?  e best of my  May the II  with the II  (see instructioneck if	if "No,"  knowledge and RS discuss the preparer show yes PTIN P00641	X X X I belief, it his return below No
3 4 a b Par Provid	During the tax year, did the organization receive a distribution from, or was it the grantor of, or foreign trust?  If "Yes," see instructions for other forms the organization may have to file.  Enter the amount of tax-exempt interest received or accrued during the tax year  Did the organization change its method of accounting? (see instructions)  If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form explain in Part V  TV Supplemental Information  ide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Signature of office  Print/Type preparer's name  GWEN SPENCER  PRICEWATERHOUSECOOPERS LLP  Firm's name  PRICEWATERHOUSECOOPERS LLP	e foreign  r transferd  n 1128?  b best of my  May the lift with the lift comployed  m's EIN	knowledge and RS discuss the preparer showns)? X Yes PTIN P00641	X  X  X  A belief, it his return to below No. 1463
3 4 a b Par Parovi	During the tax year, did the organization receive a distribution from, or was it the grantor of, of foreign trust?  If "Yes," see instructions for other forms the organization may have to file.  Enter the amount of tax-exempt interest received or accrued during the tax year  Did the organization change its method of accounting? (see instructions)  If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form explain in Part V  TV Supplemental Information  In the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Signature of office Date Title  Print/Type preparer's name Preparer's signature Date CWEN SPENCER  Firm's name PRICEWATERHOUSECOOPERS LLP	e foreign  r transferd  n 1128?  b best of my  May the lift with the lift comployed  m's EIN	if "No,"  knowledge and RS discuss the preparer show yes PTIN P00641	X  X  I belief, it his return below No. 1463

#### **SCHEDULE A** (Form 990-T)

### **Unrelated Business Taxable Income** From an Unrelated Trade or Business

B Employer identification number

04-2103545

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

A Name of the organization

TRUSTEES OF BOSTON COLLEGE

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

<b>C</b> Ur	related business activity code (see instructions) ▶ 540000			D Se	equence: 1		of 3
E De	escribe the unrelated trade or business ADVERTISING						
Par	Unrelated Trade or Business Income		(A) Income		(B) Expens	es	(C) Net
1a	Gross receipts or sales						
b	Less returns and allowances c Balance ▶	1c					
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
4a	Capital gain net income (attach Sch D (Form 1041 or Form						
	1120)) (see instructions)	4a					
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b					
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
	statement)	5					
6	Rent income (Part IV)	6					
7	Unrelated debt-financed income (Part V)	7					
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17)						
	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10	148,50	0.	68,	688.	79,812.
11	Advertising income (Part IX)	11					
12	Other income (see instructions; attach statement)	12					
13	Total. Combine lines 3 through 12	13	148,50	0.	68,	688.	79,812.
Par	<b>Deductions Not Taken Elsewhere</b> (See instructions	s for I	imitations on d	educ	tions) Dedu	ctions	must be directly
	connected with the unrelated business income						
1	Compensation of officers, directors, and trustees (Part X)					1	
2	Salaries and wages					2	
3	Repairs and maintenance					3	
4	Bad debts					4	
5	Interest (attach statement) (see instructions)					5	
6	Taxes and licenses					6	
7	Depreciation (attach Form 4562) (see instructions)						
8	Less depreciation claimed in Part III and elsewhere on return		8a			8b	
9	Depletion					9	
10	Contributions to deferred compensation plans					10	
11	Employee benefit programs					11	
12	Excess exempt expenses (Part VIII)					12	
13	Excess readership costs (Part IX)						
14	Other deductions (attach statement)					14	
15	Total deductions. Add lines 1 through 14					15	
16	Unrelated business income before net operating loss deduction						
	column (C)					16	79,812.
17	Deduction for net operating loss (see instructions)					17	
18	Unrelated business taxable income. Subtract line 17 from line	16	<u> </u>		<u> </u>	18	79,812.
For P	aperwork Reduction Act Notice, see instructions.						(Form 990-T) 2020

	till Cost of Goods Sold	Enter method of inver	ntory valuation	01 2	1103313 Fage
1	Inventory at beginning of year		•	1	
2					
3	Purchases			· · · · · · · · · · · · · · · · · · ·	
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6.				
9	Do the rules of section 263A (with respect to pro				Yes No
	Rent Income (From Real Property				103110
1	Description of property (property street address,				
•	A Property (property extent address),	only, oraco, zii oodo). One	on ii a adai ada (daa iiida	a out of the	
	В				
	c				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit or				
	income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c colu	umns A through D. Enter I	here and on Part I, line 6,	column (A)	
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through	D. Enter here and on Par	t I, line 6, column (B)		
≣Par	t V Unrelated Debt-Financed Income	(see instructions)			
1	Description of debt-financed property (street add	lress, city, state, ZIP code	). Check if a dual-use (see	e instructions)	
	Α				
	В				
	с				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through	ugh D). Enter here and on	Part I, line 7, column (A)	· · · · · · · · · • • -	
_	<u></u>	<u> </u>	T		
9	Allocable deductions. Multiply line 3c by line 6	A.I	1 D	(D)	
10	Total allocable deductions. Add line 9, columns	•		` '	
11	Total dividends-received deductions included in	ııne 10			

JSA 0X2751 2.000

Schedule A (Form 990-T) 2020							Page 3
Part VI Interest, Ann	uities, Royalt	ies, and Rent	s fro	m Controlled Organiz	zations (see instructions)		
					trolled Organizations		
Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions		4. Total of specified payments made	Part of column 4     that is included in the controlling organization's gross income		5. Deductions directly connected with income in column 5
(1)							
(2)							
(3)							
(4)							
		Nonexe	empt	Controlled Organization	S		
7. Taxable income	in	Net unrelated come (loss) e instructions)		9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income		1. Deductions directly connected with ncome in column 10
(1)							
(2)							
(3)							
(4)							
Totals				•	Add columns 5 and 10. Enter here and on Part I, line 8, column (A)		dd columns 6 and 11. nter here and on Part I, line 8, column (B)
				(9), or (17) Organizat	ion (see instructions)		
1. Description of income		ount of income	,(,,	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)		5. Total deductions and set-asides add columns 3 and 4)
(1)							
(2)							
(3)							
(4)							
Totals	Enter he	ounts in column 2. ere and on Part I, 9, column (A)					d amounts in column 5. nter here and on Part I, line 9, column (B)
Part VIII Exploited Ex		/ Income Oth	er Th	nan Advertising Incon	ne (see instructions)		
Description of exploited act					ne (eee men deneme)		
2 Gross unrelated business					rt I line 10 column (A)	2	148,500.
3 Expenses directly conne							
line 10, column (B)						3	68,688.
4 Net income (loss) from	n unrelated tra	de or business	. Sul	btract line 3 from line	2. If a gain, complete	<u> </u>	
lines 5 through 7						4	79,812.
5 Gross income from activit			ome			5	
6 Expenses attributable to in	•					6	
7 Excess exempt expenses	s. Subtract line	e 5 from line	6, bu	ut do not enter more	than the amount on line		
4. Enter here and on Part I	l, line 12					7	

