

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

Form 990 header section including A (calendar year), B (check if applicable), C (organization name), D (EIN), E (telephone), F (principal officer), G (gross receipts), H (subordinates), I (tax-exempt status), J (website), K (form of organization), L (year of formation), M (state of legal domicile).

Part I Summary

Part I Summary section including 1 (mission), 2 (operations), 3-6 (governance), 7a-7b (revenue), 8-12 (revenue), 13-19 (expenses), 20-22 (net assets).

Table with columns for Revenue, Expenses, and Net Assets or Fund Balances, comparing Prior Year and Current Year data.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of officer: JOHN D. BURKE, FINANCE VP/TREASURER, dated 4/8/24.

Paid Preparer Use Only section including Erica R McReynolds, PWC US TAX LLP, dated 04/03/2024.

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [ ] No

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 596,905,272. including grants of \$ 252,279,294. ) (Revenue \$ 792,980,918. )

INSTRUCTION - INCLUDES EXPENDITURES TO PROVIDE COURSEWORK FOR STUDENTS AND TO PROVIDE FINANCIAL AID IN THE FORM OF SCHOLARSHIPS AND FELLOWSHIPS. ENROLLMENTS WERE 15,043 AND THE NUMBER OF DEGREES CONFERRED WAS 4,391.

4b (Code: ) (Expenses \$ 227,935,736. including grants of \$ ) (Revenue \$ 200,893,920. )

AUXILIARY SERVICES - INCLUDES EXPENDITURES FOR THE SELF-SUPPORTING ACTIVITIES OF THE UNIVERSITY SUCH AS THE OPERATIONS OF 32 RESIDENCE HALLS, 15 DINING FACILITIES, 31 NCAA DIVISION I ATHLETIC TEAMS, BOOKSTORE AND HEALTH SERVICES.

4c (Code: ) (Expenses \$ 216,707,089. including grants of \$ ) (Revenue \$ )

STUDENT SERVICES AND ACADEMIC SUPPORT - INCLUDES ACTIVITIES OF WHICH THE PRIMARY PURPOSE IS TO CONTRIBUTE TO THE STUDENTS' EMOTIONAL AND PHYSICAL WELL-BEING AND TO HIS/HER INTELLECTUAL, CULTURAL, AND SOCIAL DEVELOPMENT. OPERATED 9 UNIVERSITY LIBRARY FACILITIES CONTAINING OVER 3.370 MILLION VOLUMES, OVER 211 THOUSAND SERIAL TITLES SERVING THE UNIVERSITY AND SURROUNDING COMMUNITY.

4d Other program services (Describe on Schedule O.)

(Expenses \$ 69,437,037. including grants of \$ 728,187. ) (Revenue \$ 43,889,842. )

4e Total program service expenses 1,110,985,134.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . .	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III . . . . .		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .	X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V . . . . .	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	X	
b Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .	X	
c Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	X	
14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions . . . . .		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .	X	

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Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational reporting requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [X]

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

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<b>Part V</b> Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . . . . <b>2a</b> 12431			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> . . . . .	<b>3b</b>	X	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>	X	
<b>b</b> If "Yes," enter the name of the foreign country <u>SEE SCHEDULE O</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>	X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . . <b>7d</b>			
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . . <b>10a</b>			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . <b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders . . . . . <b>11a</b>			
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <b>11b</b>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>12b</b>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>13a</b> <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . . <b>13b</b>			
<b>c</b> Enter the amount of reserves on hand . . . . . <b>13c</b>			
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> . . . . .	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . .	<b>15</b>	X	
If "Yes," see the instructions and file Form 4720, Schedule N.			
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>		X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . .	<b>17</b>		
If "Yes," complete Form 6069.			

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (54), 1b (52), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA, IN, MA,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

LYNSDAY KING CONTROLLER'S OFFICE, 140 COMM AVE CHESTNUT HILL, MA 02467-380
617-552-3363

# Public Disclosure Copy

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

Check if Schedule O contains a response or note to any line in this Part VII X

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>(1)</b> JEFFREY HAFLEY HEAD COACH, FOOTBALL	40.00 NONE						X	3,768,321.	NONE	66,938.
<b>(2)</b> EARL GRANT HEAD COACH, MEN'S BASKETBALL	40.00 NONE						X	2,114,853.	NONE	54,478.
<b>(3)</b> JOHN J. ZONA CIO & ASSOC TREAS	40.00 NONE					X		1,049,364.	NONE	296,053.
<b>(4)</b> TEMBWE LUKABU DEF. COORD, FBALL (UNTIL 2/23)	40.00 NONE						X	854,983.	NONE	62,458.
<b>(5)</b> ANDREW C. BOYNTON DEAN CSOM	40.00 NONE						X	762,863.	NONE	69,895.
<b>(6)</b> DAVID QUIGLEY PROVOST & DEAN OF FAC	40.00 NONE					X		726,117.	NONE	69,777.
<b>(7)</b> MICHAEL J. LOCHHEAD EXECUTIVE VICE PRES	40.00 2.00					X		594,509.	NONE	133,465.
<b>(8)</b> JOHN MCNULTY OFF. COORD, FBALL (UNTIL 1/23)	40.00 NONE						X	685,366.	NONE	34,854.
<b>(9)</b> JAMES J. HUSSON SR VP UNIV. ADVAN (UNTIL 10/22)	40.00 NONE					X		590,644.	NONE	60,951.
<b>(10)</b> JOHN D. BURKE FIN VP & TREASURER	40.00 2.00					X		512,591.	NONE	69,449.
<b>(11)</b> DAVID P. TRAINOR VP HUMAN RESOURCES	40.00 NONE					X		474,778.	NONE	63,523.
<b>(12)</b> MICHAEL BOURQUE VP INFORMATION TECH	40.00 NONE					X		413,853.	NONE	65,775.
<b>(13)</b> AMY I. YANCEY VP FOR DEVELOPMENT	40.00 NONE					X		413,021.	NONE	63,267.
<b>(14)</b> THOMAS J. KEADY VP GVT & CMTY AFF	40.00 NONE					X		327,398.	NONE	69,466.

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TRUSTEES OF BOSTON COLLEGE

04-2103545

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**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15 ) DANIEL BOURQUE VP FACILITIES MNGMT	40.00 2.00			X				330,630.	NONE	65,365.
( 16 ) KEVIN J. SHEA VP & EXEC AST TO PRES	40.00 NONE			X				312,925.	NONE	69,102.
( 17 ) SHAWNA COOPER WHITEHEAD VP STUDENT AFFAIRS	40.00 NONE			X				344,700.	NONE	15,856.
( 18 ) MARA L. HERMANO VP INSTL RES & PLAN	40.00 2.00			X				309,133.	NONE	40,422.
( 19 ) JOY H. MOORE VP/ EXEC. DIR. PMISS	40.00 2.00			X				299,102.	NONE	46,251.
( 20 ) JOHN F. FISH TRUSTEE - CHAIR	1.00 NONE	X						NONE	NONE	NONE
( 21 ) PHILIP W. SCHILLER TRUSTEE-VICE CHAIR	1.00 NONE	X						NONE	NONE	NONE
( 22 ) SUSAN MARTINELLI SHEA TRUSTEE - SECRETARY	1.00 NONE	X						NONE	NONE	NONE
( 23 ) MICHAEL C. ASCIONE TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 24 ) GUIDO BARILLA TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 25 ) STEVEN M. BARRY TRUSTEE (FROM 9/22)	1.00 NONE	X						NONE	NONE	NONE
<b>1b Sub-total</b> . . . . .								14,885,151.	NONE	1,417,345.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								NONE	NONE	NONE
<b>d Total (add lines 1b and 1c)</b> . . . . .								14,885,151.	NONE	1,417,345.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 1,307

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	3	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	4	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	5	

**Section B. Independent Contractors**

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

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

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



# Public Disclosure Copy

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26 ) DRAKE G. BEHRAKIS ----- TRUSTEE (UNTIL 9/22)	1.00 ----- NONE	X					NONE	NONE	NONE	
( 27 ) PATRICIA LYNOTT BONAN ----- TRUSTEE	1.00 ----- NONE	X					NONE	NONE	NONE	
( 28 ) D. SCOTT BROWN ----- TRUSTEE	1.00 ----- NONE	X					NONE	NONE	NONE	
( 29 ) JACQUELINE P. CANNEY ----- TRUSTEE	1.00 ----- NONE	X					NONE	NONE	NONE	
( 30 ) JAMES D. CAREY, ESQ. ----- TRUSTEE	1.00 ----- NONE	X					NONE	NONE	NONE	
( 31 ) HON. DARCEL D. CLARK ----- TRUSTEE	1.00 ----- NONE	X					NONE	NONE	NONE	
( 32 ) MICHELLE R. CODRINGTON ----- TRUSTEE	1.00 ----- NONE	X					NONE	NONE	NONE	
( 33 ) REV. CHRISTOPHER S. COLLINS ----- TRUSTEE	1.00 ----- NONE	X					NONE	NONE	NONE	
( 34 ) WILLIAM C. CONNELL ----- TRUSTEE	1.00 ----- NONE	X					NONE	NONE	NONE	
( 35 ) ROBERT J. COONEY ----- TRUSTEE	1.00 ----- NONE	X					NONE	NONE	NONE	
( 36 ) LEO J. CORCORAN ----- TRUSTEE	1.00 ----- NONE	X					NONE	NONE	NONE	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

