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B Exempt under section Y SO1(C X 3 3)	
Type or Type 140 COMMONWEALTH AVENUE, STE 440 City or town, state or province, country, and ZIP or foreign postal code CHESTNUT HILL, MA 02467-3800 G Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other trust State college/university H Check if filing only to Claim credit from Form 8941 Claim a refund shown on Form 2439 I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation J Enter the number of attached Schedules A (Form 990-T) X 501(C) (X 3) (See instructions) F Check box if an amended return. Check box if an amended return. Check if filing only to Claim credit from Form 8941 Claim a refund shown on Form 2439 I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation J Enter the number of attached Schedules A (Form 990-T) X During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes X	
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K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes X	
	No
u res enter the name and identitying number of the parent corporation	
L The books are in care of LYNDSAY KING Telephone number 617-552-3363	
CONTROLLER'S OFFICE, 140 COMM AVE	
CHESTNUT HILL, MA 02467-3800	
0.1201.01 1.122, 1.11 0210, 0000	
Part I Total Unrelated Business Taxable Income	_
1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see	
instructions)	5.
2 Reserved	
3 Add lines 1 and 2	<u>5.</u>
4 Charitable contributions (see instructions for limitation rules)	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	<u>5.</u>
6 Deduction for net operating loss. See instructions	<u>5.</u>
7 Total of unrelated business taxable income before specific deduction and section 199A deduction.	
Subtract line 6 from line 5	
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	NE
9 Trusts. Section 199A deduction. See instructions	
10 Total deductions. Add lines 8 and 9	<u>NE</u>
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7,	
	NE
Part II Tax Computation	
	NE
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on	
Part I, line 11 from: Tax rate schedule or Schedule D (Form 1041)	
3 Proxy tax. See instructions	
4 Other tax amounts. See instructions	
5 Alternative minimum tax (trusts only)	
6 Tax on noncompliant facility income. See instructions	<u></u>
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	IN H

Form 990-T (2022) 04-2103545 Page **2**

Enter the amount of line 10 you want: Credited to 2023 estimated tax Statements Regarding Certain Activities and Other Information (see instructions)	Part		Tax and Payments				01 2100	3 13	
Concell for pick year minimum talk (attach From 800 (see instructions) Total tax. Add lines 2 and 3 (see instructions) Total tax. Add lines 4 and 5 and 5 see instructions Total tax. Add lines 4 and 5 see instructions Total tax. Add lines 4 and 5 see instructions Total tax. Add lines 4 and 5 see instructions Total tax. Add lines 4 and 5 see instructions Total tax. Add lines 4 and 5 see instructions Total tax. Add lines 4 and 5 see instructions Total tax. Add lines 4 and 5 see instructions Total tax. Add lines 4 and 5 see instructions Total tax. Add lines 4 and 5 see instructions Total tax. Add lines 4 and 5 see instructions Total tax. Add lines 4 and 5 see instructions Total tax. Add lines 5 se	1a		-	1a					
d Credit for prior year minimum tax (attach Form 891 or 8827). 14 NONE 7 Total troetists, Add lines 1 at horough 14.	b	Other c	redits (see instructions)	1b					
d Credit for prior year minimum tax (attach Form 891 or 8827). 14 NONE 7 Total troetists, Add lines 1 at horough 14.			•		N	ONE			
8 Subtract the ten from Part II, line 7	d	Credit f	or prior year minimum tax (attach Form 8801 or 8827).	1d					
Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under section 1294. Enter tax amount here					•		1e	N	IONE
Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under section 1294. Enter tax amount here	2	Subtrac	t line 1e from Part II, line 7				2	I.	IONE
4 NONE 1 Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under section 1294. Either tax amount here	_								
4 NONE 1 Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under section 1294. Either tax amount here			Other (attach statement)				3		
5 Current net 95 tax liability paid from Form 955-A. Part II. column (k)	4	Total ta	x. Add lines 2 and 3 (see instructions). Check if includes tax previously	defer	red under				
5 Current net 95 tax liability paid from Form 955-A. Part II. column (k)		section	1294. Enter tax amount here				4	N	IONE
b 2022 estimated tax payments. Check if section 643(g) election applies 6 b 6 c 7 creat organizations. Tax paid or withheld all source (see instructions) 6 d 7 oreign organizations. Tax paid or withheld all source (see instructions) 6 d 9 c 7 c 7 c 7 c 7 c 7 c 7 c 7 c 7 c 7 c							5		
to Tax deposited with Form 8868. d Foreign organizations: Tax paid or withheld at aouroe (see instructions) 6 Backup withholding (see instructions) 7 Ordal payments: Form 2439 Other credits, adjustments, and payments: Form 2220 is attached. Restrictions	6a	Paymer	ts: A 2021 overpayment credited to 2022	6a					
d Foreign organizations: Tax paid or withheld at source (see instructions) 6d • Backup withholding (see instructions) 6e • Backup withholding (see instructions) 6e • Both or with a state of the small employer health insurance premiums (attach Form 8941) 6f • Ge • Both or with a state of the small employer health insurance premiums (attach Form 8941) 6f • Ge • Total payments. Add lines 6a through 6g 7 • Total payments. Add lines 6a through 6g 7 • Total payments. Add lines 6a through 6g 7 • Total payments. Add lines 6a through 6g 7 • Total payments. Add lines 6a through 6g 7 • Total payments. Add lines 6a through 6g 7 • Total payments. Add lines 6a through 6g 7 • Total payments. Add lines 6a through 6g 7 • Total payments. Add lines 6a through 6g 7 • Total payments. Add lines 6a through 6g 7 • Total payments. Add lines 6a through 6g 8 • Total payme	b	2022 es	timated tax payments. Check if section 643(g) election applies	6b					
e Backup withholding (see instructions)	С	Tax dep	osited with Form 8868	6c					
Gother credits, adjustments, and payments: Form 2439 Gother Total payments. Add lines 6 at through 6g Total payments. Add lines 6 at the add lines 4, 5, and 8, enter amount owed S NONE Total payments. Add lines 6 at the amount of line 10 you want Credited to 2020 estimated tax Refunded 11 Total payments Total payments. Add lines 6 at the total of lines 4, 5, and 8, enter amount overpaid. Total payments. Total	d	Foreign	organizations: Tax paid or withheld at source (see instructions)	6d					
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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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No Paid Print/Type preparer's name Preparer Use Only Firm's name PWC US TAX LLP Firm's address 101 SEAPORT BLVD., SUITE 500, BOSTON, MA 02210 Phone no. 617-530-5000				nation	. See instructions.				
belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. JOHN D. BURKE									
belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. May the IRS discuss this return with the preparer shown below (see instructions)? Yes No Paid Preparer Use Only Firm's name PWC US TAX LLP Firm's address 101 SEAPORT BLVD. SUITE 500 BOSTON MA 02210 Phone no. 617 – 530 – 5000									
Here JOHN D. BURKE 04/08/2024 FINANCE VP/TREASURE with the preparer shown below (see instructions)? X Yes No Paid Preparer Use Only Firm's name PWC US TAX LLP Firm's address 101 SEAPORT BLVD., SUITE 500, BOSTON, MA 02210 Face 990-T (2023)									dge and
Here JOHN D. BURKE 04/08/2024 FINANCE VP/TREASURE with the preparer shown below (see instructions)? X Yes No Preparer Use Only Firm's name PWC US TAX LLP Firm's address 101 SEAPORT BLVD. SUITE 500 BOSTON MA 02210 Phone no. 617-530-5000	Sian	belie	f, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based of	on all ir	nformation of which pro				
Signature of officer Paid Preparer Use Only Signature of officer Date Print/Type preparer's name Preparer's signature Preparer's signature Preparer's signature Date 04/03/2024 Self-employed Firm's name PWC US TAX LLP Firm's address 101 SEAPORT BLVD., SUITE 500, BOSTON, MA 02210 Phone no. 617-530-5000			OHN D. BURKE 04/08/2024 FINA	ANCE	VP/TREASURE		,		
Print/Type preparer's name					,	_			_
Preparer Use Only Firm's name PWC US TAX LLP Firm's elln 92-0460586			Print/Type preparer's name Preparer's signature		Date	Chack	, if PT		
Firm's name PWC US TAX LLP Firm's EIN 92-0460586	Paid				04/03/2024			097780)6
Firm's address 101 SEAPORT BLVD., SUITE 500, BOSTON, MA 02210 Phone no. 617-530-5000			Firm's name PWC IIS TAX LLP		,,				
ISA Form 900-T (2022)	Use	Only		[, M	A 02210				
	JSA 2X2741	1 000	22.2.1, 20212 2007 200101	, -12					