Schedule A (Form 990-T) 2020

Schedule A (Form 990-T) 2020 Page **4** 

Dat	t IX Advertising Income				
	Advertising Income  Name(s) of periodical(s). Check box if rep				
1	name(s) of periodical(s). Check box if rep	borting two or more periodicals on	i a consolidated basis.		
	A				
	В				
	c				
	D				
Enter	amounts for each periodical listed above in	the corresponding column.			
		A	В	С	D
2	Gross advertising income				
– a	Add columns A through D. Enter here and			I	
a	Add coldmins A through b. Enter here and	Torr arti, inc 11, column (A).			
•	Discrete discretizione conte les consideral				
3	Direct advertising costs by periodical	*			
а	Add columns A through D. Enter here and	i on Part I, line 11, column (B)			. •
				1	
4	Advertising gain (loss). Subtract line 3 from				
	2. For any column in line 4 showing a	gain,			
	complete lines 5 through 8. For any colu	mn in			
	line 4 showing a loss or zero, do not com	plete			
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less	than			
	line 5, subtract line 6 from line 5. If line				
	less than line 6, enter zero				
8	Excess readership costs allowed a				
Ü	deduction. For each column showing a ga				
	line 4, enter the lesser of line 4 or line 7.				
_			0		
а	Add line 8, columns A through D. E			zero nere and c	on
	Part II, line 13				<b>-</b>
Par	t X Compensation of Officers, I	Directors, and Trustees (s	ee instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Title		f time devoted	attributable to
	1. Name	Z. Tiuc		to business	unrelated business
				to business	uni elated pusilless
(1)				%	
(2)				%	
(3)				%	
(4)				%	
	·				
Tota	I. Enter here and on Part II, line 1			▶	
	t XI Supplemental Information (				
		, , , , , , , , , , , , , , , , , , , ,			

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#### **SCHEDULE A** (Form 990-T)

### **Unrelated Business Taxable Income** From an Unrelated Trade or Business

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

B Employer identification number

04-2103545

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

A Name of the organization

TRUSTEES OF BOSTON COLLEGE

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Open to Public Inspection for 501(c)(3) Organizations Only

<b>C</b> Ur	related business activity code (see instructions) ▶ 720000			<b>D</b> Sequence: 2		of 3
E De	scribe the unrelated trade or business  CATERING					
Par	Unrelated Trade or Business Income		(A) Income	(B) Expen	ises	(C) Net
1a	Gross receipts or sales					
b	Less returns and allowances c Balance ▶	1c				
2	Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4a	Capital gain net income (attach Sch D (Form 1041 or Form					
	1120)) (see instructions)	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10				
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement) . $ATCH$ 1.	12	88,77	7.		88,777.
13	Total. Combine lines 3 through 12	13	88,77	7.		88,777.
Pai	<b>Deductions Not Taken Elsewhere</b> (See instructions	s for I	imitations on d	eductions) Ded	uctions m	nust be directly
	connected with the unrelated business income					
1	Compensation of officers, directors, and trustees (Part X)				. 1	
2	Salaries and wages				. 2	
3	Repairs and maintenance				. 3	
4	Bad debts				. 4	
5	Interest (attach statement) (see instructions)				. 5	
6	Taxes and licenses				. 6	
7	Depreciation (attach Form 4562) (see instructions)		7			
8	Less depreciation claimed in Part III and elsewhere on return		8a		8b	
9	Depletion				. 9	
10	Contributions to deferred compensation plans				. 10	
11	Employee benefit programs				. 11	
12	Excess exempt expenses (Part VIII)				. 12	
13	Excess readership costs (Part IX)				. 13	
14	Other deductions (attach statement)					163,895.
15	Total deductions. Add lines 1 through 14					163,895.
16	Unrelated business income before net operating loss deduction	. Sub	tract line 15 fro	m Part I, line 13,		
	column (C)				. 16	-75,118.
17	Deduction for net operating loss (see instructions)					
18	Unrelated business taxable income. Subtract line 17 from line					-75,118.
For P	aperwork Reduction Act Notice, see instructions.					(Form 990-T) 2020

	till Cost of Goods Sold	Enter method of inver	ntory valuation	01 2	1103313 Fage
1	Inventory at beginning of year		•	1	
2					
3	Purchases			· · · · · · · · · · · · · · · · · · ·	
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6.				
9	Do the rules of section 263A (with respect to pro				Yes No
	Rent Income (From Real Property				103110
1	Description of property (property street address,				
•	A Property (property extent address),	only, oraco, zii oodo). One	on ii a adai ada (daa iiida	a out of the	
	В				
	c				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit or				
	income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c colu	umns A through D. Enter I	here and on Part I, line 6,	column (A)	
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through	D. Enter here and on Par	t I, line 6, column (B)		
≣Par	t V Unrelated Debt-Financed Income	(see instructions)			
1	Description of debt-financed property (street add	lress, city, state, ZIP code	). Check if a dual-use (see	e instructions)	
	Α				
	В				
	с				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through	ugh D). Enter here and on	Part I, line 7, column (A)	· · · · · · · · · • • -	
_	<u> </u>	<u> </u>	T		
9	Allocable deductions. Multiply line 3c by line 6	A.I	1 D	(D)	
10	Total allocable deductions. Add line 9, columns	•		` '	
11	Total dividends-received deductions included in	ııne 10			

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Schedule A (Form 990-T) 2020					Page 3
Part VI Interest, Ann	uities, Royalt	ies, and Rent	s from Controlled Orga	nizations (see instructions)	
				ontrolled Organizations	
Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions	payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
		Nonexe	empt Controlled Organizati	ions	
7. Taxable income	ind	let unrelated come (loss) instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)					
(2)					
(3)					
(4)					
Totals				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
			(7), (9), or (17) Organiz	cation (see instructions)	
1. Description of income		ount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)					
(2)					
(3)					
(4)					
Totals	Enter he	ounts in column 2. ere and on Part I, 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Part VIII Exploited Ex	empt Activity	Income Oth	∟ er Than ∆dvertising Inc	ome (see instructions)	
1 Description of exploited ac		micome, our	er man Advertising inco	onie (see instructions)	
	-	trade or busin	ness Enter here and on I	Part I, line 10, column (A)	2
				Enter here and on Part I,	
line 10, column (B)		duction of uni	ciated business income. I	Enter here and on rait i,	3
, , ,		de or business	Subtract line 3 from li	ine 2. If a gain, complete	3
lines 5 through 7			. Sabiraot iiilo o itolli li	2. II a gain, complete	4
5 Gross income from activit			ome		5
6 Expenses attributable to in	•				6
•				e than the amount on line	
4. Enter here and on Part II			*		7