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

		Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>		
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>4</b>		
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>		

**Section B. Independent Contractors**

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

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

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

# Public Disclosure Copy

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 37 ) PAUL R. COULSON ----- TRUSTEE (UNTIL 9/22)	1.00 ----- NONE	X					NONE	NONE	NONE	
( 38 ) SANDRA M. EDGERLEY ----- TRUSTEE	1.00 ----- NONE	X					NONE	NONE	NONE	
( 39 ) MOLLY FERRANTE ----- TRUSTEE (FROM 9/22)	1.00 ----- NONE	X					NONE	NONE	NONE	
( 40 ) JOHN J. FLATLEY ----- TRUSTEE (FROM 9/22)	1.00 ----- NONE	X					NONE	NONE	NONE	
( 41 ) JANICE GIPSON ----- TRUSTEE	1.00 ----- NONE	X					NONE	NONE	NONE	
( 42 ) WON YOUNG GIURICEO ----- TRUSTEE (FROM 9/22)	1.00 ----- NONE	X					NONE	NONE	NONE	
( 43 ) PATRICK W. GRADY ----- TRUSTEE	1.00 ----- NONE	X					NONE	NONE	NONE	
( 44 ) DAVID T. GRIFFITH ----- TRUSTEE (UNTIL 9/22)	1.00 ----- NONE	X					NONE	NONE	NONE	
( 45 ) REV. DANIEL HENDRICKSON, S.J. ----- TRUSTEE (FROM 9/22)	1.00 ----- NONE	X					NONE	NONE	NONE	
( 46 ) MICHAELA MURPHY HOAG ----- TRUSTEE	1.00 ----- NONE	X					NONE	NONE	NONE	
( 47 ) KATHLEEN FLATLEY IX ----- TRUSTEE (UNTIL 9/22)	1.00 ----- NONE	X					NONE	NONE	NONE	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

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

		Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>		
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>4</b>		
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>		

**Section B. Independent Contractors**

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

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

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

# Public Disclosure Copy

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 48 ) RENE F. JONES ----- TRUSTEE	1.00 ----- NONE	X					NONE	NONE	NONE	
( 49 ) ALFRED F. KELLY, JR. ----- TRUSTEE	1.00 ----- NONE	X					NONE	NONE	NONE	
( 50 ) MICHELLE A. KNIGHT ----- TRUSTEE	1.00 ----- NONE	X					NONE	NONE	NONE	
( 51 ) PATRICIA LIPOMA KRAFT ----- TRUSTEE	1.00 ----- NONE	X					NONE	NONE	NONE	
( 52 ) JASON R. KRANTZ ----- TRUSTEE (FROM 9/22)	1.00 ----- NONE	X					NONE	NONE	NONE	
( 53 ) REV. WILLIAM P. LEAHY, S.J. ----- PRESIDENT, TRUSTEE	40.00 ----- 2.00	X		X			NONE	NONE	NONE	
( 54 ) LISE LEIST ----- TRUSTEE	1.00 ----- NONE	X					NONE	NONE	NONE	
( 55 ) REV. MATTHEW F. MALONE, S.J. ----- TRUSTEE (UNTIL 9/22)	1.00 ----- NONE	X					NONE	NONE	NONE	
( 56 ) REV. DOUGLAS W. MARCOUILLER, ----- TRUSTEE	1.00 ----- NONE	X					NONE	NONE	NONE	
( 57 ) PETER K. MARKELL ----- TRUSTEE (FROM 9/22)	1.00 ----- NONE	X					NONE	NONE	NONE	
( 58 ) CARMINE A. MARTIGNETTI ----- TRUSTEE	1.00 ----- NONE	X					NONE	NONE	NONE	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	3	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	4	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	5	

**Section B. Independent Contractors**

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

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

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

# Public Disclosure Copy

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 59 ) KATHLEEN M. MCGILLYCUDDY ----- TRUSTEE	1.00 ----- NONE	X						NONE	NONE	NONE
( 60 ) DENISE M. MORRISON ----- TRUSTEE	1.00 ----- NONE	X						NONE	NONE	NONE
( 61 ) JOHN C. MORRISSEY III ----- TRUSTEE	1.00 ----- NONE	X						NONE	NONE	NONE
( 62 ) ROBERT F. MORRISSEY, ESQ. ----- TRUSTEE	1.00 ----- NONE	X						NONE	NONE	NONE
( 63 ) BRIEN M. O'BRIEN ----- TRUSTEE	1.00 ----- NONE	X						NONE	NONE	NONE
( 64 ) DAVID P. O'CONNOR ----- TRUSTEE	1.00 ----- NONE	X						NONE	NONE	NONE
( 65 ) REV. CYRIL P. OPEIL, S.J. ----- TRUSTEE	1.00 ----- NONE	X						NONE	NONE	NONE
( 66 ) KEVIN E. PEARSON ----- TRUSTEE	1.00 ----- NONE	X						NONE	NONE	NONE
( 67 ) STEPHEN J. PEMBERTON ----- TRUSTEE	1.00 ----- NONE	X						NONE	NONE	NONE
( 68 ) JONATHAN M. RATHER ----- TRUSTEE	1.00 ----- NONE	X						NONE	NONE	NONE
( 69 ) KENDALL B. REID ----- TRUSTEE	1.00 ----- NONE	X						NONE	NONE	NONE
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

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

		Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>		
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>4</b>		
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>		

**Section B. Independent Contractors**

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

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

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

# Public Disclosure Copy

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 70 ) BIJAN SABET ----- TRUSTEE (RESIGNED 11/22)	1.00 ----- NONE	X						NONE	NONE	NONE
( 71 ) NAVYN DATOO SALEM ----- TRUSTEE (FROM 9/22)	1.00 ----- NONE	X						NONE	NONE	NONE
( 72 ) MARC P. SEIDNER ----- TRUSTEE	1.00 ----- NONE	X						NONE	NONE	NONE
( 73 ) MARIANNE D. SHORT, ESQ. ----- TRUSTEE	1.00 ----- NONE	X						NONE	NONE	NONE
( 74 ) KEVIN A. SMART ----- TRUSTEE	1.00 ----- NONE	X						NONE	NONE	NONE
( 75 ) SHELLY A. STAYER ----- TRUSTEE	1.00 ----- NONE	X						NONE	NONE	NONE
( 76 ) ELIZABETH W. VANDERSLICE ----- TRUSTEE	1.00 ----- NONE	X						NONE	NONE	NONE
( 77 ) MICHAEL D. WHITE ----- TRUSTEE	1.00 ----- NONE	X						NONE	NONE	NONE
( 78 ) ELISA GABELLI WILSON ----- TRUSTEE	1.00 ----- NONE	X						NONE	NONE	NONE
( 79 ) ELIZABETH EDER ZOBEL ----- TRUSTEE	1.00 ----- NONE	X						NONE	NONE	NONE
( 80 ) REV. CASEY BEAUMIER, S.J. ----- VP & UNIV. SECTY.	40.00 ----- NONE			X				NONE	NONE	NONE
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

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

		Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>		
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>4</b>		
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>		

**Section B. Independent Contractors**

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

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

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

Public Disclosure Copy

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include REV. JOHN T. BUTLER, S.J. and ANDREW DAVIDSON.

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

Summary table with 3 rows and 3 columns: Question number, Yes, No. Rows 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Row 1 contains 'SEE SCHEDULE O'.