06884N R19B

04-2103545

FORM 990T, PART I, LINE 6 DETAIL

LOSS YEAR ENDING	ORGINAL LOSS	LOSS AVAILABLE IN CURRENT YEAR	LOSS CLAIMED IN CURRENT YEAR
05/31/2003			
05/31/2004			
05/31/2005			
05/31/2006			
05/31/2007			
05/31/2008			
05/31/2009			
05/31/2010	396,907.	NONE	NONE
05/31/2011	62,018.	NONE	NONE
05/31/2012	1,611,150.	NONE	NONE
05/31/2013	NONE	NONE	NONE
05/31/2014	2,906,804.	446,123.	150,235.
05/31/2015	2,171,377.	2,171,377.	
05/31/2016	774,951.	774,951.	
05/31/2017	6,452,247.	6,452,247.	
05/31/2018	13224282.	13224282.	
TOTAL:	 27599736.	 23068980.	 150,235.
	=======	=======	=======
NET OPERATING LOSS A	AVAILABLE FROM PRIOR YEA	ARS BEFORE 2018	23068980.
TAXABLE INCOME (LINE	E 5 ON PAGE 1, 990-T) .		150,235.
NET OPERATING LOSS D	DEDUCTION		150,235.
			-=======

STATEMENT 1

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

2022

B Employer identification number

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A Name of the organization

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

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

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

TRU	STEES OF BOSTON COLLEGE			04-	2103545			
C 11	related business activity and (and instructions). F40000			D Co		1	o f	2
C Ur	related business activity code (see instructions) 540000			D Se	quence:	1	of	3
E De	escribe the unrelated trade or business ADVERTISING							
Pai			(A) Income		(B) Expense	es	(C) Net
1a	Gross receipts or sales							
b	Less returns and allowances c Balance	1c						
2	Cost of goods sold (Part III, line 8)	2						
3	Gross profit. Subtract line 2 from line 1c	3						
4a	Capital gain net income (attach Schedule D (Form 1041 or							
	Form 1120)). See instructions	4a						
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b						
С	Capital loss deduction for trusts	4c						
5	Income (loss) from a partnership or an S corporation (attach							
	statement)	5						
6	Rent income (Part IV)	6						
7	Unrelated debt-financed income (Part V)	7						
8	Interest, annuities, royalties, and rents from a controlled							
	organization (Part VI)	8						
9	Investment income of section 501(c)(7), (9), or (17)							
	organizations (Part VII)	9						
10	Exploited exempt activity income (Part VIII)	10	134,85	0.	26,9	86.]	107,864.
11	Advertising income (Part IX)	11						
12	Other income (see instructions; attach statement)	12						
13	Total. Combine lines 3 through 12	13	134,85		26,9			107,864.
Pai			nitations on dec	ductio	ns. Deduct	ions m	ust be	;
	directly connected with the unrelated business incom	e.						
1	Compensation of officers, directors, and trustees (Part X)					1		
2	Salaries and wages					2		
3	Repairs and maintenance					3		
4	Bad debts					4		
5	Interest (attach statement). See instructions					5		
6	Taxes and licenses		1 1			6		
7	Depreciation (attach Form 4562). See instructions		7					
8	Less depreciation claimed in Part III and elsewhere on return		<u>8</u> a			8b		
9	Depletion					9		
10	Contributions to deferred compensation plans					10		
11	Employee benefit programs					11		
12	Excess exempt expenses (Part VIII)					12		
13	Excess readership costs (Part IX)					13		
14	Other deductions (attach statement)					14		
15	Total deductions. Add lines 1 through 14					15		
16	Unrelated business income before net operating loss deduction							
	column (C)					16		107,864.
17	Deduction for net operating loss. See instructions					17		NONE
18	Unrelated business taxable income. Subtract line 17 from line	16				18		107,864.
For P	aperwork Reduction Act Notice, see instructions.				Sc	hedule	A (Form	n 990-T) 2022

Sched	ule A (Form 990-T) 2022					Page 2
Par	t III Cost of Goods Sold	Enter method of inver	ntory valuation			
1	Inventory at beginning of year			1		
2	Purchases					
3	Cost of labor					
4	Additional section 263A costs (attach statemen	t)		4		
5	Other costs (attach statement)					
6	Total. Add lines 1 through 5					
7	Inventory at end of year					
8	Cost of goods sold. Subtract line 7 from line 6.					
9	Do the rules of section 263A (with respect				? Yes	No
Par	Rent Income (From Real Propert					
1	Description of property (property street address					
	A					
	В					
	С					
	D					
		A	В	С	D	
2	Rent received or accrued					
a	From personal property (if the percentage of					
a	rent for personal property is more than 10%					
	but not more than 50%)					
b	From real and personal property (if the					
	percentage of rent for personal property					
	exceeds 50% or if the rent is based on profit or					
	income)					
	,					
С	Total rents received or accrued by property.					
	Add lines 2a and 2b, columns A through D					
3	Total rents received or accrued. Add line 2c	columns A through D. E	nter here and on Part I	, line 6, column (A)		
4	Deductions directly connected with the income					
	in lines 2(a) and 2(b) (attach statement)					
5	Total deductions. Add line 4 columns A through	n D. Enter here and on Par	t I, line 6, column (B)			
- D	We Handeted Dakt Financed has no	- / ' ' ' '				
Par	Unrelated Debt-Financed Income Description of debt-financed property (street ad) Chaple if a dual was Ca	a inatoretiana		
1	Description of debt-financed property (street ad	dress, city, state, ZIP code). Check if a dual-use. Se	e instructions.		
	A					
	В					
	с — —					
	D		_	_		
		Α	В	С	D	
2	Gross income from or allocable to debt-financed					
	property					
3	Deductions directly connected with or allocable					
	to debt-financed property					
а	Straight line depreciation (attach statement).					
b	Other deductions (attach statement)					
С	Total deductions (add lines 3a and 3b,					
	columns A through D)					
4	Amount of average acquisition debt on or allocable					
	to debt-financed property (attach statement)					
5	Average adjusted basis of or allocable to debt-					
	financed property (attach statement)					
6	Divide line 4 by line 5	%	%	%		%
7	Gross income reportable. Multiply line 2 by line 6		,,	,,		
8	Total gross income (add line 7, columns A thro		Part I. line 7. column (A)			
-	5	J ,	, , - 5 (/ 1)			
9	Allocable deductions. Multiply line 3c by line 6					
10	Total allocable deductions. Add line 9, colu		er here and on Part I	line 7. column (B)		
11	Total dividends - received deductions included	ŭ				

JSA 2X2751 1.000 Schedule A (Form 990-T) 2022

Schedule A (Form 990-T) 2022

Concat	ale A (1 01111 330-1) 2022							r age 🗸
Par	t VI Interest, Ann	uities, Roy	alties, and Rent	s fron	n Controlled Organi	izations (see instructions)		
						ntrolled Organizations		
•	Name of controlled organization	2. Employe identificatio number		;)	Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income		5. Deductions directly connected with income in column 5
(1)								
(2)								
(3)								
(4)								
			Nonexe	empt C	Controlled Organization	ns		
	7. Taxable income		8. Net unrelated income (loss) (see instructions)		Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income		1. Deductions directly connected with ncome in column 10
(1)								
(2)								
(3)								
(4)								
Totals	3					Add columns 5 and 10. Enter here and on Part I, line 8, column (A)		dd columns 6 and 11. nter here and on Part I, line 8, column (B)
Part	VI Investment In	ncome of a	a Section 501(c))(7), (9	9), or (17) Organiza	tion (see instructions)		
	1. Description of income		Amount of income		3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)		5. Total deductions and set-asides add columns 3 and 4)
(1)								
(2)								
(3)								
(4)								
Totals	3	Ente I	amounts in column 2. er here and on Part I, ine 9, column (A)					d amounts in column 5. nter here and on Part I, line 9, column (B)
			vity Income Oth	or The	an Advertising Inco	me (see instructions)		
1 an u	•	•			ADVERTISING	me (see msuucions)		
2						art I, line 10, column (A)	2	134,850.
3						nter here and on Part I,		134,030.
J	•		•		u pusitiess filcoffie. El		3	26,986.
4	. ,					e 2. If a gain, complete	3	40,900.
-	lines 5 through 7					2. II a gaill, complete	4	107,864.
5	Gross income from a						5	107,001.
6	Expenses attributable	•					6	
7	•					than the amount on line	-	
•	4 Enter here and an D			,			_	