Schedule A (Form 990-T) 2020

Schedule A (Form 990-T) 2020 Page **4** 

Dat	t IX Advertising Income				
	Advertising Income  Name(s) of periodical(s). Check box if rep				
1	name(s) of periodical(s). Check box if rep	borting two or more periodicals on	i a consolidated basis.		
	A				
	В				
	c				
	D				
Enter	amounts for each periodical listed above in	the corresponding column.			
		A	В	С	D
2	Gross advertising income				
– a	Add columns A through D. Enter here and			I	
a	Add coldmins A through B. Enter here and	Torr arti, inc 11, column (A).			
•	Discrete discretizione conte les consideral				
3	Direct advertising costs by periodical	*			
а	Add columns A through D. Enter here and	i on Part I, line 11, column (B)			. •
				1	
4	Advertising gain (loss). Subtract line 3 from				
	2. For any column in line 4 showing a	gain,			
	complete lines 5 through 8. For any colu	mn in			
	line 4 showing a loss or zero, do not com	plete			
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less	than			
	line 5, subtract line 6 from line 5. If line				
	less than line 6, enter zero				
8	Excess readership costs allowed a				
Ü	deduction. For each column showing a ga				
	line 4, enter the lesser of line 4 or line 7.				
_			0		
а	Add line 8, columns A through D. E			zero nere and c	on
	Part II, line 13				<b></b>
Par	t X Compensation of Officers, I	Directors, and Trustees (s	ee instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Title		f time devoted	attributable to
	1. Name	Z. Tiuc		to business	unrelated business
				to business	uni elated pusilless
(1)				%	
(2)				%	
(3)				%	
(4)				%	
	·				
Tota	I. Enter here and on Part II, line 1			▶	
	t XI Supplemental Information (				
		, , , , , , , , , , , , , , , , , , , ,			

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#### **SCHEDULE A** (Form 990-T)

### **Unrelated Business Taxable Income** From an Unrelated Trade or Business

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

B Employer identification number

04-2103545

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

A Name of the organization

TRUSTEES OF BOSTON COLLEGE

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Open to Public Inspection for 501(c)(3) Organizations Only