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

# Public Disclosure Copy

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b>	Membership dues . . . . .	<b>1b</b>					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	16,688,077.				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>					
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>	38,453,567.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	134,039,136.				
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$ 21,128,031.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		189,180,780.				
	<b>Program Service Revenue</b>				Business Code			
<b>2a</b>		TUITION AND FEES		900099	792,980,918.	792,980,918.		
<b>b</b>		SALES/SERVICES OF AUXILIARY ENTERPRISES		900099	200,893,920.	198,980,500.	1,913,420.	
<b>c</b>		NON-GOVT GRANTS/F&A RECOVERY		900099	15,635,527.	15,635,527.		
<b>d</b>		SALES/SERVICES OF EDUCATIONAL ACTIVITIES		900099	6,409,609.	6,409,609.		
<b>e</b>		OTHER MISCELLANEOUS PROGRAM REVENUE		900099	21,844,706.	21,844,706.		
<b>f</b>		All other program service revenue . . . . .						
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .			1,037,764,680.			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .			66,676,265.	-7,429,857.	74,106,122.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .			-40,055.		-40,055.	
	<b>5</b>	Royalties . . . . .			1,211,330.		1,211,330.	
	<b>6a</b>	Gross rents . . . . .	<b>6a</b>	(i) Real	(ii) Personal			
				2,152,689.	NONE			
				<b>b</b>	Less: rental expenses	<b>6b</b>	4,973,321.	NONE
	<b>c</b>	Rental income or (loss)	<b>6c</b>	-2,820,632.	NONE			
	<b>d</b>	Net rental income or (loss) . . . . .			-2,820,632.		-2,820,632.	
	<b>7a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	(ii) Other			
				2,249,441,794.	1,412,000.			
				<b>b</b>	Less: cost or other basis and sales expenses . .	<b>7b</b>	2,195,252,927.	1,412,000.
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>	54,188,867.				
	<b>d</b>	Net gain or (loss) . . . . .			54,188,867.		54,188,867.	
	<b>8a</b>	Gross income from fundraising events (not including \$ <u>16,688,077.</u> of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>		759,936.			
				<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>	3,524,601.	
<b>c</b>				Net income or (loss) from fundraising events . . . . .		-2,764,665.		-2,764,665.
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>		NONE				
			<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>	NONE		
			<b>c</b>	Net income or (loss) from gaming activities . . . . .		NONE	NONE	
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>		NONE				
			<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>	NONE		
			<b>c</b>	Net income or (loss) from sales of inventory . . . . .		NONE	NONE	
<b>Miscellaneous Revenue</b>				Business Code				
	<b>11a</b>	CHILDREN'S CENTER		624410	962,841.		962,841.	
	<b>b</b>	VENDING		900099	629,728.		629,728.	
	<b>c</b>							
	<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .			1,592,569.				
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .				1,344,989,139.	1,035,851,260.	-5,516,437.	125,473,536.

# Public Disclosure Copy

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	205,102.	205,102.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	252,279,294.	252,279,294.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	523,085.	523,085.		
4 Benefits paid to or for members . . . . .	NONE			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	7,456,435.	1,073,605.	5,621,442.	761,388.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	NONE			
7 Other salaries and wages . . . . .	471,645,059.	365,862,491.	89,041,732.	16,740,836.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	29,415,741.	22,523,731.	5,818,573.	1,073,437.
9 Other employee benefits . . . . .	84,382,242.	64,621,849.	16,693,814.	3,066,579.
10 Payroll taxes . . . . .	29,006,149.	22,210,105.	5,737,554.	1,058,490.
11 Fees for services (nonemployees):				
a Management . . . . .	NONE			
b Legal . . . . .	6,235,992.	473,230.	5,762,762.	
c Accounting . . . . .	802,427.		802,427.	
d Lobbying . . . . .	75,000.		75,000.	
e Professional fundraising services. See Part IV, line 17.	NONE			
f Investment management fees . . . . .	31,153,653.		31,153,653.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	51,888,471.	41,489,619.	9,884,675.	514,177.
12 Advertising and promotion . . . . .	324,196.	305,935.	18,261.	
13 Office expenses . . . . .	12,833,321.	9,225,302.	2,633,272.	974,747.
14 Information technology. . . . .	18,411,875.	7,195,309.	10,900,882.	315,684.
15 Royalties. . . . .	NONE			
16 Occupancy . . . . .	39,336,403.	13,722,909.	25,613,494.	
17 Travel . . . . .	21,283,026.	20,156,164.	403,634.	723,228.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings . . . . .	6,657,488.	1,555,648.	4,296,202.	805,638.
20 Interest . . . . .	51,890,278.	46,212,959.	5,677,319.	
21 Payments to affiliates. . . . .	NONE			
22 Depreciation, depletion, and amortization . . . . .	112,459,826.	99,938,171.	12,521,655.	
23 Insurance . . . . .	NONE			
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a COST OF GOODS SOLD	20,397,332.	20,397,332.		
b OPERATIONS & MAINT. ALLOC.		79,330,574.	-79,330,574.	
c LICENSING/PERMITS/FEES	10,320,319.	10,320,319.		
d SPECIAL HOUSING EXPENSES	1,247,908.	1,247,908.		
e All other expenses _____	31,244,568.	30,114,493.	342,058.	788,017.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>1,291,475,190.</b>	<b>1,110,985,134.</b>	<b>153,667,835.</b>	<b>26,822,221.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				



# Public Disclosure Copy

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	22,785,996.	<b>1</b>	25,941,189.
	<b>2</b> Savings and temporary cash investments . . . . .	3,187,224.	<b>2</b>	2,348,691.
	<b>3</b> Pledges and grants receivable, net . . . . .	234,313,380.	<b>3</b>	224,831,270.
	<b>4</b> Accounts receivable, net . . . . .	66,926,908.	<b>4</b>	53,923,660.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	2,397,346.	<b>5</b>	2,612,800.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	NONE	<b>6</b>	NONE
	<b>7</b> Notes and loans receivable, net . . . . .	48,862,029.	<b>7</b>	50,391,799.
	<b>8</b> Inventories for sale or use . . . . .	543,642.	<b>8</b>	564,280.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	9,499,075.	<b>9</b>	12,607,080.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a 3476274428.		
	<b>b</b> Less: accumulated depreciation . . . . .	10b 1403865120.		
	<b>11</b> Investments - publicly traded securities . . . . .	1,913,512,713.	<b>10c</b>	2,072,409,308.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	674,302,530.	<b>11</b>	899,038,962.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	3,558,956,105.	<b>12</b>	3,153,582,408.
	<b>14</b> Intangible assets . . . . .	11,112,800.	<b>13</b>	11,112,800.
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	NONE	<b>14</b>	NONE
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	NONE	<b>15</b>	NONE	
	6,546,399,748.	<b>16</b>	6,509,364,247.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	214,165,758.	<b>17</b>	225,692,392.
	<b>18</b> Grants payable . . . . .	20,177,205.	<b>18</b>	20,113,501.
	<b>19</b> Deferred revenue . . . . .	18,085,695.	<b>19</b>	20,416,822.
	<b>20</b> Tax-exempt bond liabilities . . . . .	704,104,827.	<b>20</b>	680,954,045.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	10,816,095.	<b>21</b>	9,687,943.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	NONE	<b>22</b>	NONE
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	745,000.	<b>23</b>	NONE
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	837,287,195.	<b>24</b>	824,126,379.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	25,346,262.	<b>25</b>	22,230,094.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	1,830,728,037.	<b>26</b>	1,803,221,176.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.</b> <input checked="" type="checkbox"/>			
	<b>27</b> Net assets without donor restrictions . . . . .	2,068,174,087.	<b>27</b>	2,302,566,169.
	<b>28</b> Net assets with donor restrictions . . . . .	2,647,497,624.	<b>28</b>	2,403,576,902.
	<b>Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.</b> <input type="checkbox"/>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	4,715,671,711.	<b>32</b>	4,706,143,071.
<b>33</b> Total liabilities and net assets/fund balances . . . . .	6,546,399,748.	<b>33</b>	6,509,364,247.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,344,989,139.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,291,475,190.
3	Revenue less expenses. Subtract line 2 from line 1	3	53,513,949.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,715,671,711.
5	Net unrealized gains (losses) on investments	5	-175,738,674.
6	Donated services and use of facilities	6	NONE
7	Investment expenses	7	NONE
8	Prior period adjustments	8	NONE
9	Other changes in net assets or fund balances (explain on Schedule O)	9	112,696,085.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,706,143,071.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII.

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . .  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? . . . . .
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2022)

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

TRUSTEES OF BOSTON COLLEGE

Employer identification number

04-2103545

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

# Public Disclosure Copy

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	159,699,817.	225,038,278.	230,696,730.	291,578,587.	189,180,780.	1,096,194,192.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						NONE
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						NONE
<b>4 Total.</b> Add lines 1 through 3. . . . .	159,699,817.	225,038,278.	230,696,730.	291,578,587.	189,180,780.	1,096,194,192.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						108,760,645.
<b>6 Public support.</b> Subtract line 5 from line 4						987,433,547.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 . . . . .	159,699,817.	225,038,278.	230,696,730.	291,578,587.	189,180,780.	1,096,194,192.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	57,311,959.	55,306,068.	58,515,695.	54,722,602.	77,430,086.	303,286,410.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	NONE	NONE	NONE	NONE	NONE	NONE
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	2,137,809.	1,696,553.	954,805.	1,804,709.	1,521,407.	8,115,283.
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						1,407,595,885.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	4,732,930,400.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	70.15 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 . . . . .	<b>15</b>	70.34 %
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . . <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. . . . . <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. . . . . <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>		

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5. . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . .

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2022</b> (line 10c, column (f), divided by line 13, column (f)), . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2021</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . .

**b 33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . .

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . .

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described on line 11a above?		
<b>c</b>	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b>	Activities Test. Answer lines 2a and 2b below.		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b>	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		



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TRUSTEES OF BOSTON COLLEGE

04-2103545

Schedule A (Form 990) 2022

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**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b> Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017 . . . . .			
<b>b</b> From 2018 . . . . .			
<b>c</b> From 2019 . . . . .			
<b>d</b> From 2020 . . . . .			
<b>e</b> From 2021 . . . . .			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7:                     \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018 . . . . .			
<b>b</b> Excess from 2019 . . . . .			
<b>c</b> Excess from 2020 . . . . .			
<b>d</b> Excess from 2021 . . . . .			
<b>e</b> Excess from 2022 . . . . .			

Schedule A (Form 990) 2022

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TRUSTEES OF BOSTON COLLEGE

04-2103545

Schedule A (Form 990 or 990-EZ) 2022

Page **8**

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

SCHEDULE A, PART II, LINE 10

THE TOTAL REPORTED ON LINE 10 IS COMPRISED OF EVENT INCOME, CHILDREN'S  
CENTER AND VENDING.

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Table with 2 columns: Name of organization (TRUSTEES OF BOSTON COLLEGE) and Employer identification number (04-2103545)

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
2 Political campaign activity expenditures. See instructions \$
3 Volunteer hours for political campaign activities. See instructions

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955. \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities. \$
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b. \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. Rows 1-6 are empty.

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

Schedule C (Form 990) 2022

# Public Disclosure Copy

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b> Other exempt purpose expenditures . . . . .														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>												

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? . . . . .		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? . . . . .		X	
<b>c</b> Media advertisements? . . . . .		X	
<b>d</b> Mailings to members, legislators, or the public? . . . . .		X	
<b>e</b> Publications, or published or broadcast statements? . . . . .		X	
<b>f</b> Grants to other organizations for lobbying purposes? . . . . .		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? . . . . .	X		75,000.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? . . . . .		X	
<b>i</b> Other activities? . . . . .		X	
<b>j</b> Total. Add lines 1c through 1i . . . . .			75,000.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? . . . . .		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 . . . . .			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . . . . .			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? . . . . .			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

		Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? . . . . .	1		
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .	2		
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? . . . . .	3		

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members . . . . .		1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			
<b>a</b> Current year . . . . .	2a		
<b>b</b> Carryover from last year. . . . .	2b		
<b>c</b> Total . . . . .	2c		
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. . . . .		3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? . . . . .		4	
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions. . . . .		5	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

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# Public Disclosure Copy

**Part IV** Supplemental Information (continued)

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

LOBBYING ACTIVITY EXPLANATION

PAYMENTS FOR LOBBYING EXPENDITURES ARE MADE TO THE FOLLOWING:

CASSIDY AND ASSOCIATES, INC. - ASSIST MANAGEMENT IN THE IDENTIFICATION, DEVELOPMENT, AND PRESENTATION OF INSTITUTIONAL INITIATIVES FOR CONSIDERATION BY COMMITTEES OF CONGRESS, FEDERAL REGULATORY AGENCIES, AND OTHERS; ACT AS LIAISON TO GOVERNMENT AGENCIES BY MONITORING AND REPORTING ON GOVERNMENTAL PROGRAMS AND LEGISLATION RELEVANT TO INSTITUTIONAL INITIATIVES.

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Name of the organization

Employer identification number

TRUSTEES OF BOSTON COLLEGE

04-2103545

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor informed status.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes questions about purpose of easements, total number, acreage, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, and Amount. Includes questions about reporting art and historical treasures.

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

Schedule D (Form 990) 2022

# Public Disclosure Copy

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- |  |   |
|--|---|
| <p><b>a</b> <input checked="" type="checkbox"/> Public exhibition</p> <p><b>b</b> <input checked="" type="checkbox"/> Scholarly research</p> <p><b>c</b> <input checked="" type="checkbox"/> Preservation for future generations</p> | <p><b>d</b> <input checked="" type="checkbox"/> Loan or exchange program</p> <p><b>e</b> <input type="checkbox"/> Other _____</p> |
|--|---|
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	3,702,462,000.	3,761,836,000.	2,579,462,000.	2,474,129,000.	2,567,405,000.
<b>b</b> Contributions . . . . .	141,985,000.	234,484,000.	181,726,000.	98,279,000.	45,368,000.
<b>c</b> Net investment earnings, gains, and losses . . . . .	-122,547,000.	-154,729,000.	1,122,749,000.	119,444,000.	-22,123,000.
<b>d</b> Grants or scholarships . . . . .	54,544,000.	43,845,000.	37,703,000.	34,473,000.	35,048,000.
<b>e</b> Other expenditures for facilities and programs . . . . .	116,381,000.	92,161,000.	81,920,000.	75,108,000.	78,967,000.
<b>f</b> Administrative expenses . . . . .	3,729,000.	3,123,000.	2,478,000.	2,809,000.	2,506,000.
<b>g</b> End of year balance . . . . .	3,547,246,000.	3,702,462,000.	3,761,836,000.	2,579,462,000.	2,474,129,000.

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment 37.3800 %
- b** Permanent endowment 39.3200 %
- c** Term endowment 23.3000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations . . . . .
- (ii)** Related organizations . . . . .

	Yes	No
<b>3a(i)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3a(ii)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3b</b>	<input type="checkbox"/>	<input type="checkbox"/>

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		308,673,059.		308,673,059.
<b>b</b> Buildings . . . . .		229,316,295.	940,660,905.	1,352,502,054.
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .		316,661,692.	241,818,068.	74,843,624.
<b>e</b> Other . . . . .		557,776,718.	221,386,147.	336,390,571.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .				2,072,409,308.



# Public Disclosure Copy

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely held equity interests . . . . .		
(3) Other _____		
(A) EQUITIES	2,372,857,151.	FMV
(B) REAL ESTATE	131,673,407.	FMV
(C) FIXED INCOME	396,272,603.	FMV
(D) CASH	252,779,247.	FMV
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . .	3,153,582,408.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) . . .		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . .	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEPOSITS PAYABLE	18,021,857.
(3) US GOVERNMENT LOAN ADVANCES	4,208,237.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . .	22,230,094.

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE SUPPLEMENTAL PAGE

# Public Disclosure Copy

**Part XIII** Supplemental Information (continued)

SCHEDULE D, PART III, LINE 4

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

SCHEDULE D, PART IV, LINE 2B

STATE STREET HOLDS THE MAJORITY OF OUR TRUSTS.

SCHEDULE D, PART V, LINE 4

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

SCHEDULE D, PART X, LINE 2

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

# Public Disclosure Copy

**SCHEDULE E  
(Form 990)**

## Schools

OMB No. 1545-0047

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

# 2022

Attach to Form 990 or Form 990-EZ.

Open to Public  
Inspection

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

TRUSTEES OF BOSTON COLLEGE

04-2103545

**Part I**

		YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .	1	X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .	2	X	
3 Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II . . . . .	3		X
SEE SUPPLEMENTAL PAGE			
4 Does the organization maintain the following?			
a Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	4a	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	4b	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	4c	X	
d Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .	4d	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5 Does the organization discriminate by race in any way with respect to:			
a Students' rights or privileges? . . . . .	5a		X
b Admissions policies? . . . . .	5b		X
c Employment of faculty or administrative staff? . . . . .	5c		X
d Scholarships or other financial assistance? . . . . .	5d		X
e Educational policies? . . . . .	5e		X
f Use of facilities? . . . . .	5f		X
g Athletic programs? . . . . .	5g		X
h Other extracurricular activities? . . . . .	5h		X
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
6a Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	6a	X	
b Has the organization's right to such aid ever been revoked or suspended? . . . . .	6b		X
If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering racial nondiscrimination? If "No," explain on Part II . . . . .	7	X	

# Public Disclosure Copy

04-2103545

Schedule E (Form 990 or 990-EZ) (2022)

Page **2**

**Part II** **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

---

NON-DISCRIMINATION POLICY

PART I, LINE 3

THE UNIVERSITY'S NON-DISCRIMINATORY POLICY IS ACCESSIBLE VIA LINK FROM  
THE UNIVERSITY'S HOMEPAGE.