Schedule A (Form 990-T) 2022

Page 4 Schedule A (Form 990-T) 2022

	t IX Advertising Income				
	Name(s) of periodical(s). Check box if	reporting two or more periodicals o	n a consolidated basis.		
	<u>A</u>				
	B				
	с — —				
	D				
er	amounts for each periodical listed above			<u> </u>	
		A	В	С	D
	Gross advertising income				
а	Add columns A through D. Enter here a	and on Part I, line 11, column (A).			
	Direct advertising costs by periodical				
а	Add columns A through D. Enter here a	and on Part I, line 11, column (B)			•
	G	, , , , , , , , , , , , , , , , , , , ,			
	Advertising gain (loss). Subtract line 3 f	rom line			
	2. For any column in line 4 showing				
	complete lines 5 through 8. For any co	-			
	line 4 showing a loss or zero, do not c				
	_	•			
	lines 5 through 7, and enter zero on line				
	Readership costs				
	Circulation income				
	Excess readership costs. If line 6 is le				
	line 5, subtract line 6 from line 5. If line				
	than line 6, enter zero				
	Excess readership costs allowed	as a			
	deduction. For each column showing a	gain on			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D.	. Enter the greater of the line	e 8a, columns total	or zero here and	on
	Part II, line 13				·
2.5	. V . O	Directors and Trustoes	oo instructions)		
- 10	TO COMPANSATION OF CITICALS		see manuchons,		
ari	t X Compensation of Officers				
<u> </u>				3. Percentage	4. Compensation
all	1. Name	2. Title		of time devoted	attributable to
all				-	
air				of time devoted to business	attributable to
el 1				of time devoted to business %	attributable to
<u> </u>				of time devoted to business %	attributable to
				of time devoted to business % % %	attributable to
				of time devoted to business %	attributable to
	1. Name	2. Title		of time devoted to business % % %	attributable to
tal	1. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business % % %	attributable to
tal	1. Name	2. Title		of time devoted to business % % %	attributable to
tal	1. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business % % %	attributable to
tal	1. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business % % %	attributable to
tal	1. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business % % %	attributable to
tal	1. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business % % %	attributable to
tal	1. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business % % %	attributable to
tal	1. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business % % %	attributable to
tal	1. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business % % %	attributable to
tal	1. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business % % %	attributable to
tal	1. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business % % %	attributable to
tal	1. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business % % %	attributable to
tal	1. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business % % %	attributable to
otal	1. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business % % %	attributable to
otal	1. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business % % %	attributable to
tal	1. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business % % %	attributable to
otal	1. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business % % %	attributable to
otal	1. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business % % %	attributable to

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

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

Open to Public Inspection for

OMB No. 1545-0047

Department of the Treasury Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 501(c)(3) Organizations Only Internal Revenue Service B Employer identification number A Name of the organization TRUSTEES OF BOSTON COLLEGE 04-2103545 **D** Sequence: C Unrelated business activity code (see instructions) 720000 2 of 3 E Describe the unrelated trade or business CATERING Part I (A) Income (B) Expenses (C) Net **Unrelated Trade or Business Income** 1a Gross receipts or sales Less returns and allowances c Balance 1c 2 3 3 4a Capital gain net income (attach Schedule D (Form 1041 or 4a **b** Net gain (loss) (Form 4797) (attach Form 4797). See instructions 4b Capital loss deduction for trusts..... 4c Income (loss) from a partnership or an S corporation (attach 5 Rent income (Part IV) 6 6 7 7 Interest, annuities, royalties, and rents from a controlled 8 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)............ 9 10 Exploited exempt activity income (Part VIII)...... 10

13 1,778,570. 1,778,570. Deductions Not Taken Elsawhere See instructions for limitations on deductions. Deductions must be

11

12

1,778,570

	directly connected with the unrelated business income.	ions n	nust be
	1 Compensation of officers, directors, and trustees (Part X)	1	
	2 Salaries and wages	2	
	3 Repairs and maintenance	3	
	4 Bad debts	4	
	5 Interest (attach statement). See instructions	5	
	6 Taxes and licenses	6	
	7 Depreciation (attach Form 4562). See instructions		
	8 Less depreciation claimed in Part III and elsewhere on return	8b	
	9 Depletion	9	
1	0 Contributions to deferred compensation plans	10	
1	1 Employee benefit programs	11	
1	2 Excess exempt expenses (Part VIII)	12	
1	3 Excess readership costs (Part IX)	13	
1	4 Other deductions (attach statement)	14	1,736,199.
1	5 Total deductions. Add lines 1 through 14	15	1,736,199.
1	6 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,		
	column (C)	16	42,371.
1	7 Deduction for net operating loss. See instructions	17	NONE
-	8 Unrelated business taxable income. Subtract line 17 from line 16	18	42,371.
_			4 (F 000 T) 0000

For Paperwork Reduction Act Notice, see instructions.

Advertising income (Part IX)..........

Other income (see instructions; attach statement) STMT 1

Schedule A (Form 990-T) 2022

1,778,570.

11

12

Sched	ule A (Form 990-T) 2022					Page 2
Par	t III Cost of Goods Sold	Enter method of inver	ntory valuation			
1	Inventory at beginning of year			1		
2	Purchases					
3	Cost of labor					
4	Additional section 263A costs (attach statemen	t)		4		
5	Other costs (attach statement)					
6	Total. Add lines 1 through 5					
7	Inventory at end of year					
8	Cost of goods sold. Subtract line 7 from line 6.					
9	Do the rules of section 263A (with respect				? Yes	No
Par	Rent Income (From Real Propert					
1	Description of property (property street address					
	A					
	В					
	С					
	D					
		Α	В	С	D	
2	Rent received or accrued					
a	From personal property (if the percentage of					
a	rent for personal property is more than 10%					
	but not more than 50%)					
b	From real and personal property (if the					
	percentage of rent for personal property					
	exceeds 50% or if the rent is based on profit or					
	income)					
	,					
С	Total rents received or accrued by property.					
	Add lines 2a and 2b, columns A through D					
3	Total rents received or accrued. Add line 2c	columns A through D. E	nter here and on Part I	, line 6, column (A)		
4	Deductions directly connected with the income					
	in lines 2(a) and 2(b) (attach statement)					
5	Total deductions. Add line 4 columns A through	n D. Enter here and on Par	t I, line 6, column (B)			
- D	We Handeted Dakt Financed has no	- / ' ' ' '				
Par	Unrelated Debt-Financed Income Description of debt-financed property (street ad) Chaple if a dual was Ca	a inatoretiana		
1	Description of debt-financed property (street ad	dress, city, state, ZIP code). Check if a dual-use. Se	e instructions.		
	A					
	В					
	с — —					
	D		_	_		
		Α	В	С	D	
2	Gross income from or allocable to debt-financed					
	property					
3	Deductions directly connected with or allocable					
	to debt-financed property					
а	Straight line depreciation (attach statement).					
b	Other deductions (attach statement)					
С	Total deductions (add lines 3a and 3b,					
	columns A through D)					
4	Amount of average acquisition debt on or allocable					
	to debt-financed property (attach statement)					
5	Average adjusted basis of or allocable to debt-					
	financed property (attach statement)					
6	Divide line 4 by line 5	%	%	%		%
7	Gross income reportable. Multiply line 2 by line 6		,,	,,		
8	Total gross income (add line 7, columns A thro		Part I. line 7. column (A)			
-	5	J ,	, , - 5 (/ 1)			
9	Allocable deductions. Multiply line 3c by line 6					
10	Total allocable deductions. Add line 9, colu		er here and on Part I	line 7. column (B)		
11	Total dividends - received deductions included	ŭ				

JSA 2X2751 1.000 Schedule A (Form 990-T) 2022

Schedule A (Form 990-T) 2022 Page 3

Part VI Interest		Royalt	ies and Rent	s fro	m Controlled Organi	izations (see instructions)	Page \$
interest,	Amunics	, Noyali	ics, and items	3 11 0		ntrolled Organizations	
Name of controlled organization	iden	Employer itification umber	3. Net unrelate income (loss) (see instruction)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)							
(2)							
(3)							
(4)							
	'		Nonexe	empt	Controlled Organization	ns	
7. Taxable incor	me	ine	let unrelated come (loss) a instructions)		9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)							
(2)							
(3)							
(4)							
Totals						Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
					(9), or (17) Organiza	tion (see instructions)	
1. Description of in			ount of income	,,,	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)							
(2)							
(3)							
(4)							
		Enter he	ounts in column 2. ere and on Part I, 9, column (A)				Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals							
			/ Income, Oth	er Ti	han Advertising Inco	me (see instructions)	
1 Description of e	•	· —					
						art I, line 10, column (A)	2
•	•	•				nter here and on Part I,	
	` '						3
,	,			ss. S	ubtract line 3 from line	e 2. If a gain, complete	
lines 5 through 7							4
	•				me		5
•							6
			ine 5 from line	6, I	but do not enter more	than the amount on line	
4 Enter here and	n on Part II II	ine 17					7