b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions) c Capital loss deduction for trusts	<b>C</b> Un	related business activity code (see instructions) ▶ 901101			<b>D</b> Sequence:	: 3	of 3
Part   Unrelated Trade or Business Income	<b>E</b> De	escribe the unrelated trade or business► QUALIFYING PARTN	ERSH	IP INTEREST	rs		
b Less returns and allowances	Par	Unrelated Trade or Business Income		(A) Income	(B) Ex	penses	(C) Net
b Less returns and allowances	1a	Gross receipts or sales					
2 Cost of goods sold (Part III, line 8). 3 Gross profit. Subtract line 2 from line 1c. 4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions). b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions) c Capital loss deduction for trusts.  5 Income (loss) from a partnership or an S corporation (attach statement). 7 Unrelated debt-financed income (Part V). 8 Interest, annutiles, royalties, and rents from a controlled organization (Part VI). 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VI). 10 Exploited exempt activity income (Part VIII). 11 Advertising income (Part IX). 12 Other income (see instructions; attach statement). 12 Other income (see instructions; attach statement). 13 Total. Combine lines 3 through 12. 14 Salaries and wages 1 Compensation of officers, directors, and trustees (Part X). 1 Interest, (attach statement) (see instructions). 2 Salaries and wages 3 Repairs and maintenance. 4 Bad debts. 5 Interest (attach statement) (see instructions). 5 Interest (attach statement) (see instructions). 6 Taxes and licenses. 7 Depreciation (attach Form 4562) (see instructions). 8 Less depreciation (attach Form 4562) (see instructions). 9 Depletion. 9 De			1c				
3	2		2				
4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	3	Gross profit. Subtract line 2 from line 1c	3				
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions) c Capital loss deduction for trusts. 5 Income (loss) from a partnership or an S corporation (attach statement). 6 Rent income (Part IV) 7 Unrelated debt-financed income (Part V) 8 Interest, annuities, royalties, and rents from a controlled organization (Part VII). 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VIII). 10 Exploited exempt activity income (Part IVI). 11 Advertising income (Part IX). 12 Other income (see instructions; attach statement). 12 Total. Combine lines 3 through 12. 13 Total. Combine lines 3 through 12. 14 Salaries and wages 1 Compensation of officers, directors, and trustees (Part X). 1 Repairs and maintenance 2 Salaries and wages 3 Repairs and maintenance 3 Repairs and maintenance 4 Bad debts. 1 Interest (attach statement) (see instructions) 4 Exes depreciation (attach Form 4562) (see instructions) 8 Less depreciation (attach Form 4562) (see instructions) 9 Depletion. 9 Depl	4a						
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions) c Capital loss deduction for trusts. 5 Income (loss) from a partnership or an S corporation (attach statement). 7 Inches (loss) (Form 4797) (attach Form 4797) (see instructions) 6 Rent income (Part IV). 7 Unrelated debt-financed income (Part V). 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI). 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII). 10 Exploited exempt activity income (Part IV). 11 Advertising income (Part IX). 11 Combine lines 3 through 12. 12 Other income (see instructions; attach statement). 12 Other income (see instructions; attach statement). 13 Total. Combine lines 3 through 12. 14 Salaries and wages. 15 Capital Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income 17 Compensation of officers, directors, and trustees (Part X). 18 Interest (attach statement) (see instructions). 19 Salaries and wages. 20 Salaries and maintenance. 31 Repairs and maintenance. 32 Repairs and maintenance. 33 Repairs and maintenance. 34 Bad debts. 35 Interest (attach statement) (see instructions). 36 Taxes and licenses. 37 Depreciation (attach Form 4562) (see instructions). 38 Less depreciation (attach Form 4562) (see instructions). 40 Contributions to deferred compensation plans. 41 Employee benefit programs. 41 Employee benefit programs. 41 Employee benefit programs. 42 Contributions to deferred compensation plans. 43 Excess exempt expenses (Part VIII). 44 Other deductions (attach statement). 45 Contributions to deferred compensation plans. 46 Contributions to deferred compensation plans. 47 CH 4 (4) C. 2, 154, 553. 48 Column (C). 47 Contributions to deferred compensation plans. 48 Column (C). 49 Contributions to deferred compensation plans. 40 Contributions to deferred compensation plans. 41 Compensation of the deductions (attach statement). 45 Contributions to deferred compensation pl		1120)) (see instructions)	4a	412,03	3.		412,033.
c Capital loss deduction for trusts.  5 Income (loss) from a partnership or an S corporation (attach statement). ATCH 3 6 Rent income (Part IV)	b			-69,86	57.		-69,867.
5   Income (loss) from a partnership or an S corporation (attach statement)	С		4c				
Statement   ATCH   3   5   -3,305,622   -3,305,622	5						
6 Rent income (Part IV) 6 7 Unrelated debt-financed income (Part V) 7			5	-3,305,62	2.		-3,305,622.
7	6						
8			7				
organization (Part VI)		, ,					
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VIII)	_		8				
organizations (Part VII). 9 Exploited exempt activity income (Part VIII). 10 Exploited exempt activity income (Part IVII). 11  Other income (see instructions; attach statement) 12  Total. Combine lines 3 through 12 13 -2.963,4562.963,456.  Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income connected with the unrelated business taxable income. Subtract line 17 from line 16. 18  Deduction for net operating loss (see instructions). 10  Interest (attach statement)	9	=					
Exploited exempt activity income (Part VIII).			9				
11	10	S ,					
12							
Total. Combine lines 3 through 12							
Part II       Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income         1       Compensation of officers, directors, and trustees (Part X)       1         2       Salaries and wages       2         3       Repairs and maintenance       3         4       Bad debts.       4         5       Interest (attach statement) (see instructions)       5         6       Taxes and licenses       6         7       Depreciation (attach Form 4562) (see instructions)       7         8       Less depreciation claimed in Part III and elsewhere on return       8a         9       Depletion       9         10       Contributions to deferred compensation plans       10         11       Excess exempt expenses (Part VIII)       12         12       Excess readership costs (Part IX)       13         14       Other deductions (attach statement)       ATCH 4       2,154,553         15       Total deductions. Add lines 1 through 14       15       2,154,553         16       Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)       16       -5,118,009         17       Deduction for net operating loss (see instru		,	-	-2.963.45	6.		-2,963,456.
2       Salaries and wages       2         3       Repairs and maintenance       3         4       Bad debts.       4         5       Interest (attach statement) (see instructions)       5         6       Taxes and licenses.       6         7       Depreciation (attach Form 4562) (see instructions)       7         8       Less depreciation claimed in Part III and elsewhere on return       8a         9       Depletion       9         10       Contributions to deferred compensation plans       10         11       Employee benefit programs       11         12       Excess exempt expenses (Part VIII)       12         13       Excess readership costs (Part IX)       13         14       Other deductions (attach statement)       ATCH 4       4, 2,154,553         15       Total deductions. Add lines 1 through 14       15       2,154,553         16       Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)       -5,118,009         17       Deduction for net operating loss (see instructions)       17         18       Unrelated business taxable income. Subtract line 17 from line 16.       18       -5,118,009		connected with the unrelated business income					s must be directly
3       Repairs and maintenance       3         4       Bad debts.       4         5       Interest (attach statement) (see instructions)       5         6       Taxes and licenses.       6         7       Depreciation (attach Form 4562) (see instructions)       7         8       Less depreciation claimed in Part III and elsewhere on return       8a         9       Depletion       9         10       Contributions to deferred compensation plans       10         11       Employee benefit programs       11         12       Excess exempt expenses (Part VIII)       12         13       Excess readership costs (Part IX)       13         14       Other deductions (attach statement)       ATCH 4       4       2,154,553         15       Total deductions. Add lines 1 through 14       5       2,154,553         16       Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)       -5,118,009         17       Deduction for net operating loss (see instructions)       17         18       Unrelated business taxable income. Subtract line 17 from line 16.       18       -5,118,009							
4       Bad debts.       4         5       Interest (attach statement) (see instructions)       5         6       Taxes and licenses.       6         7       Depreciation (attach Form 4562) (see instructions)       7         8       Less depreciation claimed in Part III and elsewhere on return.       8a       8b         9       Depletion.       9         10       Contributions to deferred compensation plans.       10         11       Employee benefit programs.       11         12       Excess exempt expenses (Part VIII).       12         13       Excess readership costs (Part IX)       13         14       Other deductions (attach statement).       ATCH 4       2 ,154 ,553         15       Total deductions. Add lines 1 through 14       15       2 ,154 ,553         16       Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C).       6 -5 ,118 ,009         17       Deduction for net operating loss (see instructions).       17         18       Unrelated business taxable income. Subtract line 17 from line 16.       18       -5 ,118 ,009		<del>-</del>					
5         Interest (attach statement) (see instructions)         5           6         Taxes and licenses         6           7         Depreciation (attach Form 4562) (see instructions)         7           8         Less depreciation claimed in Part III and elsewhere on return         8a         8b           9         Depletion         9           10         Contributions to deferred compensation plans         10           11         Employee benefit programs         11           12         Excess exempt expenses (Part VIII)         12           13         Excess readership costs (Part IX)         13           14         Other deductions (attach statement)         ATCH 4         4         2,154,553           15         Total deductions. Add lines 1 through 14         5         2,154,553           16         Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)         -5,118,009           17         Deduction for net operating loss (see instructions).         17           18         Unrelated business taxable income. Subtract line 17 from line 16.         18         -5,118,009	_	•					
6       Taxes and licenses.       6         7       Depreciation (attach Form 4562) (see instructions)       7         8       Less depreciation claimed in Part III and elsewhere on return       8a       8b         9       Depletion.       9         10       Contributions to deferred compensation plans       10         11       Employee benefit programs       11         12       Excess exempt expenses (Part VIII)       12         13       Excess readership costs (Part IX)       13         14       Other deductions (attach statement)       ATCH 4       14       2,154,553         15       Total deductions. Add lines 1 through 14       15       2,154,553         16       Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)       -5,118,009         17       Deduction for net operating loss (see instructions)       17         18       Unrelated business taxable income. Subtract line 17 from line 16.       18       -5,118,009							
7       Depreciation (attach Form 4562) (see instructions)       7       8       8b         8       Less depreciation claimed in Part III and elsewhere on return       8a       8b         9       10       Contributions to deferred compensation plans       10         11       Employee benefit programs       11         12       Excess exempt expenses (Part VIII)       12         13       Excess readership costs (Part IX)       13         14       Other deductions (attach statement)       ATCH 4       14       2,154,553         15       Total deductions. Add lines 1 through 14       15       2,154,553         16       Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)       16       -5,118,009         17       Deduction for net operating loss (see instructions)       17         18       Unrelated business taxable income. Subtract line 17 from line 16.       18       -5,118,009	_						
Less depreciation claimed in Part III and elsewhere on return.  Depletion.  Contributions to deferred compensation plans.  Employee benefit programs.  Excess exempt expenses (Part VIII).  Excess readership costs (Part IX).  Other deductions (attach statement).  Total deductions. Add lines 1 through 14.  Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C).  Deduction for net operating loss (see instructions).  Unrelated business taxable income. Subtract line 16.  Sab  8b  8b  8b  8b  8b  40  40  40  41  41  41  41  42,154,553  45  47  41  42,154,553  45  46  47  47  47  47  48  49  49  40  40  41  40  41  41  41  41  41  41	_			1 1			
9       9         10       Contributions to deferred compensation plans       10         11       Employee benefit programs       11         12       Excess exempt expenses (Part VIII)       12         13       Excess readership costs (Part IX)       13         14       Other deductions (attach statement)       ATCH 4       14       2,154,553         15       Total deductions. Add lines 1 through 14       15       2,154,553         16       Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)       16       -5,118,009         17       Deduction for net operating loss (see instructions)       17         18       Unrelated business taxable income. Subtract line 17 from line 16.       18       -5,118,009						8h	
Contributions to deferred compensation plans  Employee benefit programs	_						
11       Employee benefit programs       11         12       Excess exempt expenses (Part VIII)       12         13       Excess readership costs (Part IX)       13         14       Other deductions (attach statement)       14       2,154,553         15       Total deductions. Add lines 1 through 14       15       2,154,553         16       Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)       16       -5,118,009         17       Deduction for net operating loss (see instructions)       17         18       Unrelated business taxable income. Subtract line 17 from line 16.       18       -5,118,009	-	·					
12       Excess exempt expenses (Part VIII)       12         13       Excess readership costs (Part IX)       13         14       Other deductions (attach statement)       ATCH 4       14       2,154,553         15       Total deductions. Add lines 1 through 14       15       2,154,553         16       Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)       16       -5,118,009         17       Deduction for net operating loss (see instructions)       17         18       Unrelated business taxable income. Subtract line 17 from line 16.       18       -5,118,009							
Excess readership costs (Part IX)  Other deductions (attach statement)  Total deductions. Add lines 1 through 14  Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)  Deduction for net operating loss (see instructions)  Unrelated business taxable income. Subtract line 17 from line 16.  13  2,154,553.  15  2,154,553.  16  -5,118,009.							
Other deductions (attach statement)  Total deductions. Add lines 1 through 14  Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)  Deduction for net operating loss (see instructions)  Unrelated business taxable income. Subtract line 16  Other deductions (attach statement)  15  2,154,553  16  -5,118,009  17  Unrelated business taxable income. Subtract line 17 from line 16.  18  -5,118,009							
Total deductions. Add lines 1 through 14.  Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C).  Deduction for net operating loss (see instructions).  Unrelated business taxable income. Subtract line 17 from line 16.  15  2,154,553.  16  -5,118,009.							2,154,553.
Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)							
17       Deduction for net operating loss (see instructions).       17       17       17       17       17       17       18       17       18       -5,118,009       18       -5,118,		<u> </u>					, ==,=30.
Deduction for net operating loss (see instructions)	10	· · ·					-5,118.009
18 Unrelated business taxable income. Subtract line 17 from line 16	17						3,110,000.
		, , ,					-5.118 009
			10	<u> </u>			