PART I, LINE 6A

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

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

Employer identification number

TRUSTEES OF BOSTON COLLEGE

04-2103545

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
<b>(1)</b> EUROPE	NONE	508	PROGRAM SERVICES	STUDY AB, INSTR, RSRCH	7,572,256.
<b>(2)</b> RUSSIA/INDEPENDENT STATES	NONE	4	PROGRAM SERVICES	ACADEMIC SUPP, INSTR	11,295.
<b>(3)</b> MIDDLE EAST AND NORTH AFRICA	NONE	45	PROGRAM SERVICES	STUDY AB, INSTR, RSRCH	192,898.
<b>(4)</b> CENTRAL AMERICA/CARIBBEAN	NONE	23	PROGRAM SERVICES	STUDY AB, INSTR, RSRCH	110,561.
<b>(5)</b> EAST ASIA AND THE PACIFIC	NONE	95	PROGRAM SERVICES	STUDY AB, INSTR, RSRCH	672,082.
<b>(6)</b> NORTH AMERICA	NONE	146	PROGRAM SERVICES	AUX EXP, INSTR, RSRCH	598,092.
<b>(7)</b> SOUTH AMERICA	NONE	63	PROGRAM SERVICES	STUDY AB, INSTR, RSRCH	372,353.
<b>(8)</b> SOUTH ASIA	NONE	29	PROGRAM SERVICES	ACA SUPP, INSTR, RSRCH	108,789.
<b>(9)</b> SUB-SAHARAN AFRICA	NONE	47	PROGRAM SERVICES	CAPITAL, STDYAB, RSRCH	1,806,927.
<b>(10)</b> EAST ASIA AND THE PACIFIC	NONE	1	FUNDRAISING		20,816.
<b>(11)</b> EUROPE	NONE	3	FUNDRAISING		7,628.
<b>(12)</b> MIDDLE EAST AND NORTH AFRICA	NONE	2	FUNDRAISING		21,734.
<b>(13)</b> NORTH AMERICA	NONE	2	FUNDRAISING		12,345.
<b>(14)</b> SOUTH ASIA	NONE	1	FUNDRAISING		12,801.
<b>(15)</b> CENTRAL AMERICA/CARIBBEAN	NONE	2	GRANTMAKING		130,000.
<b>(16)</b> SUB-SAHARAN AFRICA	NONE	6	GRANTMAKING		393,035.
<b>(17)</b> CENTRAL AMERICA/CARIBBEAN	NONE	NONE	INVESTMENTS		1,410,266,634.
<b>3a</b> Subtotal . . . . .					
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c</b> Totals (add lines 3a and 3b)					

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

Schedule F (Form 990) 2022

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

Employer identification number

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) SUB-SAHARAN AFRICA	NONE	NONE	INVESTMENTS		39,790,756.
(2) EUROPE	NONE	NONE	INVESTMENTS		22,940,261.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Subtotal	NONE	977.			1,422,310,246.
<b>b</b> Total from continuation sheets to Part I	NONE	NONE			62,731,017.
<b>c Totals</b> (add lines 3a and 3b)	NONE	977.			1,485,041,263.

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

Schedule F (Form 990) 2022

# Public Disclosure Copy

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	GENERAL SUPP	30,000.				
(2)			SUB-SAHARAN AFRICA	GENERAL SUPP	161,550.				
(3)			CENT. AMERICA/CARIBBEAN	GENERAL SUPP	100,000.				
(4)			SUB-SAHARAN AFRICA	GENERAL SUPP	10,369.				
(5)			SUB-SAHARAN AFRICA	GENERAL SUPP	41,532.				
(6)			SUB-SAHARAN AFRICA	GENERAL SUPP	60,000.				
(7)			SUB-SAHARAN AFRICA	GENERAL SUPP	70,134.				
(8)			SUB-SAHARAN AFRICA	GENERAL SUPP	49,500.				
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ▶ \_\_\_\_\_ 8

3 Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_



# Public Disclosure Copy

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

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

# Public Disclosure Copy

## Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . .  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* . . . . .  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* . . . . .  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . .  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* . . . . .  Yes  No

# Public Disclosure Copy

**Part V Supplemental Information**

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

PART I, LINE 2

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

PART I, LINE 3, COLUMN F

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

PART II, LINE 1

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

# Public Disclosure Copy

**SCHEDULE G  
(Form 990)**

### Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

# 2022

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public  
Inspection

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

Employer identification number

TRUSTEES OF BOSTON COLLEGE

04-2103545

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |   |                          |                                  |   |                          |                                       |
|---|--------------------------|----------------------------------|---|--------------------------|---------------------------------------|
| a | <input type="checkbox"/> | Mail solicitations               | e | <input type="checkbox"/> | Solicitation of non-government grants |
| b | <input type="checkbox"/> | Internet and email solicitations | f | <input type="checkbox"/> | Solicitation of government grants     |
| c | <input type="checkbox"/> | Phone solicitations              | g | <input type="checkbox"/> | Special fundraising events            |
| d | <input type="checkbox"/> | In-person solicitations          |   |                          |                                       |
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

# Public Disclosure Copy

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		NIGHT AT POPS <small>(event type)</small>	WALL ST DINNER <small>(event type)</small>	NONE <small>(total number)</small>	
Revenue	<b>1</b> Gross receipts . . . . .	15,250,114.	2,197,899.		17,448,013.
	<b>2</b> Less: Contributions . . . . .	14,620,428.	2,067,649.		16,688,077.
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	629,686.	130,250.		759,936.
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	1,299,835.	26,569.		1,326,404.
	<b>7</b> Food and beverages . . . . .	598,305.	244,419.		842,724.
	<b>8</b> Entertainment . . . . .	248,653.	16,700.		265,353.
	<b>9</b> Other direct expenses . . . . .	769,426.	320,694.		1,090,120.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				3,524,601.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . .				-2,764,665.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue . . . . .				
	<b>2</b> Cash prizes . . . . .				
Direct Expenses	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . .				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

**b** If "No," explain: \_\_\_\_\_

\_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . .  Yes  No

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

\_\_\_\_\_

# Public Disclosure Copy

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

TRUSTEES OF BOSTON COLLEGE

Employer identification number

04-2103545

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ALLSTON BRIGHTON COMMUNITY FUND 116 COLLEGE ROAD CHESTNUT HILL, MA 02467	04-2304133	501(C)(3)	75,000.				GENERAL SUPPORT
(2) FRIENDS OF TURKANA 165 COURT ST., PMB 304 BROOKLYN, NY 11201	94-2600650	501(C)(3)	50,000.				GENERAL SUPPORT
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

# Public Disclosure Copy

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIPS TO STUDENTS	9,010	252,279,294.			
2					
3					
4					
5					
6					
7					

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PART I, LINE 2 - GRANT PROCEDURES

BOSTON COLLEGE AWARDS NEED BASED FINANCIAL AID, INCLUDING GRANTS AND LOANS TO STUDENTS BASED ON ELIGIBILITY REQUIREMENTS SUCH AS FINANCIAL NEED AND ACADEMIC PROGRESS. AID IS ADMINISTERED BY THE STUDENT SERVICES OFFICE. STUDENTS AND THEIR PARENTS COMPLETE EXTENSIVE APPLICATION MATERIALS, SUBMIT TAX RETURNS AND OTHER DOCUMENTS TO SUPPORT THEIR CLAIM FOR FINANCIAL ASSISTANCE. IN ADDITION, THE UNIVERSITY MAKES A LIMITED NUMBER OF SCHOLARSHIPS AVAILABLE BASED ON ACADEMIC OR ATHLETIC ACHIEVEMENT. ON OCCASION BOSTON COLLEGE MAY PROVIDE GRANTS TO 501(C)(3)



# Public Disclosure Copy

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

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

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

AND GOVERNMENT ENTITIES. THESE GRANTS ARE PROVIDED AT THE UNIVERSITY'S DISCRETION. FOR COMMUNITY OUTREACH GRANTS, BOSTON COLLEGE RELIED ON THE DISTRIBUTING AGENCIES TO ASSESS NEED.

PART III, LINE 1, COLUMN (C) THE CASH GRANT IS REFLECTED ON STUDENTS ACCOUNTS. SOME OF THE GRANTS LISTED MAY HOWEVER, BE PAID DIRECTLY TO THE STUDENT VIA ACCOUNTS PAYABLE AS A MONTHLY 'NON SERVICE STIPEND'. THE GRANTS ALSO INCLUDE BOOK VOUCHERS, LOAN FORGIVENESS AND CHILDREN'S CENTER AID.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 Attach to Form 990.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2022**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

TRUSTEES OF BOSTON COLLEGE

Employer identification number

04-2103545

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> First-class or charter travel  | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions          | <input type="checkbox"/> Payments for business use of personal residence            |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)          |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? . . . . .
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . .
- c** Participate in or receive payment from an equity-based compensation arrangement? . . . . .
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III . . . . .