Schedule A (Form 990-T) 2022

Page 4 Schedule A (Form 990-T) 2022

	t IX Advertising Income				
	Name(s) of periodical(s). Check box if	reporting two or more periodicals o	n a consolidated basis.		
	<u>A</u>				
	B				
	с — —				
	D				
er	amounts for each periodical listed above			<u> </u>	
		A	В	С	D
	Gross advertising income				
а	Add columns A through D. Enter here a	and on Part I, line 11, column (A).			
	Direct advertising costs by periodical				
а	Add columns A through D. Enter here a	and on Part I, line 11, column (B)			•
	G	, , , , , , , , , , , , , , , , , , , ,			
	Advertising gain (loss). Subtract line 3 f	rom line			
	2. For any column in line 4 showing				
	complete lines 5 through 8. For any co	-			
	line 4 showing a loss or zero, do not c				
	_	•			
	lines 5 through 7, and enter zero on line				
	Readership costs				
	Circulation income				
	Excess readership costs. If line 6 is le				
	line 5, subtract line 6 from line 5. If line				
	than line 6, enter zero				
	Excess readership costs allowed	as a			
	deduction. For each column showing a	gain on			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D.	. Enter the greater of the line	e 8a, columns total	or zero here and	on
	Part II, line 13				·
2.5	. V . O	Directors and Trustoes	oo instructions)		
- 10	TO COMPANSATION OF CITICALS		see manuchons,		
ari	t X Compensation of Officers				
<u> </u>				3. Percentage	4. Compensation
all	1. Name	2. Title		of time devoted	attributable to
all				-	
air				of time devoted to business	attributable to
el 1				of time devoted to business %	attributable to
<u> </u>				of time devoted to business %	attributable to
				of time devoted to business % % %	attributable to
				of time devoted to business %	attributable to
	1. Name	2. Title		of time devoted to business % % %	attributable to
tal	1. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business % % %	attributable to
tal	1. Name	2. Title		of time devoted to business % % %	attributable to
tal	1. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business % % %	attributable to
tal	1. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business % % %	attributable to
tal	1. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business % % %	attributable to
tal	1. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business % % %	attributable to
tal	1. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business % % %	attributable to
tal	1. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business % % %	attributable to
tal	1. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business % % %	attributable to
tal	1. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business % % %	attributable to
tal	1. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business % % %	attributable to
tal	1. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business % % %	attributable to
tal	1. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business % % %	attributable to
otal	1. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business % % %	attributable to
otal	1. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business % % %	attributable to
tal	1. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business % % %	attributable to
otal	1. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business % % %	attributable to
otal	1. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business % % %	attributable to

04-2103545 TRUSTEES OF BOSTON COLLEGE

SCHEDULE A: CATERING

PART I - LINE 12 - OTHER INCOME

1,778,570. CATERING

TOTAL OTHER INCOME 1,778,570.

==========

04-2103545 TRUSTEES OF BOSTON COLLEGE SCHEDULE A: CATERING PART II - LINE 14 - OTHER DEDUCTIONS 238,209. DINING/CATERING COSTS FLOWERS/CONTRACT SERVICES/OTHER 1,497,990.

TOTAL OTHER DEDUCTIONS

STATEMENT 2

1,736,199. =========

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A Name of the organization

TRUSTEES OF BOSTON COLLEGE

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

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

B Employer identification number

04-2103545

C Ur	related business activity code (see instructions) 901101			D S	equence:	3	of 3
E De	scribe the unrelated trade or business QUALIFYING PARTNER	RSHII	P INTERESTS				
Par	Unrelated Trade or Business Income		(A) Income		(B) Expenses		(C) Net
1a	Gross receipts or sales						
b	Less returns and allowances c Balance	1c					
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
4a	Capital gain net income (attach Schedule D (Form 1041 or						
	Form 1120)). See instructions	4a	640,86	50.			640,860.
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b					
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
	statement) SEE. STATEMENT. 1	5	-8,070,71	7.			-8,070,717.
6	Rent income (Part IV)	6					
7	Unrelated debt-financed income (Part V)	7					
8	Interest, annuities, royalties, and rents from a controlled						
•	organization (Part VI)	8					
9	Investment income of section $501(c)(7)$, (9) , or (17)						
	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10					
11	Advertising income (Part IX)	11					
12	Other income (see instructions; attach statement)	12					
13	Total. Combine lines 3 through 12	13	-7,429,85	7.			-7,429,857.
	t II Deductions Not Taken Elsewhere See instructions to				ons Deduc	tions n	
	directly connected with the unrelated business incom						
1	Compensation of officers, directors, and trustees (Part X)					1	
2	Salaries and wages					2	
3	Repairs and maintenance					3	
4	Bad debts					4	
5	Interest (attach statement). See instructions					5	
6	Taxes and licenses					6	
7	Depreciation (attach Form 4562). See instructions		1 1				
8	Less depreciation claimed in Part III and elsewhere on return					8b	
9	Depletion					9	
10	Contributions to deferred compensation plans					10	
11	Employee benefit programs					11	
12	Excess exempt expenses (Part VIII)					12	
13	Excess readership costs (Part IX)					13	
14	Other deductions (attach statement)					14	1,621,978.
15	Total deductions. Add lines 1 through 14					15	1,621,978.
16	Unrelated business income before net operating loss deduction						, , , , , , , , , , , , , , , , , , , ,
	column (C)					16	-9,051,835.
17	Deduction for net operating loss. See instructions					17	NONE
18	Unrelated business taxable income. Subtract line 17 from line					18	-9,051,835.
	aperwork Reduction Act Notice, see instructions.						A (Form 990-T) 2022

Sched	ule A (Form 990-T) 2022					Page 2
Par	t III Cost of Goods Sold	Enter method of inver	ntory valuation			
1	Inventory at beginning of year			1		
2	Purchases					
3	Cost of labor					
4	Additional section 263A costs (attach statemen	t)		4		
5	Other costs (attach statement)					
6	Total. Add lines 1 through 5					
7	Inventory at end of year					
8	Cost of goods sold. Subtract line 7 from line 6.					
9	Do the rules of section 263A (with respect				? Yes	No
Par	Rent Income (From Real Propert					
1	Description of property (property street address					
	A					
	В					
	С					
	D					
		Α	В	С	D	
2	Rent received or accrued					
a	From personal property (if the percentage of					
a	rent for personal property is more than 10%					
	but not more than 50%)					
b	From real and personal property (if the					
	percentage of rent for personal property					
	exceeds 50% or if the rent is based on profit or					
	income)					
	,					
С	Total rents received or accrued by property.					
	Add lines 2a and 2b, columns A through D					
3	Total rents received or accrued. Add line 2c	columns A through D. E	nter here and on Part I	, line 6, column (A)		
4	Deductions directly connected with the income					
	in lines 2(a) and 2(b) (attach statement)					
5	Total deductions. Add line 4 columns A through	n D. Enter here and on Par	t I, line 6, column (B)			
- D	We Handeted Dakt Financed become	- / ' ' ' '				
Par	Unrelated Debt-Financed Income Description of debt-financed property (street ad) Chaple if a dual was Ca	a inatoretiana		
1	Description of debt-financed property (street ad	dress, city, state, ZIP code). Check if a dual-use. Se	e instructions.		
	A					
	В					
	с — —					
	D		_	_		
		Α	В	С	D	
2	Gross income from or allocable to debt-financed					
	property					
3	Deductions directly connected with or allocable					
	to debt-financed property					
а	Straight line depreciation (attach statement).					
b	Other deductions (attach statement)					
С	Total deductions (add lines 3a and 3b,					
	columns A through D)					
4	Amount of average acquisition debt on or allocable					
	to debt-financed property (attach statement)					
5	Average adjusted basis of or allocable to debt-					
	financed property (attach statement)					
6	Divide line 4 by line 5	%	%	%		%
7	Gross income reportable. Multiply line 2 by line 6		,,	,,		
8	Total gross income (add line 7, columns A thro		Part I. line 7. column (A)			
-	5	J ,	, , - 5 (/ 1)			
9	Allocable deductions. Multiply line 3c by line 6					
10	Total allocable deductions. Add line 9, colu		er here and on Part I	line 7. column (B)		
11	Total dividends - received deductions included	ŭ				

JSA 2X2751 1.000 Schedule A (Form 990-T) 2022

Schedule A (Form 990-T) 2022 Page 3

Part VI Interest		Royalt	ies and Rent	s fro	m Controlled Organi	izations (see instructions)	Page \$
interest,	Amunics	, Noyali	ics, and items	3 11 0		ntrolled Organizations	
Name of controlled organization	iden	Employer itification umber	3. Net unrelate income (loss) (see instruction)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)							
(2)							
(3)							
(4)							
	'		Nonexe	empt	Controlled Organization	ns	
7. Taxable incor	me	ine	let unrelated come (loss) a instructions)		9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)							
(2)							
(3)							
(4)							
Totals						Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
					(9), or (17) Organiza	tion (see instructions)	
1. Description of in			ount of income	,,,	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)							
(2)							
(3)							
(4)							
		Enter he	ounts in column 2. ere and on Part I, 9, column (A)				Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals							
			/ Income, Oth	er Ti	han Advertising Inco	me (see instructions)	
1 Description of e	•	· —					
						art I, line 10, column (A)	2
•	•	•				nter here and on Part I,	
	` '						3
,	,			ss. S	ubtract line 3 from line	e 2. If a gain, complete	
lines 5 through 7							4
	•				me		5
•							6
			ine 5 from line	6, I	but do not enter more	than the amount on line	
4 Enter here and	n on Part II II	ine 17					7