	Cost of Goods Sold	Enter method of inver	ntory valuation.	01 2	1103313 Fage
1	Inventory at beginning of year			1	
2					
3	Purchases			· · · · · · · · · · · · · · · · · · ·	
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6.				
9	Do the rules of section 263A (with respect to pro				Yes No
	Rent Income (From Real Property				res reo
1	Description of property (property street address,				
•	A Property (property street address,	only, state, Zir Gode). One	ok ii a aaai aoo (ooo iiioti	dollonoj	
	В				
	c				
	D				
		Α	В	С	D
2	Rent received or accrued		_		
a	From personal property (if the percentage of				
а	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
Б	percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit or				
_	income)  Total rents received or accrued by property.				
С					
•	Add lines 2a and 2b, columns A through D	una na A thuas sah D. Entard	hara and an Dart Llina 6	a aluman (A)	
3	Total rents received or accrued. Add line 2c colu	ımns A through D. Enter i	nere and on Part I, line 6,	column (A)	
	Deductions directly connected with the income				
4	•				
-	in lines 2(a) and 2(b) (attach statement)	D. Enter have and an Dan	t I line C celumn (D)		
5	Total deductions. Add line 4 columns A through	D. Enter here and on Par	t i, line 6, column (b)	· · · · · · · · · · · · · · · · · · ·	
<b></b> Par	t V Unrelated Debt-Financed Income	(see instructions)			
1	Description of debt-financed property (street add	•	Chock if a dual use (see	instructions)	
'	A Street add	ress, city, state, ZIF code	). Offeck if a dual-use (see	e iristi uctions)	
	В —				
	c				
	D -				
		Α	В	С	D
2	Gross income from or allocable to debt-financed	,			
2					
•	Property				
3	Deductions directly connected with or allocable to debt-financed property				
_					
a	Straight line depreciation (attach statement) Other deductions (attach statement)				
b c	Total deductions (add lines 3a and 3b,				
С	columns A through D)				
4	Amount of average acquisition debt on or allocable				
-	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
_	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	(
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through	ugh D). Enter here and on	Part I, line 7, column (A)	▶ -	
		ı	Т	I	
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	•		` '	
11	Total dividends-received deductions included in	line 10			