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

	Yes	No
<b>1b</b>		X
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2022

# Public Disclosure Copy

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DANIEL BOURQUE VP FACILITIES MNGMT	(i)	311,452.	NONE	19,178.	30,500.	34,865.	395,995.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 MICHAEL BOURQUE VP INFORMATION TECH	(i)	374,989.	NONE	38,864.	30,500.	35,275.	479,628.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 JOHN D. BURKE FIN VP & TREASURER	(i)	407,229.	NONE	105,362.	30,500.	38,949.	582,040.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4 JAMES J. HUSSON SR VP UNIV.ADVAN (UNTIL 10/22)	(i)	484,882.	NONE	105,762.	30,500.	30,451.	651,595.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5 MARA L. HERMANO VP INSTL RES & PLAN	(i)	263,882.	NONE	45,251.	21,398.	19,024.	349,555.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
6 THOMAS J. KEADY VP GVT & CMTY AFF	(i)	307,418.	NONE	19,980.	30,500.	38,966.	396,864.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
7 MICHAEL J. LOCHHEAD EXECUTIVE VICE PRES	(i)	488,499.	NONE	106,010.	24,400.	109,065.	727,974.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
8 JOY H. MOORE VP/ EXEC. DIR. PMISS	(i)	262,013.	NONE	37,089.	28,491.	17,760.	345,353.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
9 DAVID QUIGLEY PROVOST & DEAN OF FAC	(i)	548,620.	NONE	177,497.	30,500.	39,277.	795,894.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
10 KEVIN J. SHEA VP & EXEC AST TO PRES	(i)	296,614.	NONE	16,311.	30,500.	38,602.	382,027.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
11 DAVID P. TRAINOR VP HUMAN RESOURCES	(i)	400,322.	NONE	74,456.	24,400.	39,123.	538,301.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
12 AMY I. YANCEY VP FOR DEVELOPMENT	(i)	373,160.	NONE	39,861.	24,400.	38,867.	476,288.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
13 JOHN J. ZONA CIO & ASSOC TREAS	(i)	629,865.	293,225.	126,274.	253,729.	42,324.	1,345,417.	14,353.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
14 ANDREW C. BOYNTON DEAN CSOM	(i)	635,131.	NONE	127,732.	30,500.	39,395.	832,758.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
15 JEFFREY HAFLEY HEAD COACH, FOOTBALL	(i)	3,734,466.	NONE	33,855.	24,400.	42,538.	3,835,259.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
16 SHAWNA COOPER WHITEHEA VP STUDENT AFFAIRS	(i)	266,903.	NONE	77,797.	9,013.	6,843.	360,556.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE

# Public Disclosure Copy

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

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

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

(A) Name and Title	(i)	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
EARL GRANT 1 HEAD COACH, MEN'S BASKETBALL	(i)	2,111,460.	NONE	3,393.	17,733.	36,745.	2,169,331.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
TEMBWE LUKABU 2 DEF. COORD, FBALL (UNTIL 2/23)	(i)	846,043.	NONE	8,940.	24,400.	38,058.	917,441.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JOHN MCNULTY 3 OFF. COORD, FBALL (UNTIL 1/23)	(i)	676,527.	NONE	8,839.	NONE	34,854.	720,220.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

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

SCHEDULE J, PART I

THE UNIVERSITY PAID COMPENSATION AND BENEFITS OF \$5,930,512 TO THE JESUIT COMMUNITY, THE FOUNDERS OF BOSTON COLLEGE, FOR INSTRUCTIONAL, ADMINISTRATIVE AND INSTITUTIONAL SERVICES, WHICH INCLUDE THE SERVICES RENDERED BY THE UNIVERSITY'S JESUIT OFFICERS.

SCHEDULE J, PART I, LINE 1A

FIRST CLASS TRAVEL OR CHARTER TRAVEL: BOSTON COLLEGE DOES NOT GENERALLY PERMIT FIRST CLASS TRAVEL FOR BUSINESS TRIPS. HOWEVER, ON OCCASION FOR UNUSUALLY LONG FLIGHTS IT MAY BE PERMITTED PROVIDED THERE IS APPROVAL IN ADVANCE.

AS PART OF THEIR RESPONSIBILITIES, FOUR HIGHEST COMPENSATED EMPLOYEES FLEW ON CHARTER FLIGHTS, AND ONE OFFICER FLEW FIRST CLASS.

TRAVEL FOR COMPANIONS: PER UNIVERSITY POLICY COMPANION TRAVEL IS NOT REIMBURSABLE. TWO HIGHLY COMPENSATED INDIVIDUALS LISTED IN PART VII

# Public Disclosure Copy

## Part III Supplemental Information

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

RECEIVED COMPANION TRAVEL.

HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE: ONE OFFICER RECEIVED ON-CAMPUS HOUSING BENEFIT DURING THE YEAR AS A CONDITION OF EMPLOYMENT.THE RENTAL VALUE WAS NON TAXABLE.

HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES: ONE HIGHLY COMPENSATED INDIVIDUAL AND ONE OFFICER RECEIVED AN ANNUAL MEMBERSHIP TO A LOCAL COUNTRY CLUB. THE FULL VALUE WAS INCLUDED IN EACH EMPLOYEE'S TAXABLE COMPENSATION.

SCHEDULE J, PART I, LINE 1B  
BOSTON COLLEGE HAS POLICIES THAT COVER FIRST CLASS TRAVEL AND TRAVEL FOR COMPANIONS. SUCH TRAVEL IS GENERALLY NOT PERMITTED BUT IS APPROVED ON A CASE BY CASE BASIS AT THE VP LEVEL. SOCIAL CLUB DUES ARE PROVIDED IN ACCORDANCE WITH THE CONTRACTS OF THE INDIVIDUALS WHO RECEIVE THE BENEFIT AND ARE APPROVED.

**Part III Supplemental Information**

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

SCHEDULE J, PART I, LINE 4B AND 7

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

IN 2015 BOSTON COLLEGE ESTABLISHED A PERFORMANCE COMPENSATION PLAN ("PLAN") TO ASSIST WITH RECRUITMENT AND RETENTION OF ITS INVESTMENT OFFICE PROFESSIONALS. UNDER THE TERMS OF THE PLAN, PARTICIPANTS ARE ELIGIBLE FOR CERTAIN AWARDS BASED ON THE PERFORMANCE OF BOSTON COLLEGE'S INVESTMENTS EACH CALENDAR YEAR, AS MEASURED BY CERTAIN QUANTITATIVE AND QUALITATIVE FACTORS. A PORTION OF THE AWARD UNDER THE PLAN IS SUBJECT TO A TWO YEAR DEFERRAL PERIOD. FOR 2022, THE CHIEF INVESTMENT OFFICER'S COMPENSATION INCLUDED A BONUS PAYMENT UNDER THE PLAN INCLUDED ON SCHEDULE J, PART II, COLUMN (B)(II) AND A DEFERRAL AMOUNT INCLUDED IN SCHEDULE J, PART II COLUMN (C). THE AMOUNT INCLUDED IN SCHEDULE J, PART II COLUMN (F) REPRESENTS COMPENSATION RECEIVED IN 2022 AND IS INCLUDED IN SCHEDULE J, PART II COLUMN (B)(II). THE AMOUNT IN SCHEDULE J, PART II COLUMN (F) WAS REPORTED AS DEFERRED COMPENSATION IN SCHEDULE J, PART II, COLUMN (C) IN A PRIOR YEAR.

# Public Disclosure Copy

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**Part III Supplemental Information**

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

---

SCHEDULE J, PART I, LINE 7

THE UNIVERSITY OFFERS INCENTIVE COMPENSATION TO CERTAIN INVESTMENT

PROFESSIONALS BASED UPON THE UNIVERSITY'S INVESTMENT PERFORMANCE. SEE

RESPONSE TO QUESTION 4B ABOVE.



# Public Disclosure Copy

**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

## Supplemental Information on Tax-Exempt Bonds

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public  
Inspection

Name of the organization

TRUSTEES OF BOSTON COLLEGE

Employer identification number

04-2103545

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> MASS DFA - SERIES S	04-3431814	57583UZQ4	08/20/2013	156,252,258.	SEE PART VI		X		X		X
<b>B</b> MASS DFA - SERIES T	04-3431814	57584XK42	01/31/2017	141,202,852.	SEE PART VI		X		X		X
<b>C</b> MASS DFA - SERIES U	04-3431814	57584YZH5	04/02/2020	187,464,608.	SEE PART VI		X		X		X
<b>D</b> MASS DFA - SERIES V	04-3431814	57584YN54	06/24/2021	165,003,907.	SEE PART VI		X		X		X

**Part II Proceeds**

	A		B		C		D	
<b>1</b> Amount of bonds retired . . . . .	59,485,000.				23,175,000.			
<b>2</b> Amount of bonds legally defeased . . . . .								
<b>3</b> Total proceeds of issue . . . . .	156,256,983.		141,202,852.		187,464,608.		165,007,818.	
<b>4</b> Gross proceeds in reserve funds . . . . .								
<b>5</b> Capitalized interest from proceeds . . . . .	3,639,607.						2,111,204.	
<b>6</b> Proceeds in refunding escrows . . . . .					135,980,000.			
<b>7</b> Issuance costs from proceeds . . . . .	676,551.		922,840.		1,057,037.			
<b>8</b> Credit enhancement from proceeds . . . . .								
<b>9</b> Working capital expenditures from proceeds . . . . .								
<b>10</b> Capital expenditures from proceeds . . . . .	56,365,583.						162,896,614.	
<b>11</b> Other spent proceeds . . . . .	95,575,242.		140,280,012.		50,427,571.			
<b>12</b> Other unspent proceeds . . . . .								
<b>13</b> Year of substantial completion . . . . .	2016		2010		2014		2022	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .	X			X	X			X
<b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		X	X			X		X
<b>16</b> Has the final allocation of proceeds been made? . . . . .	X		X		X		X	
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