Schedule A (Form 990-T) 2022

Page 4 Schedule A (Form 990-T) 2022

	t IX Advertising Income				
	Name(s) of periodical(s). Check box if	reporting two or more periodicals o	n a consolidated basis.		
	<u>A</u>				
	B				
	с — —				
	D				
er	amounts for each periodical listed above			<u> </u>	
		A	В	С	D
	Gross advertising income				
а	Add columns A through D. Enter here a	and on Part I, line 11, column (A).			
	Direct advertising costs by periodical				
а	Add columns A through D. Enter here a	and on Part I, line 11, column (B)			•
	G	, , , , , , , , , , , , , , , , , , , ,			
	Advertising gain (loss). Subtract line 3 f	rom line			
	2. For any column in line 4 showing				
	complete lines 5 through 8. For any co	-			
	line 4 showing a loss or zero, do not c				
	_	•			
	lines 5 through 7, and enter zero on line				
	Readership costs				
	Circulation income				
	Excess readership costs. If line 6 is le				
	line 5, subtract line 6 from line 5. If line				
	than line 6, enter zero				
	Excess readership costs allowed	as a			
	deduction. For each column showing a	gain on			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D.	. Enter the greater of the line	e 8a, columns total	or zero here and	on
	Part II, line 13				·
2 12	. V . O	Directors and Trustoes	oo instructions)		
- 10	TO COMPANSATION OF CITICALS		see manuchons,		
ari	t X Compensation of Officers				
<u> </u>				3. Percentage	4. Compensation
all	1. Name	2. Title		of time devoted	attributable to
all				-	
air				of time devoted to business	attributable to
el 1				of time devoted to business %	attributable to
<u> </u>				of time devoted to business %	attributable to
				of time devoted to business % % %	attributable to
				of time devoted to business %	attributable to
	1. Name	2. Title		of time devoted to business % % %	attributable to
tal	1. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business % % %	attributable to
tal	1. Name	2. Title		of time devoted to business % % %	attributable to
tal	1. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business % % %	attributable to
tal	1. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business % % %	attributable to
tal	1. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business % % %	attributable to
tal	1. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business % % %	attributable to
tal	1. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business % % %	attributable to
tal	1. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business % % %	attributable to
tal	1. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business % % %	attributable to
tal	1. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business % % %	attributable to
tal	1. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business % % %	attributable to
tal	1. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business % % %	attributable to
tal	1. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business % % %	attributable to
otal	1. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business % % %	attributable to
otal	1. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business % % %	attributable to
tal	1. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business % % %	attributable to
otal	1. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business % % %	attributable to
otal	1. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business % % %	attributable to

TRUSTEES OF BOSTON COLLEGE

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

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

SHARE OF SHARE OF GAIN OR GROSS INCOME DEDUCTIONS (LOSS) -8,070,717. -8,070,717.

04-2103545

INCOME (LOSS) FROM PARTNERSHIPS

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

-8,070,717. ==========

TRUSTEES OF BOSTON COLLEGE 04-2103545 SCHEDULE A: THE ONLY OR FIRST UNRELATED TD OR BUS. PART II - LINE 14 - OTHER DEDUCTIONS 43,200. TAX PREPARATION FEES INVESTMENT MANAGEMENT EXPENSE 1,578,778.

TOTAL OTHER DEDUCTIONS

STATEMENT 2

1,621,978. =========

SCHEDULE D (Form 1120)

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC,

1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form1120 for instructions and the latest information. Name Employer identification number TRUSTEES OF BOSTON COLLEGE

	RUSTEES OF BUSTON COLLEGE					4-2103545
	e corporation dispose of any investment(s) in a s," attach Form 8949 and see its instructions fo				. L	Yesጃ No
Part	Short-Term Capital Gains and Losses	- Assets Held O	ne Year or Less			
	See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to g or loss from Form(s) 8949, Part I, line 2, column (g)		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked					
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					40,073.
4	Short-term capital gain from installment sales from F	Form 6252, line 26 or 3	37		4	
5	Short-term capital gain or (loss) from like-kind exchar	nges from Form 8824			5	
6	Unused capital loss carryover (attach computation)				6	()
	Net short-term capital gain or (loss). Combine lines 1				7	40,073.
Part	Long-Term Capital Gains and Losses	s - Assets Held Me	ore Than One Ye	ar		
	See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to g or loss from Form(s) 8949, Part II, line 2,		(h) Gain or (loss) Subtract column (e) from column (d) and combine
	whole dollars.	(Sales price)	(or other basis)	column (g)		the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					426,414.
11	Enter gain from Form 4797, line 7 or 9				11	174,373.
12	Long-term capital gain from installment sales from F	form 6252, line 26 or 3	7		12	
13	Long-term capital gain or (loss) from like-kind exchan	ges from Form 8824			13	
14	Capital gain distributions (see instructions)				14	
15 Part	Net long-term capital gain or (loss). Combine lines 8: Summary of Parts I and II	a through 14 in columr	nh	1	15	600,787.
16	Enter excess of net short-term capital gain (line 7) or	ver net long-term capita	al loss (line 15)		16	40,073.
17 18	Net capital gain. Enter excess of net long-term capit Add lines 16 and 17. Enter here and on Form 1120,				17	600,787. 640,860.
10	Note: If losses exceed gains, see Canital Losses in the	· -	applicable lille on other	a returns	18	040,000.

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

JSA 2E1801 1.000 06884N R19B

V22-7.11

Schedule D (Form 1120) 2022

Sales and Other Dispositions of Capital Assets

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Name(s) shown on return Social security number or taxpayer identification number							ion number		
TRUSTEES (OF BOSTON COLLEGE				04	04-2103545			
statement	check Box A, B, or C below, will have the same information may even tell you which box	on as Form 109	•	• • •		. ,			
Part I	Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.								
	Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).								
complete	check Box A, B, or C bel a separate Form 8949, p more of the boxes, com	page 1, for e	ach applicab	le box. If you ha	ve more short	-term transac			
(B) S	Short-term transactions re Short-term transactions re Short-term transactions n	eported on F	orm(s) 1099-	B showing basis		-	•		
1		(b) Date acquired	(c) Date sold or		(e) Cost or other basis See the Note below		(h) Gain or (loss) Subtract column (
(Example: 100 sh. XYZ Co.) Date acquired (Mo., day, yr.) (Sales price) (Sales price) (Mo., day, yr.) (see instructions) and see Column (e) in the separate in structions in the separate in structions in the separate in structions.							from column (d) ar combine the resu with column (g).		

(a) Description of property	(b) Date acquired	Date sold or	Proceeds	See the Note below	low See the separate instructions.		
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.) disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).	
SHORT TERM CAPITAL GAIN/(LOSS)	VAR	VAR					40,073.
2 Totals. Add the amounts in columns	(d), (e), (g), and	d (h) (subtract					
negative amounts). Enter each tota Schedule D, line 1b (if Box A above	I here and inc is checked), lin	lude on your e 2 (if Box B					
above is checked), or line 3 (if Box C at	ove is checked)						40,073.

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

Public Disclosure Copy Form 8949 (2022) Attachment Sequence No. 12A Page 2 Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side Social security number or taxpayer identification number TRUSTEES OF BOSTON COLLEGE 04-2103545 Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check. Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see Part II instructions). For short-term transactions, see page 1. Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss 1 If you enter an amount in column (g), (e) (c) Gain or (loss) enter a code in column (f). (d) Cost or other basis (a) (b) Date sold or Subtract column (e) Proceeds See the separate instructions. See the Note below Description of property Date acquired disposed of from column (d) and (sales price) and see Column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) (Mo., day, yr.) combine the result (see instructions) in the separate Code(s) from Amount of with column (a). instructions instructions adjustment VAR 426,414. LONG TERM CAPITAL GAIN/ (LOSS) VAR

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

Form **8949** (2022)

426,414.

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked). . .