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Schedule A (Form 990-T) 2020					Page 3		
Part VI Interest, Ann	uities, Royalt	ies, and Rent	s from Controlled Orga	nizations (see instructions)			
	Exempt Controlled Organizations						
Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions	payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5		
(1)							
(2)							
(3)							
(4)							
		Nonexe	empt Controlled Organizati	ions			
7. Taxable income	ind	let unrelated come (loss) instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)							
(2)							
(3)							
(4)							
Totals				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
			(7), (9), or (17) Organiz	cation (see instructions)			
1. Description of income		ount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)		
(1)							
(2)							
(3)							
(4)							
Totals	Enter he	ounts in column 2. ere and on Part I, 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)		
Part VIII Exploited Ex	empt Activity	Income Oth	∟ er Than ∆dvertising Inc	ome (see instructions)			
1 Description of exploited ac		micome, our	er man Advertising inco	onie (see instructions)			
	-	trade or busin	ness Enter here and on I	Part I line 10 column (A)	2		
	2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) 2  3 Expenses directly connected with production of unrelated business income. Enter here and on Part I,						
line 10, column (B)		duction of uni	ciated business income. I	Enter here and on rait i,	3		
, , ,		de or business	Subtract line 3 from li	ine 2. If a gain, complete	3		
lines 5 through 7			. Sabiraot iiilo o itolli li	2. II a gain, complete	4		
5 Gross income from activit			ome		5		
6 Expenses attributable to in	•				6		
•				e than the amount on line			
4. Enter here and on Part II			*		7		

Schedule A (Form 990-T) 2020

Schedule A (Form 990-T) 2020 Page **4** 

Par	rt IX Advertising Income				
1	Name(s) of periodical(s). Check box if rep	porting two or more periodicals or	n a consolidated basis	•	
	Α				
	В				
	c				
	D				
=nter	amounts for each periodical listed above in	the corresponding column			
	amount to caon pentancal notes above in	A	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and				
а	Add columns A through D. Enter here and	on Part I, line 11, column (A).			<b>-</b>
•	Direct advantising sects by periodical				
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and	ion Parti, line 11, column (B).			
4	Advertising gain (loss). Subtract line 3 from				
	2. For any column in line 4 showing a	-			
	complete lines 5 through 8. For any colu				
	line 4 showing a loss or zero, do not com				
_	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less				
	line 5, subtract line 6 from line 5. If line				
	less than line 6, enter zero				
8	Excess readership costs allowed a				
	deduction. For each column showing a ga	in on			
	line 4, enter the lesser of line 4 or line 7.	•			
а	Add line 8, columns A through D. E	nter the greater of the line	8a, columns total	or zero here and or	ı
	Part II, line 13				<b>&gt;</b>
					-
Par		Directors, and Trustees (s	ee instructions)		·
Par	·	Directors, and Trustees (s	see instructions)	2 Parcentage	A Componentian
Par	t X Compensation of Officers, D		see instructions)	3. Percentage	4. Compensation
Par		Directors, and Trustees (s	ee instructions)	of time devoted	attributable to
	t X Compensation of Officers, D		ee instructions)	•	•
(1)	t X Compensation of Officers, D		ee instructions)	of time devoted	attributable to
(1) (2)	t X Compensation of Officers, D		ee instructions)	of time devoted to business	attributable to
(1) (2) (3)	t X Compensation of Officers, D		eee instructions)	of time devoted to business	attributable to
(1) (2) (3) (4)	t X Compensation of Officers, D		ee instructions)	of time devoted to business %	attributable to
(1) (2) (3)	t X Compensation of Officers, D		ee instructions)	of time devoted to business % %	attributable to
(1) (2) (3) (4)	1. Name  1. Name  1. Name	2. Title		of time devoted to business  %  %  %  %	attributable to
(1) (2) (3) (4)	1. Name	2. Title		of time devoted to business  %  %  %  %	attributable to
(1) (2) (3) (4)	1. Name  1. Name  1. Name	2. Title		of time devoted to business  %  %  %  %	attributable to
(1) (2) (3) (4)	1. Name  1. Name  1. Name	2. Title		of time devoted to business  %  %  %  %	attributable to
(1) (2) (3) (4)	1. Name  1. Name  1. Name	2. Title		of time devoted to business  %  %  %  %	attributable to
(1) (2) (3) (4)	1. Name  1. Name  1. Name	2. Title		of time devoted to business  %  %  %  %	attributable to
(1) (2) (3) (4)	1. Name  1. Name  1. Name	2. Title		of time devoted to business  %  %  %  %	attributable to
(1) (2) (3) (4)	1. Name  1. Name  1. Name	2. Title		of time devoted to business  %  %  %  %	attributable to
(1) (2) (3) (4)	1. Name  1. Name  1. Name	2. Title		of time devoted to business  %  %  %  %	attributable to
(1) (2) (3) (4)	1. Name  1. Name  1. Name	2. Title		of time devoted to business  %  %  %  %	attributable to
(1) (2) (3) (4)	1. Name  1. Name  1. Name	2. Title		of time devoted to business  %  %  %  %	attributable to
(1) (2) (3) (4)	1. Name  1. Name  1. Name	2. Title		of time devoted to business  %  %  %  %	attributable to
(1) (2) (3) (4)	1. Name  1. Name  1. Name	2. Title		of time devoted to business  %  %  %  %	attributable to
(1) (2) (3) (4)	1. Name  1. Name  1. Name	2. Title		of time devoted to business  %  %  %  %	attributable to
(1) (2) (3) (4)	1. Name  1. Name  1. Name	2. Title		of time devoted to business  %  %  %  %	attributable to
(1) (2) (3) (4)	1. Name  1. Name  1. Name	2. Title		of time devoted to business  %  %  %  %	attributable to
(1) (2) (3) (4)	1. Name  1. Name  1. Name	2. Title		of time devoted to business  %  %  %  %	attributable to
(1) (2) (3) (4)	1. Name  1. Name  1. Name	2. Title		of time devoted to business  %  %  %  %	attributable to

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## SCHEDULE D (Form 1120)

Department of the Treasury

Internal Revenue Service

**Capital Gains and Losses** 

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

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

OMB No. 1545-0123

2020

Employer identification number TRUSTEES OF BOSTON COLLEGE 04 - 2103545X No Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Assets Held One Year or Less (g) Adjustments to gain (h) Gain or (loss) See instructions for how to figure the amounts to enter on (d) (e) the lines below. or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part I, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) column (g) the result with column (g) whole dollars 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 1b Totals for all transactions reported on Form(s) 8949 with Box A checked 2 Totals for all transactions reported on Form(s) 8949 with Box B checked Totals for all transactions reported on Form(s) 8949 14,915. 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 Unused capital loss carryover (attach computation) 6 14,915. 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h . Long-Term Capital Gains and Losses - Assets Held More Than One Year (g) Adjustments to gain (h) Gain or (loss) See instructions for how to figure the amounts to enter on or loss from Form(s) Subtract column (e) from Proceeds Cost 8949. Part II. line 2. This form may be easier to complete if you round off cents to column (d) and combine (sales price) (or other basis) whole dollars column (a) the result with column (q) 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 Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked 397,118. Enter gain from Form 4797, line 7 or 9 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 Capital gain distributions (see instructions) 14 397,118. Net long-term capital gain or (loss). Combine lines 8a through 14 in column h Summary of Parts I and II Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 14,915. 16 397,118. Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 412,033. Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns Note: If losses exceed gains, see Capital Losses in the instructions

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

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V 20-7.19

Schedule D (Form 1120) 2020

### Public Disclosure Copy Sales and Other Dispositions of Capital Assets

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service 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.