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

Schedule K (Form 990) 2022

# Public Disclosure Copy

<b>Part III Private Business Use</b>		TAX-EXEMPT BONDS							
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b>	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X		X		X
<b>2</b>	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .	X		X		X		X	
<b>3a</b>	Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X		X		X	
<b>b</b>	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? . . . . .	X		X		X		X	
<b>c</b>	Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X		X		X		X	
<b>d</b>	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? . . . . .	X		X		X		X	
<b>4</b>	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . .	1.0300 %		1.2900 %		0.7800 %		1.3400 %	
<b>5</b>	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . .	NONE %		NONE %		NONE %		NONE %	
<b>6</b>	Total of lines 4 and 5 . . . . .	1.0300 %		1.2900 %		0.7800 %		1.3400 %	
<b>7</b>	Does the bond issue meet the private security or payment test? . . . . .		X		X		X		X
<b>8a</b>	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X		X		X
<b>b</b>	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .	%		%		%		%	
<b>c</b>	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b>	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X		X		X	

<b>Part IV Arbitrage</b>		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b>	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X		X		X
<b>2</b>	If "No" to line 1, did the following apply?								
<b>a</b>	Rebate not due yet? . . . . .					X		X	
<b>b</b>	Exception to rebate? . . . . .								
<b>c</b>	No rebate due? . . . . .	X		X					
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b>	Is the bond issue a variable rate issue? . . . . .		X		X		X		X

**Part IV** Arbitrage *(continued)*

TAX-EXEMPT BONDS

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? . . . . .		X		X		X		X
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge. . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? . . . . .		X		X		X		X
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period? . . . . .		X		X		X		X
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . .	X		X		X		X	

**Part V** Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? . . . . .	X		X		X		X	

**Part VI** Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.

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

SCHEDULE K, PART I, COLUMN F

A. REFUNDING MHEFA SERIES N (9/04/03) - CONSTRUCTION, RENOVATION AND EQUIPMENT FOR VARIOUS BUILDINGS ON MULTIPLE CAMPUSES.

B. ADVANCE REFUNDING OF SERIES P (07/26/07) - CONSTRUCTION, RENOVATION, AND EQUIPMENT FOR VARIOUS BUILDINGS ON MULTIPLE CAMPUSES.

C. REFUNDING PORTION OF SERIES M-1, SERIES Q1 AND Q2, AND SERIES R1 AND R2 - CONSTRUCTION, RENOVATION, AND EQUIPMENT FOR VARIOUS BUILDINGS ON MULTIPLE CAMPUSES.

D. NEW MONEY ISSUANCE - CONSTRUCTION, RENOVATION, AND EQUIPMENT FOR VARIOUS BUILDINGS ON MULTIPLE CAMPUSES.

PART II, LINE 3 THE DIFFERENCE BETWEEN THE AMOUNT OF TOTAL PROCEEDS AND THE ISSUE PRICE IN PART I IS THE RESULT OF INVESTMENT EARNINGS.

PART IV, 2C. THE REBATE CALCULATION DATES ARE FOLLOWS: SERIES S: 8/31/2016; SERIES T: 12/31/2020

**SCHEDULE L  
(Form 990)**

**Transactions With Interested Persons**

OMB No. 1545-0047

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

**2022**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

**Open To Public  
Inspection**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

Employer identification number

TRUSTEES OF BOSTON COLLEGE

04-2103545

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . . . \$ \_\_\_\_\_

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

**Part II Loans to and/or From Interested Persons.**  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1) MICHAEL LOCHHEAD	EXECUTIVE VP			MORTGAGE		X	600,000.	480,000.	
(2) DAVID QUIGLEY	PROVOST	MORTGAGE		X	250,000.	79,508.		X	X		X	
(3) JOHN BURKE	VP FINANCE	MORTGAGE		X	600,000.	360,000.		X	X		X	
(4) AMY YANCEY	VP UNIV ADV	MORTGAGE		X	400,000.	400,000.		X	X		X	
(5) DAVID TRAINOR	VP HR	MORTGAGE		X	491,615.	393,292.		X	X		X	
(6) JOHN ZONA	CIO	MORTGAGE		X	1,000,000.	900,000.		X	X		X	
(7)												
(8)												
(9)												
(10)												
<b>Total</b> . . . . .						\$	2,612,800.					

**Part III Grants or Assistance Benefiting Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

# Public Disclosure Copy

TRUSTEES OF BOSTON COLLEGE

04-2103545

Schedule L (Form 990 or 990-EZ) 2022

Page **2**

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
<b>(1)</b> SUFFOLK CONSTRUCTION	CONTROLLED ORG OF TRUSTEE	31,477,192.	CONSTRUCTION SERVICES		X
<b>(2)</b>					
<b>(3)</b>					
<b>(4)</b>					
<b>(5)</b>					
<b>(6)</b>					
<b>(7)</b>					
<b>(8)</b>					
<b>(9)</b>					
<b>(10)</b>					

**Part V Supplemental Information**

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

SCHEDULE L, PART IV

IN FISCAL 2022 AND FISCAL 2023 BOSTON COLLEGE ENTERED INTO ARRANGEMENTS WITH SUFFOLK CONSTRUCTION COMPANY, INC. FOR THE CONSTRUCTION OF CERTAIN FACILITIES. THESE ARRANGEMENTS WERE REVIEWED BY THE FINANCE AND AUDIT COMMITTEE OF THE BOARD OF TRUSTEES AND WERE DETERMINED TO BE FAIR AND REASONABLE AND IN THE BEST INTERESTS OF BOSTON COLLEGE. IN ACCORDANCE WITH THE BOSTON COLLEGE CONFLICT OF INTEREST POLICY, THE RELATED TRUSTEE RECUSED HIMSELF FROM ALL DECISION MAKING ON THESE MATTERS.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

TRUSTEES OF BOSTON COLLEGE

Employer identification number

04-2103545

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .	X	23	1,732,518.	OPINION OF EXPERTS
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .	X		172,852.	OPINION OF EXPERTS
5 Clothing and household goods . . . . .	X		15,000.	PRICE OF CLOTHING
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	304	18,352,377.	MARKET VALUE
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ (SEE SUPP PAGE ) . . . . .		24.	855,285.	
26 Other ▶ ( ) . . . . .				
27 Other ▶ ( ) . . . . .				
28 Other ▶ ( ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement . . . . . **29** 10

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2022

JSA

2E1298 1.000

06884N R19B

V22-7.11

# Public Disclosure Copy

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

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SCHEDULE M, PART I, COLUMN (B)

COLUMN B IS BASED ON THE NUMBER OF CONTRIBUTIONS.



# Public Disclosure Copy

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

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
SPRINKLER SYST.	X	1	337,843.	ACT INV PRICE
FLOWERS	X	1	30,011.	ACT INV PRICE
EVENTS	X	15	358,481.	ACT INV PRICE
MUSIC/ART EQUIP	X	2	66,501.	ACT INV PRICE
ADVERTISING	X	1	40,000.	ACT INV PRICE
GAME TICKETS	X	4	22,449.	ACT INV PRICE
TOTALS		24.	855,285.	

# Public Disclosure Copy

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

TRUSTEES OF BOSTON COLLEGE

## Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

# 2022

Open to Public  
Inspection

Employer identification number

04-2103545

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

#### MISSION

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

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

BOSTON COLLEGE PURSUES THIS DISTINCTIVE MISSION BY SERVING SOCIETY IN THREE WAYS:

# Public Disclosure Copy

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

TRUSTEES OF BOSTON COLLEGE

## Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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OMB No. 1545-0047

# 2022

Open to Public  
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Employer identification number

04-2103545

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

BOSTON COLLEGE FULFILLS THIS MISSION WITH A DEEP CONCERN FOR ALL MEMBERS OF ITS COMMUNITY, WITH A RECOGNITION OF THE IMPORTANT CONTRIBUTION A DIVERSE STUDENT BODY, FACULTY AND STAFF CAN OFFER, WITH A FIRM COMMITMENT TO ACADEMIC FREEDOM, AND WITH A DETERMINATION TO EXERCISE CAREFUL STEWARDSHIP OF ITS RESOURCES IN PURSUIT OF ITS ACADEMIC GOALS.