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

OMB No. 1545-0184

Department of the Treasury Internal Revenue Service

Attach to your tax return. Go to www.irs.gov/Form4797 for instructions and the latest information. Sequence No. 27

Name(s) shown on return						Identifying number		
TR	USTEES OF BOSTON COLLE	GE					04-2	2103545
1 a	Enter the gross proceeds from sa	ales or exchange	s reported to y	ou for 2022 on Fo	orm(s) 1099-B or	1099-S (or		
	substitute statement) that you are in	ncluding on line 2	2, 10, or 20. See	instructions			1a	
b	Enter the total amount of gain th	at you are inclu	ding on lines 2	, 10, and 24 due	to the partial disp	ositions of		
	MACRS assets						1b	
С	Enter the total amount of loss that	t you are includi	ng on lines 2 a	nd 10 due to the p	partial dispositions	of MACRS		
	assets							
Pa	rt I Sales or Exchanges of						ns Fr	om Other
	Than Casualty or The	ft - Most Prop	perty Held Mo	ore Than 1 Year	ì	Τ΄		
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost of basis, p improvement expense	olus ents and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	SEE STATEMENT 1							174,373.
3	Gain, if any, from Form 4684, line 3							
4	Section 1231 gain from installment							
5	Section 1231 gain or (loss) from lil	-						
6	Gain, if any, from line 32, from other							
7	3	, ,						174,373.
	Partnerships and S corporations. line 10, or Form 1120-S, Schedule H				for Form 1065, S	chedule K,		
	Individuals, partners, S corporation from line 7 on line 11 below and 1231 losses, or they were recapture Schedule D filed with your return and the state of the	skip lines 8 and ed in an earlier y	9. If line 7 is a rear, enter the g	gain and you didn' ain from line 7 as a	't have any prior ye	ear section		
8	Nonrecaptured net section 1231 lo	sses from prior ye	ears. See instruct	ions			. 8	
9	Subtract line 8 from line 7. If zero	or less, enter -0-	. If line 9 is zero	o, enter the gain fro	om line 7 on line 1	2 below. If		
	line 9 is more than zero, enter the a	amount from line	8 on line 12 be	low and enter the g	ain from line 9 as a	long-term		
	capital gain on the Schedule D filed	with your return.	See instructions	3			. 9	
Pa	rt II Ordinary Gains and Lo							
10	Ordinary gains and losses not inclu	uded on lines 11	through 16 (incl	ude property held 1 y	ear or less):			
11	Loss, if any, from line 7						11)
12	Gain, if any, from line 7 or amount							
13	Gain, if any, from line 31							
14	Net gain or (loss) from Form 4684,							
15	Ordinary gain from installment sale							
16	Ordinary gain or (loss) from like-kir	_						
17	Combine lines 10 through 16						17	
18	For all except individual returns, er a and b below. For individual returns			the appropriate line	e of your return and	I skip lines		
а	If the loss on line 11 includes a loss	•		ın (b)(ii), enter that r	part of the loss here	. Enter the		
	loss from income-producing propert							
	an employee.) Identify as from "Forr	•	,	•		•		
b	Redetermine the gain or (loss) on							
	(Form 1040), Part I, line 4						. 18b	
Ear	Paperwork Reduction Act Notice s	on congrete inct	untions					Form 4797 (2022)

Form 4797 (2022) 04-2103545 Page **2**

Pa	rt III Gain From Disposition of Property (see instructions)	/ Un	der Sections 124	5, 1250, 1252, 12	54, and 1255	
19	(a) Description of section 1245, 1250, 1252, 1254,	or 12	55 property:		(b) Date acquired	(c) Date sold
-					(mo., day, yr.)	(mo., day, yr.)
	,					
	These columns relate to the properties on lines 19A through 19I).	Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1 before completing.)					
21		21				
22	Depreciation (or depletion) allowed or allowable	22				
	Adjusted basis. Subtract line 22 from line 21					
	/ tajastea 2000. 002.000 mile 22 mem mile 27 [] []					
24	Total gain. Subtract line 23 from line 20.	24				
	If section 1245 property:					
	Depreciation allowed or allowable from line 22	25a				
	Enter the smaller of line 24 or 25a.	25b				
	If section 1250 property: If straight line depreciation was					
	used, enter -0- on line 26g, except for a corporation subject to section 291.					
а	Additional depreciation after 1975. See instructions	26a				
k	Applicable percentage multiplied by the smaller of					
	line 24 or line 26a. See instructions	26b				
c	Subtract line 26a from line 24. If residential rental property					
	or line 24 isn't more than line 26a, skip lines 26d and 26e	26c				
c	Additional depreciation after 1969 and before 1976	26d				
e	Enter the smaller of line 26c or 26d	26e				
f	Section 291 amount (corporations only).	26f				
ç	Add lines 26b, 26e, and 26f	26g				
27	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
а	Soil, water, and land clearing expenses	27a				
k	Line 27a multiplied by applicable percentage. See instructions	27b				
C	Enter the smaller of line 24 or 27b	27c				
	If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a				
k	Enter the smaller of line 24 or 28a	28b				
29	If section 1255 property:					
a	Applicable percentage of payments excluded from					
	income under section 126. See instructions	29a				
	Enter the smaller of line 24 or 29a. See instructions.					
Su	mmary of Part III Gains. Complete propert	ty co	lumns A through	D through line 29b	before going to li	ne 30.
	Total gains for all properties. Add property columns A					
	Add property columns A through D, lines 25b, 26g, 2					
32	Subtract line 31 from line 30. Enter the portion from		,	,	•	
_	other than casualty or theft on Form 4797, line 6			· · · · · · · · · · · · · · · · · · ·	32	<u> </u>
Pa	rt IV Recapture Amounts Under Section (see instructions)	15 1	79 and 280F(b)(2)	When Business	Use Drops to 50%	or Less
					(a) Section	(b) Section
					179	280F(b)(2)
	Section 179 expense deduction or depreciation allow					
	Recomputed depreciation. See instructions					
35	Recapture amount. Subtract line 34 from line 33. Se	e the	instructions for where f	o report 35		- 4707 (000)

Form **4797** (2022)

TRUSTEES OF BOSTON COLLEGE Supplement to Form 4797 Part I Detail

04-2103545

Description	Date Acquired	Date Sold	Gross Sales Price	Depreciation Allowed or Allowable	Cost or Other Basis	Gain or (Loss) for entire year
SECT. 1231 GAIN/LOSS	VAR	VAR	174,373.			174,373.
BICI: 1231 GIIII/ BODD	VIIIC	VIIIC	171/373.			171/373.
Totals						174,373.

Form 3800
Department of the Treasury

General Business Credit

Go to www.irs.gov/Form3800 for instructions and the latest information. You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

OMB No. 1545-0895

2022
Attachment

Internal Revenue Service

Name(s) shown on return

TRUSTEES OF BOSTON COLLEGE

Identifying number

Part I	Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)		
	(See instructions and complete Part(s) III before Parts I and II.)		
1	General business credit from line 2 of all Parts III with box A checked	1	
2	Passive activity credits from line 2 of all Parts III with box B checked . 2 7,633.		
3	Enter the applicable passive activity credits allowed for 2022. See instructions	3	NONE
4	Carryforward of general business credit to 2022. Enter the amount from line 2 of Part III with box C		
	checked. See instructions for statement to attach	4	
	Check this box if the carryforward was changed or revised from the original reported amount .		
5	Carryback of general business credit from 2023. Enter the amount from line 2 of Part III with box D		
	checked. See instructions	5	
6	Add lines 1, 3, 4, and 5	6	NONE
Part II			
7	Regular tax before credits:		
	• Individuals. Enter the sum of the amounts from Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2.		
	• Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2;		
	or the applicable line of your return.	7	
	 Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b, plus any Form 8978 amount included on line 1d; or the amount from the applicable line of your return. 		
8	Alternative minimum tax:		
	• Individuals. Enter the amount from Form 6251, line 11.		
	• Corporations. Enter -0	8	
	• Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54.		
9	Add lines 7 and 8	9	
	5 · · · · · · · · · · · · · · · · · · ·		
	Foreign tax credit		
b	Certain allowable credits (see instructions)	10c	
С	Add lines 10a and 10b	100	
11	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16	11	
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-		
13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000. See instructions 13		
14	Tentative minimum tax:		
	• Individuals. Enter the amount from Form 6251, line 9.		
	• Corporations. Enter -0		
	• Estates and trusts. Enter the amount from Schedule I		
	(Form 1041), line 52.		
15	Enter the greater of line 13 or line 14	15	
16	Subtract line 15 from line 11. If zero or less, enter -0-	16	
17	Enter the smaller of line 6 or line 16	17	
	C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.		
			= 2000 (2000)

For Paperwork Reduction Act Notice, see separate instructions.