TRUSTEES OF BOSTON COLLEGE

Social security number or taxpayer identification number

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

1 (a) Description of property	(b)	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the <b>Note</b> below	Adjustment, if a lf you enter a co-	(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	Date acquired (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					11,712.
FORM 6781, PART 1	VAR	VAR					3,203.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D. line 1b (if Roy A above	here and inc	lude on your					
Schedule D, <b>line 1b</b> (if <b>Box A</b> above above is checked), or <b>line 3</b> (if <b>Box C</b> ab	is checked), lin	e 2 (if Box B					14,915

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

Form **8949** (2020)

Form 8949 (2020) Attachment Sequence No. **12A** Page **2** 

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

TRUSTEES OF BOSTON COLLEGE

Social security number or taxpayer identification number

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

X (F) Long-term transactions n	ot reported t	o you on Forr	m 1099-B				
(a) Description of property	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds	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	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	(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	combine the result with column (g)
LONG TERM CAPITAL GAIN/ (LOSS)	VAR	VAR					392,313.
FORM 6781, PART 1	VAR	VAR					4,805
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	here and incluis checked), line	ude on your 9 (if Box E					397,118.

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

Form **8949** (2020)

Form **4797** 

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

OMB No. 1545-0184

Department of the Treasury Internal Revenue Service Name(s) shown on return ► Attach to your tax return.

► Go to www.irs.gov/Form4797 for instructions and the latest information.

Sequence No. 27

Identifying number

TRI	USTEES OF BOSTON COLLE	GE					04-2	2103545
1	Enter the gross proceeds from sa							
	substitute statement) that you are in						1	
Pa	Sales or Exchanges of						ns Fro	m Other
	Than Casualty or Thef	it - Most Prop	erty Held Mo	ore Than 1 Year	ì	•	1	
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or basis, p improvement expense of	lus nts and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
A	TTACHMENT 1							-69,867.
_	Gain, if any, from Form 4684, line 3						3	
4	Section 1231 gain from installment						4	
5	Section 1231 gain or (loss) from like	-					5	
6	Gain, if any, from line 32, from other	•					6	-69,867.
7	Combine lines 2 through 6. Enter t	• , ,					7	-09,007.
	Partnerships and S corporations. line 10, or Form 1120-S, Schedule h				S 101 F01111 1000, 50	riedule K,		
	Individuals, partners, S corporatio line 7 on line 11 below and skip li losses, or they were recaptured in Schedule D filed with your return ar	on shareholders, ines 8 and 9. If I n an earlier year,	and all others. ine 7 is a gain a enter the gain	If line 7 is zero or and you didn't hav from line 7 as a	e any prior year sec	tion 1231		
8	Nonrecaptured net section 1231 lo	sses from prior ye	ars. See instruct	ions			8	
9	Subtract line 8 from line 7. If zero of 9 is more than zero, enter the amo			•				
	capital gain on the Schedule D filed						9	
Pa	rt II Ordinary Gains and Lo							
10	Ordinary gains and losses not inclu			ude property held 1 y	year or less):			
							,	
11	Loss, if any, from line 7						11	( 69,867)
12	Gain, if any, from line 7 or amount						12	
13	Gain, if any, from line 31						13	
14	Net gain or (loss) from Form 4684,						14	
	Ordinary gain from installment sale						15	
16	Ordinary gain or (loss) from like-kin	-					16	60.06
17	Combine lines 10 through 16						17	-69,867.
18	8 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.							
а	If the loss on line 11 includes a loss	s from Form 4684	l, line 35, colum	n (b)(ii), enter that	part of the loss here	Enter the		
	loss from income-producing propert	y on Schedule A	(Form 1040), lin	e 16. (Do not includ	de any loss on prope	rty used as	,	
	an employee.) Identify as from "Form						18a	
b	Redetermine the gain or (loss) on		-	•				
	(Form 1040), Part I, line 4						18b	- 4707
For	Paperwork Reduction Act Notice, s	see separate instr	uctions.					Form <b>4797</b> (2020)

Form 4797 (2020) 04-2103545 Page 2

Pa	rt III Gain From Disposition of Property (see instructions)	Un	der Sections 124	5, 1250, 1252,	125	54, and 1255	_
19	(a) Description of section 1245, 1250, 1252, 1254, or	r 12	55 property:			(b) Date acquired	(c) Date sold
	<u> </u>		50 р. оролу.			(mo., day, yr.)	(mo., day, yr.)
	3						
	)						
	These columns relate to the properties on lines 19A through 19D.	•	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:						
	Depreciation allowed or allowable from line 22 2						
	Enter the smaller of line 24 or 25a.	25b					
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.						
a	Additional depreciation after 1975. See instructions	26a					
k	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						
	or line 24 isn't more than line 26a, skip lines 26d and 26e	26c					
c	Additional depreciation after 1969 and before 1976 .	26d					
e	Enter the smaller of line 26c or 26d	26e					
f	Section 291 amount (corporations only)	26f					
ç	J Add lines 26b, 26e, and 26f	26g					
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	27a					
	Line 27a multiplied by applicable percentage. See instructions .						
	Enter the smaller of line 24 or 27b	27c					
	If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a					
ŀ	Enter the <b>smaller</b> of line 24 or 28a						
	If section 1255 property:						
	Applicable percentage of payments excluded from						
	income under section 126. See instructions	29a					
k	Enter the <b>smaller</b> of line 24 or 29a. See instructions						
3u	mmary of Part III Gains. Complete property	/ co	lumns A through	D through line 2	29b	before going to lir	ne 30.
				<del>-</del>			
	Total gains for all properties. Add property columns A Add property columns A through D, lines 25b, 26g, 27						
	Subtract line 31 from line 30. Enter the portion from						
2	·		•				
a	other than casualty or theft on Form 4797, line 6  **TEIV Recapture Amounts Under Sections* (see instructions)	s 17	'9 and 280F(b)(2)	When Busines	ss l	Jse Drops to 50%	or Less
	, ,					(a) Section	(b) Section
						179	280F(b)(2)
3.3	Section 179 expense deduction or depreciation allowa	able i	n prior vears	[-	33		
34	Recomputed depreciation. See instructions		•		34		
35	Recapture amount. Subtract line 34 from line 33. See				35		
	1.1354 Tanio amount. Cabadot into 04 from into 00. Oct				<b>J</b> J		Form <b>1707</b> (2020)

Form **4797** (2020)

6781

#### **Gains and Losses From Section 1256** Contracts and Straddles

► Go to www.irs.gov/Form6781 for the latest information.