### FORM 990, PART I, LINE 6

VOLUNTEERS

ALTHOUGH BOSTON COLLEGE HAS MANY VOLUNTEERS WHO DEDICATE THEIR TIME AND EFFORTS TO THE COLLEGE, THEIR NUMBER IS NOT FORMALLY TRACKED. ALL TRUSTEES ARE PROVIDING VOLUNTEER SERVICES TO BOSTON COLLEGE. BOSTON COLLEGE ALUMNI KEEP UP THE JESUIT, CATHOLIC TRADITION AFTER GRADUATION AS ALUMNI VOLUNTEERS. WHETHER IT'S SIMPLY KEEPING IN TOUCH WITH FELLOW EAGLES OR MAKING A DIFFERENCE THROUGH THE UNIVERSITY, BOSTON COLLEGE HAS ACTIVE ALUMNI WHO CONTINUE TO VOLUNTEER THEIR TIME TO CONTRIBUTE TO THE

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

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

OMB No. 1545-0047

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

**2022**

▶ Attach to Form 990 or 990-EZ.

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

TRUSTEES OF BOSTON COLLEGE

04-2103545

BOSTON COLLEGE COMMUNITY.

**FORM 990, PART III, LINE 4D**

OTHER PROGRAM SERVICES

EXPENDITURES FOR RESEARCH, PUBLIC SERVICE AND OTHER MISCELLANEOUS PROGRAM

REVENUES AND EXPENSES.

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

SECTION A - QUESTION 2

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

JOHN J. FLATLEY AND KATHLEEN FLATLEY IX HAVE A FAMILY RELATIONSHIP.

ALFRED F. KELLY JR AND DENISE M. MORRISON HAVE A BUSINESS RELATIONSHIP.

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

SECTION B - QUESTION 11

WORKING WITH PRICEWATERHOUSECOOPERS, LLP (PWC), THE FORM 990 IS PREPARED

BY BOSTON COLLEGE. UPON COMPLETION, THE FULL FORM 990 IS REVIEWED BY

SENIOR MANAGEMENT, THE PRESIDENT OF BOSTON COLLEGE, THE CHAIR OF THE

BOARD OF TRUSTEES, AND THE CHAIR OF THE FINANCE AND AUDIT COMMITTEE OF

THE BOARD OF TRUSTEES. THE FULL 990, EXCLUDING THE INFORMATION OF DONORS

WHO (AS A CONDITION OF THE GIFT AGREEMENTS) WISH TO REMAIN ANONYMOUS, IS

REVIEWED AT A FINANCE AND AUDIT COMMITTEE MEETING. UPON FINALIZATION AND

PRIOR TO FILING, THE FORM 990, EXCLUDING THE INFORMATION OF THE ANONYMOUS

DONORS, IS THEN FORWARDED TO ALL TRUSTEES FOR THEIR REVIEW. PWC SIGNS THE

RETURN AS PAID PREPARER AND ELECTRONICALLY FILES THE RETURN WITH THE IRS.

THE RETURN IS THEN POSTED ON THE BOSTON COLLEGE WEBSITE.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service

Name of the organization

TRUSTEES OF BOSTON COLLEGE

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2022****Open to Public  
Inspection**

Employer identification number

04-2103545

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

SECTION B - QUESTION 12C

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

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

SECTION B - POLICIES, QUESTIONS 15A &amp; B

BOSTON COLLEGE'S PRESIDENT IS A MEMBER OF THE SOCIETY OF JESUS. THE COMPENSATION AND BENEFITS OF WILLIAM P. LEAHY S.J., ALONG WITH OTHER MEMBERS OF THE JESUIT COMMUNITY WHO PROVIDE SERVICES TO BOSTON COLLEGE, ARE PAID TO THE JESUIT COMMUNITY. TOTAL PAYMENTS TO THE JESUIT COMMUNITY IN FY'23 WERE \$5,930,512. FOR ALL OTHER OFFICERS AND KEY EMPLOYEES, THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES ANNUALLY REVIEWS AND APPROVES THE COMPENSATION OF THE ORGANIZATION'S OFFICERS AND KEY EMPLOYEES. THE EXECUTIVE COMMITTEE CONSIDERS MARKET DATA AND ANALYSES. THE COMMITTEE'S DELIBERATIONS ARE REFLECTED IN ITS MINUTES.

# Public Disclosure Copy

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

## Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

# 2022

Open to Public  
Inspection

Employer identification number

TRUSTEES OF BOSTON COLLEGE

04-2103545

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

SECTION C - DISCLOSURE, LINE 19

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

### FORM 990, PART XI, LINE 9

FAS106 GAIN/(LOSS):	(\$1,290,863)
FX EXCHANGE GAIN/(LOSS):	(\$92,507)
LIFE INCOME VALUE ADJUSTMENTS:	(\$342,197)
LOSS ON WRITE-OFF OF GIFTS/PLEDGES:	(\$1,234,584)
NET ASSETS FROM MERGER	\$115,656,236
TOTAL:	\$112,696,085

# Public Disclosure Copy

Name of the organization

Employer identification number

**TRUSTEES OF BOSTON COLLEGE**

**04-2103545**

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

=====

SPAIN  
ITALY  
FRANCE

# Public Disclosure Copy

Name of the organization

Employer identification number

**TRUSTEES OF BOSTON COLLEGE**

**04-2103545**

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
SUFFOLK CONSTRUCTION COMPANY INC 65 ALLERTON STREET BOSTON, MA 02119	CONSTRUCTION	26,031,728.
LEE KENNEDY CO INC 122 QUINCY SHORE DRIVE QUINCY, MA 02171	CONSTRUCTION	7,377,441.
METAPROCURE DBA 3460 SUMMIT RIDGE PARKWAY DULUTH, GA 30096	CONSULTANTS	5,863,987.
WALSH BROTHERS INC 210 COMMERCIAL STREET BOSTON, MA 02109	CONSTRUCTION	5,452,780.
EMCOR SERVICES NORTHEAST INC 80 HAWES WAY STOUGHTON, MA 02072	FACILITIES SERVICES	4,573,480.



# Public Disclosure Copy

**SCHEDULE R  
(Form 990)**

## Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2022

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

TRUSTEES OF BOSTON COLLEGE

Employer identification number

04-2103545

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) BOSTON COLLEGE ALUMNI ASSOCIATION, LLC 04-2103545 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	ALUM. REL	MA		NONE	BC
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) PINE MANOR COLLEGE 04-2321292 400 HEATH ST CHESTNUT HILL, MA 02467	EDUCATION	MA	501(C)(3)	2	BC	X	
(2) BOSTON COLLEGE IRELAND LIMITED 43 ST. STEPHENS GREEN DUBLIN 2, EI	EDUCATION	EI	501(C)(3)		BC	X	
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2022

# Public Disclosure Copy

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) HYPERPLANE OPPORTUNITIES I LP 137 NEWBURY STREET, 8TH FLOOR	INVESTMENTS	MA	BC	EXCLUDED	NONE	4,998,868.		X	NONE			61.8750
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE REMAINDER TRUSTS (19)	SUPPORT	MA	N/A	T				X	
(2) CHARITABLE REMAINDER TRUSTS (1)	SUPPORT	PA	N/A	T				X	
(3) OTHER TRUSTS (4)	SUPPORT	MA	N/A	T				X	
(4) POOLED LIFE INCOME FUND (1)	SUPPORT	MA	N/A	T				X	
(5) CLOUGH OFFSHORE FUND, LTD. CRICKET SQ, HUTCHINS DR, BOX 2681 GRAND CAYMAN, CAYMAN IS	INVESTMENT	CJ	BC	C	291,133.	10,678,818.	43.5340	X	
(6)									
(7)									

# Public Disclosure Copy

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .	<b>1a</b>		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>		X
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>		X
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>		X
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>		X
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>		X
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>		X
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>		X
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>		X
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	X	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b> PINE MANOR COLLEGE	R	2,684,537.	FMV
<b>(2)</b> BOSTON COLLEGE IRELAND LIMITED	L	213,502.	FMV
<b>(3)</b> BOSTON COLLEGE IRELAND LIMITED	P	42,552.	FMV
<b>(4)</b> BOSTON COLLEGE IRELAND LIMITED	R	677,708.	FMV
<b>(5)</b> HYPERPLANE OPPORTUNITIES I LP	C	878,801.	FMV
<b>(6)</b> CLOUGH OFFSHORE FUND, LTD.	C	16,479,873.	FMV

# Public Disclosure Copy

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
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(14)													
(15)													
(16)													

# Public Disclosure Copy

**Part VII** **Supplemental Information**

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

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FORM 990, SCHEDULE R, PART IV, LINE 1

CHARITABLE REMAINDER TRUSTS ARE DOMICILED IN MASSACHUSETTS AND  
PENNSYLVANIA.

FORM 990, SCHEDULE R, PART IV, LINE 5

INVESTMENT IN CORPORATION WAS FULLY REDEEMED IN FISCAL YEAR 2023.