Part	,		
Note:	If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter	er -0-	on line 26.
18	Multiply line 14 by 75% (0.75). See instructions	18	
19	Enter the greater of line 13 or line 18	19	
20	Subtract line 19 from line 11. If zero or less, enter -0-	20	
21	Subtract line 17 from line 20. If zero or less, enter -0-	21	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	
23	Passive activity credit from line 3 of all Parts III with box B checked 23		
24	Enter the applicable passive activity credit allowed for 2022. See instructions	24	
25	Add lines 22 and 24	25	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	
27	Subtract line 13 from line 11. If zero or less, enter -0-	27	
28	Add lines 17 and 26	28	
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked 32 39.		
33	Enter the applicable passive activity credits allowed for 2022. See instructions	33	
34	Carryforward of business credit to 2022. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach	34	
35	Carryback of business credit from 2023. Enter the amount from line 5 of Part III with box D checked. See instructions.	35	
36	Add lines 30, 33, 34, and 35	36	
37	Enter the smaller of line 29 or line 36	37	
38	Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return. Individuals. Schedule 3 (Form 1040), line 6. Corporations. Form 1120, Schedule J, Part I, line 5c. Estates and trusts. Form 1041, Schedule G, line 2b.	38	WO.
	Latates and trusts. Form 1041, Scriedule G, line 20.		NONE

Form 3	3800 (2022)			Page 3
Name(s) shown on return		Identifying number	
TRU	STEES OF BOSTON COLLEGE		04-2	103545
Part	General Business Credits or Eligible Small Business Credits (see ins	truction	s)	
Com	plete a separate Part III for each box checked below. See instructions.			
Α	General Business Credit From a Non-Passive Activity E Reserved			
В	General Business Credit From a Passive Activity F Reserved			
С	General Business Credit Carryforwards G Eligible Small	Busine	ss Credit Carryforwa	ards
D	General Business Credit Carrybacks H Reserved		•	
_	f you are filing more than one Part III with box A or B checked, complete and attach	first an	additional Part III c	ombining amounts
f	rom all Parts III with box A or B checked. Check here if this is the consolidated Part III	I		X
	(a) Description of credit		(b) Enter EIN if	(c) Enter the
Noto.			claiming the credit	appropriate
	On any line where the credit is from more than one source, a separate Part III is needed for each through entity.	' "	om a pass-through entity.	amount.
	Investment (Form 3468, Part II only) (attach Form 3468)	1a	,	
b	Advanced manufacturing production (Form 7207)	1b		
C	Increasing research activities (Form 6765)	1c		7,633.
d	Low-income housing (carryforward only) (see instructions)	1d		,,033.
e	Disabled access (Form 8826)*	1e		
f	Renewable electricity production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
9 h	Orphan drug (Form 8820)	1h		
 i	New markets (Form 887/)	1i		
	New markets (Form 8874) Small employer pension plan startup costs and auto-enrollment (Form 8881)	1j		
J	Employer-provided child care facilities and services (Form 8882)*	1k		
K	Biodiesel, renewable diesel, or sustainable aviation fuel (attach Form 8864)	11		
l m				
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
S	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (Form 8830)	1t		
u	Mine rescue team training (Form 8923)	1u		
٧	Agricultural chemicals security (carryforward only)	1v		
W	Employer differential wage payments (Form 8932)	1w		
X	Carbon oxide sequestration (Form 8933)	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
Z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	Employee retention (Form 5884-A)	1aa		
	General credits from an electing large partnership (carryforward only)	1bb		
ZZ	Other. Oil and gas production from marginal wells (Form 8904) and certain other			
	credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		7,633.
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
С	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586)	4d		18.
е	Renewable electricity production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f		21.
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i		
j	Employer credit for paid family and medical leave (Form 8994)	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		39.
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		7,672.

^{*} See instructions for limitation on this credit. JSA 2X1802 1.000

Form	3800 (2022)			Page 3
Name	(s) shown on return		Identifying number	
TRU	STEES OF BOSTON COLLEGE			
Par		tructio	ons)	
	plete a separate Part III for each box checked below. See instructions.		,	
Α	General Business Credit From a Non-Passive Activity E Reserved			
1	X General Business Credit From a Passive Activity F Reserved			
c		Rusir	ness Credit Carryforwa	ards
D	General Business Credit Carrybacks H Reserved	Daoii	iodo ordan darryrorwa	ardo
	f you are filing more than one Part III with box A or B checked, complete and attach	firet a	n additional Part III c	ombining amounts
•	from all Parts III with box A or B checked. Check here if this is the consolidated Part II	I		
	(a) Description of credit		(b) Enter EIN if	(c) Enter the
Mata		_	claiming the credit	appropriate
	On any line where the credit is from more than one source, a separate Part III is needed for eac through entity.	n	from a pass-through entity.	amount.
	Investment (Form 3468, Part II only) (attach Form 3468)	1a	,	
b		1b		
c	Increasing research activities (Form 6765)	1c		
d	Low-income housing (carryforward only) (see instructions)	1d		
e	Disabled access (Form 8826)*	1e		
f	Renewable electricity production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
i	Small employer pension plan startup costs and auto-enrollment (Form 8881)	1j		
k	Employer-provided child care facilities and services (Form 8882)*	1k		
ı	Biodiesel, renewable diesel, or sustainable aviation fuel (attach Form 8864)	11		
m	15 11 15 1 1 1 (5 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (Form 8830)	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
x	Carbon oxide sequestration (Form 8933)	1x		
v	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
a:	a Employee retention (Form 5884-A)	1aa		
	o General credits from an electing large partnership (carryforward only)	1bb		
	Other. Oil and gas production from marginal wells (Form 8904) and certain other	1.0.0		
	credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4 a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
C	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586)	4d	04-3455028	18.
е	Renewable electricity production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	04-3455028	21.
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i		
j	Employer credit for paid family and medical leave (Form 8994)	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		39.
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		39.

^{*} See instructions for limitation on this credit.

_	3800 (2022)			Page 3
Nam	e(s) shown on return		Identifying number	
	JSTEES OF BOSTON COLLEGE			
Pa	rt General Business Credits or Eligible Small Business Credits (see ins	truction	ons)	
Cor	nplete a separate Part III for each box checked below. See instructions.			
Α	General Business Credit From a Non-Passive Activity E Reserved			
В	General Business Credit From a Passive Activity Reserved			
С	General Business Credit Carryforwards G Eligible Small	Busin	ness Credit Carryforv	vards
D	General Business Credit Carrybacks H Reserved			
I	If you are filing more than one Part III with box A or B checked, complete and attach	first a	an additional Part III	combining amou <u>nts</u>
	from all Parts III with box A or B checked. Check here if this is the consolidated Part II	١		
	(a) Description of credit		(b) Enter EIN if	(c) Enter the
Note	e: On any line where the credit is from more than one source, a separate Part III is needed for each	,	claiming the credit from a pass-through	appropriate amount.
	s-through entity.		entity.	diffoditi.
18	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
	Advanced manufacturing production (Form 7207)	1b		
	Increasing research activities (Form 6765)	1c	20-8306306	105.
(Low-income housing (carryforward only) (see instructions)	1d		
•	Disabled access (Form 8826)*	1e		
f		1f		
(ndian employment (Form 8845)	1g		
ı	n Orphan drug (Form 8820)	1h		
i	1 / /E 00=4)	1i		
j	Small employer pension plan startup costs and auto-enrollment (Form 8881)	1j		
ı	Employer-provided child care facilities and services (Form 8882)*	1k		
ı		11		
ı	n Low sulfur diesel fuel production (Form 8896)	1m		
	n Distilled spirits (Form 8906)	1n		
(Nonconventional source fuel (carryforward only)	10		
	Energy efficient home (Form 8908)	1р		
	Page 15 Energy efficient appliance (carryforward only)	1q		
ı	Alternative motor vehicle (Form 8910)	1r		
,	Alternative fuel vehicle refueling property (Form 8911)	1s		
1	E	1t		
	Mine rescue team training (Form 8923)	1u		
,	Agricultural chemicals security (carryforward only)	1v		
,	w Employer differential wage payments (Form 8932)	1w		
,	Carbon oxide sequestration (Form 8933)	1x		
,	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
	Qualified plug-in electric vehicle (carryforward only)	1z		
á	na Employee retention (Form 5884-A)	1aa		
ı	bb General credits from an electing large partnership (carryforward only)	1bb		
	zz Other. Oil and gas production from marginal wells (Form 8904) and certain other			
	credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		105.
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4 8		4a		
ı	Work opportunity (Form 5884)	4b		
(Biofuel producer (Form 6478)	4c		
(Low-income housing (Form 8586)	4d		
	Renewable electricity production (Form 8835)	4e		
ſ		4f		
	Qualified railroad track maintenance (Form 8900)	4g		
	Small employer health insurance premiums (Form 8941)	4h		
i		4i		
i	Employer credit for paid family and medical leave (Form 8994)	4j		
2	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		105.