OMB No. 1545-0644 Attachment

Department of the Treasury Internal Revenue Service ► Attach to your tax return. Sequence No. 82 Name(s) shown on tax return Identifying number TRUSTEES OF BOSTON COLLEGE 04-2103545 Check all applicable boxes. A ☐ Mixed straddle election **C** Mixed straddle account election See instructions. **B** Straddle-by-straddle identification election **D** ☐ Net section 1256 contracts loss election **Section 1256 Contracts Marked to Market** Part I (a) Identification of account (b) (Loss) (c) Gain 1 INVESTMENT PARTNERSHIPS 8,008 Add the amounts on line 1 in columns (b) and (c) . . . . . . 8,008 Net gain or (loss). Combine line 2, columns (b) and (c) . . . . . . . . 3 3 8,008 4 Form 1099-B adjustments. See instructions and attach statement . . . 4 5 Combine lines 3 and 4 . . . . . . . . . . . . . . . . . . . 5 8,008 Note: If line 5 shows a net gain, skip line 6 and enter the gain on line 7. Partnerships and S corporations, see instructions. If you have a net section 1256 contracts loss and checked box D above, enter the amount of loss to 6 be carried back. Enter the loss as a positive number. If you didn't check box D, enter -0- . . . . 6 7 8,008 Short-term capital gain or (loss). Multiply line 7 by 40% (0.40). Enter here and include on line 4 of 8 3,203 Long-term capital gain or (loss). Multiply line 7 by 60% (0.60). Enter here and include on line 11 of 4,805 Part II Gains and Losses From Straddles. Attach a separate statement listing each straddle and its components. Section A-Losses From Straddles (f) Loss. (a) Description of property (c) Date (d) Gross (e) Cost or (h) Recognized loss. (g) If column (e) is entered into closed out sales price other basis Unrecognized If column (f) is more than (d), or acquired or sold plus expense gain on more than (g), enter difference. of sale offsetting enter difference. Otherwise. positions Otherwise, enter -0-. enter -0-. 10 Enter the short-term portion of losses from line 10, column (h), here and include on line 4 of Schedule 11a Enter the long-term portion of losses from line 10, column (h), here and include on line 11 of Schedule Section B-Gains From Straddles (f) Gain. (a) Description of property (b) Date (c) Date (d) Gross (e) Cost or If column (d) is entered into closed out sales price other basis more than (e). or acquired or sold plus expense enter difference. of sale Otherwise, enter -0-. 12 Enter the short-term portion of gains from line 12, column (f), here and include on line 4 of Schedule D 13a Enter the long-term portion of gains from line 12, column (f), here and include on line 11 of Schedule Unrecognized Gains From Positions Held on Last Day of Tax Year. Memo entry only (see instructions) Part III (e) Unrecognized (a) Description of property (b) Date (c) Fair market (d) Cost or gain. If column (c) acquired value on last other basis is more than (d), business day as adjusted enter difference. of tax year Otherwise, enter -0-. 14

TRUSTEES OF BOSTON COLLEGE

04-2103545

ATTACHMENT 1

ATTACHMENT 1

SCHEDULE A: CATERING

PART I LINE 12 - OTHER INCOME

CATERING 88,777.

TOTAL ..... 88,777.

06884N R19B V 20-7.19

TRUSTEES OF BOSTON COLLEGE

04-2103545

ATTACHMENT 2

SCHEDULE A: CATERING

PART II LINE 14 - OTHER DEDUCTIONS DETAIL

DINING/CATERING COSTS 11,961.
FLOWERS/CONTRACT SERVICES/OTHER 151,934.

06884N R19B V 20-7.19

TRUSTEES OF BOSTON COLLEGE

ATTACHMENT 3

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

PART I LINE 5 - INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

	SHARE OF GROSS INCOME	SHARE OF DEDUCTIONS	GAIN OR (LOSS)
INCOME (LOSS) FROM PARTNERSHIPS		3,305,622.	-3,305,622.
INCOME (LOSS) FROM PARTNERSHIPS	AND/OR S CORPORATION	ONS	-3,305,622.

06884N R19B

TRUSTEES OF BOSTON COLLEGE

04-2103545

ATTACHMENT 4

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

PART II LINE 14 - OTHER DEDUCTIONS DETAIL

TAX PREPARATION FEES 42,325.
INVESTMENT MANAGEMENT EXPENSE 2,112,228.

TOTAL OTHER DEDUCTIONS ...... 2,154,553.

06884N R19B V 20-7.19

ATTACHMENT 4

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

DATE	ORIGINAL NOL	AMOUNT AVAILABLE	AMOUNT USED	NOL CARRYOVER TO NEXT YEAR
5/31/2010	396,907	311,141	79,812	231,329
5/31/2011	62,018	62,018	0	62,018
5/31/2012	1,611,150	1,611,150	0	1,611,150
5/31/2014	2,906,804	2,906,804	0	2,906,804
5/31/2015	2,171,377	2,171,377	0	2,171,377
5/31/2016	774,951	774,951	0	774,951
5/31/2017	6,452,247	6,452,247	0	6,452,247
5/31/2018	13,224,282	13,224,282	0	13,224,282
	27,599,736	27,513,970	79,812	27,434,158

ATTACHMENT 4A

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

DATE	ORIGINAL NOL	AMOUNT AVAILABLE	AMOUNT USED	NOL CARRYOVER TO NEXT YEAR	ACTIVITY GENERATING LOSS
5/31/2019 5/31/2020	20,962,492 15,549,378	20,962,492 15,549,378	0 0	20,962,492 15,549,378	Partnership Investments Partnership Investments
5/31/2021	5,118,009	5,118,009	0	5,118,009	Partnership Investments
	41,629,879	41,629,879	0	41,629,879	
DATE	ODICINAL NICI	AMOUNT	AMOUNT	NOL CARRYOVER	ACTIVITY GENERATING
DATE	ORIGINAL NOL	AVAILABLE	USED	TO NEXT YEAR	LOSS
5/31/2020	37,350	37,350	0	37,350	Catering
5/31/2021	75,118	75,118	0	75,118	Catering
	112,468	112,468	0	112,468	