^{*} See instructions for limitation on this credit. JSA 2X1802 1.000

Form	3800 (2022)			Page 3
Name	(s) shown on return		Identifying number	
TRU	STEES OF BOSTON COLLEGE			
	General Business Credits or Eligible Small Business Credits (see ins	tructio	ns)	
	plete a separate Part III for each box checked below. See instructions.		•	
Α	General Business Credit From a Non-Passive Activity E Reserved			
	X General Business Credit From a Passive Activity F Reserved			
С		Busin	ess Credit Carryforwa	ards
D	General Business Credit Carrybacks H Reserved			
	If you are filing more than one Part III with box A or B checked, complete and attach	first a	n additional Part III c	ombining amounts
-	from all Parts III with box A or B checked. Check here if this is the consolidated Part II			
	(a) Description of credit		(b) Enter EIN if	(c) Enter the
Noto	On any line where the credit is from more than one source, a separate Part III is needed for each	h	claiming the credit	appropriate
	through entity.	1	from a pass-through entity.	amount.
	Investment (Form 3468, Part II only) (attach Form 3468)	1a	,	
	Advanced manufacturing production (Form 7207)	1b		
С	Increasing research activities (Form 6765)	1c	47-2732735	7,114.
d	Low-income housing (carryforward only) (see instructions)	1d		•
е	Disabled access (Form 8826)*	1e		
f	Renewable electricity production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
i	Small employer pension plan startup costs and auto-enrollment (Form 8881)	1j		
k	Employer-provided child care facilities and services (Form 8882)*	1k		
- 1	Biodiesel, renewable diesel, or sustainable aviation fuel (attach Form 8864)	11		
n		1m		
n	Distilled spirits (Form 8906)	1n		
o	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (Form 8830)	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
х	Carbon oxide sequestration (Form 8933)	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
а	a Employee retention (Form 5884-A)	1aa		
	b General credits from an electing large partnership (carryforward only)	1bb		
Z	Other. Oil and gas production from marginal wells (Form 8904) and certain other			
	credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		7,114.
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
С	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586)	4d		
е	Renewable electricity production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f		
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i		
j	Employer credit for paid family and medical leave (Form 8994)	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		7,114.

^{*} See instructions for limitation on this credit.

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Form	3800 (2022)			Page 3
Name	s) shown on return		Identifying number	
TRU	STEES OF BOSTON COLLEGE			
Par	General Business Credits or Eligible Small Business Credits (see ins	tructio	ons)	
Com	plete a separate Part III for each box checked below. See instructions.			
Α	General Business Credit From a Non-Passive Activity E Reserved			
1	X General Business Credit From a Passive Activity F Reserved			
С	7	Busir	ess Credit Carryforwa	ards
D	General Business Credit Carrybacks H Reserved		- · · ,	
ı	f you are filing more than one Part III with box A or B checked, complete and attach	first a	n additional Part III c	combining amounts
1	rom all Parts III with box A or B checked. Check here if this is the consolidated Part II	١		
	(a) Description of credit		(b) Enter EIN if	(c) Enter the
Note	On any line where the credit is from more than one source, a separate Part III is needed for each	h	claiming the credit from a pass-through	appropriate amount.
	through entity.	'	entity.	aniount.
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
	Advanced manufacturing production (Form 7207)	1b		
С	Increasing research activities (Form 6765)	1c	26-1349728	31.
d	Low-income housing (carryforward only) (see instructions)	1d		
е	Disabled access (Form 8826)*	1e		
f	Renewable electricity production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs and auto-enrollment (Form 8881)	1j		
k	Employer-provided child care facilities and services (Form 8882)*	1k		
ı	Biodiesel, renewable diesel, or sustainable aviation fuel (attach Form 8864)	11		
m	15 11 15 1 1 1 (5 1 0000)	1m		
n	Distilled spirits (Form 8906)	1n		
o	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1р		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (Form 8830)	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
x	Carbon oxide sequestration (Form 8933)	1x		
у	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
a	Employee retention (Form 5884-A)	1aa		
	General credits from an electing large partnership (carryforward only)	1bb		
Z	Other. Oil and gas production from marginal wells (Form 8904) and certain other			
	credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		31.
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
С	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586)	4d		
е	Renewable electricity production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f		
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i		
j	Employer credit for paid family and medical leave (Form 8994)	4j		
Z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		31.

^{*} See instructions for limitation on this credit.

JSA
2X1802 1.000

_	3800 (2022)			Page 3
Nam	e(s) shown on return		Identifying number	
	JSTEES OF BOSTON COLLEGE			
Pa	rt General Business Credits or Eligible Small Business Credits (see ins	structi	ons)	
Cor	nplete a separate Part III for each box checked below. See instructions.			
Α	General Business Credit From a Non-Passive Activity E Reserved			
В	General Business Credit From a Passive Activity Reserved			
С	General Business Credit Carryforwards G Eligible Small	l Busi	ness Credit Carryforw	vards
D	General Business Credit Carrybacks H Reserved			
ı	If you are filing more than one Part III with box A or B checked, complete and attach	first a	an additional Part III	combining amou <u>nts</u>
	from all Parts III with box A or B checked. Check here if this is the consolidated Part II	Ι		
	(a) Description of credit		(b) Enter EIN if	(c) Enter the
Note	e: On any line where the credit is from more than one source, a separate Part III is needed for each	h	claiming the credit from a pass-through	appropriate amount.
	s-through entity.		entity.	
1 a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
ŀ	Advanced manufacturing production (Form 7207)	1b		
	Increasing research activities (Form 6765)	1c	98-1595308	383.
(Low-income housing (carryforward only) (see instructions)	1d		
•	Disabled access (Form 8826)*	1e		
f		1f		
Ç		1g		
ŀ	Orphan drug (Form 8820)	1h		
i	1 / (E 00=4)	1i		
j	Small employer pension plan startup costs and auto-enrollment (Form 8881)	1j		
ŀ	Employer-provided child care facilities and services (Form 8882)*	1k		
I	Biodiesel, renewable diesel, or sustainable aviation fuel (attach Form 8864)	11		
1	n Low sulfur diesel fuel production (Form 8896)	1m		
ı	Distilled spirits (Form 8906)	1n		
(Nonconventional source fuel (carryforward only)	10		
ı	Energy efficient home (Form 8908)	1р		
(Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
5	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (Form 8830)	1t		
ι	Mine rescue team training (Form 8923)	1u		
	Agricultural chemicals security (carryforward only)	1v		
١	v Employer differential wage payments (Form 8932)	1w		
)	Carbon oxide sequestration (Form 8933)	1x		
)	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
	Qualified plug-in electric vehicle (carryforward only)	1z		
á	a Employee retention (Form 5884-A)	1aa		
ŀ	b General credits from an electing large partnership (carryforward only)	1bb		
2	z Other. Oil and gas production from marginal wells (Form 8904) and certain other			
	credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		383.
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4 8		4a		
ŀ	Work opportunity (Form 5884)	4b		
(Biofuel producer (Form 6478)	4c		
(Low-income housing (Form 8586)	4d		
•	Renewable electricity production (Form 8835)	4e		
f		4f		
Ç	Qualified railroad track maintenance (Form 8900)	4g		
ŀ	Small employer health insurance premiums (Form 8941)	4h		
i		4i		
j	Employer credit for paid family and medical leave (Form 8994)	4j		
2		4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		383.

^{*} See instructions for limitation on this credit.

ATTACHMENT 4

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

5/31/2010 396,907 231,329 231,329 0	
5/31/2011 62,018 62,018 62,018 0	
5/31/2012 1,611,150 1,611,150 0	
5/31/2014 2,906,804 2,906,804 2,460,681 446,123	
5/31/2015 2,171,377 2,171,377 0 2,171,377	
5/31/2016 774,951 774,951 0 774,951	
5/31/2017 6,452,247 6,452,247 0 6,452,247	
5/31/2018 13,224,282 13,224,282 0 13,224,282	<u>)</u>
27,599,736 27,434,158 4,365,178 23,068,980)

ATTACHMENT 4A

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

DATE	ORIGINAL NOL	AMOUNT AVAILABLE	AMOUNT USED	NOL CARRYOVER TO NEXT YEAR	ACTIVITY GENERATING LOSS
5/31/2019 5/31/2020	20,962,492 15,549,378	20,962,492 15,549,378	0 0	20,962,492 15,549,378	Partnership Investments Partnership Investments
5/31/2021	5,118,009	5,118,009	0	5,118,009	Partnership Investments
	41,629,879	41,629,879	0	41,629,879	
DATE	ORIGINAL NOL	AMOUNT AVAILABLE	AMOUNT USED	NOL CARRYOVER TO NEXT YEAR	ACTIVITY GENERATING LOSS
5/31/2020 5/31/2021 5/31/2022	37,350 75,118 106,537	37,350 75,118 106,537	0 0 0	37,350 75,118 106,537	Catering Catering Catering
3,31,2022	219,005	219,005	0	219,005	catering