

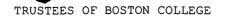
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<i>r</i> -		en de Zalkburgt
Bross w.	1 5	A. arinasina

Form 990-	.т E	cempt Organization (and proxy tax					rn 1905	OMB N	to 1545-0687
40	1	ndar year 2018 or other tax year begin					2019	න(ก 1 ด
Department of the Trea		Go to www.irs.gov/Form990						اک	910
Internal Revenue Service		not enter SSN numbers on this form a					c)(3)	Open to Pu 501(c)(3) C	ublic Inspection for Organizations Only
A Check box address ch		Name of organization (Check bo	x if nar	me changed and see	instruction	s) _		oyer identific oyees' trust, see	e instructions)
B Exempt under sec	ction	TRUSTEES OF BOSTON (COLL	EGE					
X 501(Ç)		'Number, street, and room or suite no	faPO	box, see instructions	i		04-2	103545	
408(e)	^{220(e)} Type	./						ated busines	ss activity code
408A L_	530(a)	140 COMMONWEALTH AVI	ENUE			440		3544MO113)	
529(a)		City or town, state or province, country			ode				
C Book value of all a at end of year		CHESTNUT HILL, MA 0					7223	20 723	1000
-	-	oup exemption number (See instruction			1	 	1		
47724012				rporation	501(c)	<u> </u>	<u> 401(a)</u>		Other trust
H Enter the num	nber of the orga	anization's unrelated trades or busine RTNERSHIP INVESTMENTS	sses		nly one		•	(or first) ur	
		e end of the previous sentence, cor	nnlete		-	complete Parts I			describe the
	ess, then comple		npiete	raits raile ii, com	ipiete a O	chedule ivi for ea	or addition	içii	
		corporation a subsidiary in an affili	ated o	roup or a parent-su	bsidiary o	controlled aroup?		•	Yes X No
		identifying number of the parent con			, .	J. 12p			
	in care of ▶J0		·	· ·	Telephon	e number > 61	7-552-	-3361	
Part I Unrel	ated Trade	or Business Income		(A) Income	е	(B) Exper	ises		(C) Net
1a Gross recei	pts or sales								
b Less returns ar		c Balance ▶	1c					<u> </u>	1
		dule A, line 7)	2						1
3 Gross prof	it Subtract line	2 from line 1c	3	202	100			+	202 120
		attach Schedule D)	4a	392,	,129.				392,129.
		Part II, line 17) (attach Form 4797)	4b						
		trusts	4c 5	-19,669,	312	ATCH 1		-1'	9,669,312.
• •		or an S corporation (attach statement)	6	13,003,	, 512.	AICH		 	3,003,312.
		ncome (Schedule E)	7			REC)EIV		7
		ents from a controlled organization (Schedule F)	8				√ [V	作 し	1
		01(c)(7), (9), or (17) organization (Schedule G)	9			18 400	0 = -	78	31
49 Exploited e		ncome (Schedule I)	10			PR APR	2720	\$0 10	· l
	income (Sched	dule J)	11					38	
92 Other incom	me (See instruc	ctions, attach schedule)	12			OGE)EN	UT -	
		ough 12	13	-19,277,					,277,183.
		Taken Elsewhere (See instr					Except f	or contrib	outions,
		t be directly connected with t							
-		directors, and trustees (Schedule K)						+	
Salaries an								+	
Repairs an								+	
10 Interest (at		(see instructions)							
		See instructions for limitation rules)							
21 Depreciation	on (attach Form	4562)		21	ı]				
22 Less depre	ciation claimed	on Schedule A and elsewhere on re	turn	22	а				
23 Depletion .							23		
24 Contributio	ns to deferred	compensation plans					24		· · · · · · · · · · · · · · · · · · ·
		s						 	
		Schedule I)						 	· · ·
27 Excess rea	dership costs (S	Schedule J)					27	 	1 605 300
28 Other dedu	ictions (attach s	Schedule J)				. АТСН 2	7 g 2B		1,685,309.
									0,962,492.
		ole income before net operating						+	7, 302, 432.
		ng loss arising in tax years beginning income. Subtract line 31 from line						-21	0,962,492.
United to	Justices (axabl	C WOOME CADUACTINE OF HOME WIFE	JU .	<u> </u>		· · · · · · · · · · · · · · · · · · ·	کرت رہے مم		

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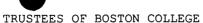
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Form **990-T** (2018)



Form	99ù-T (20	18)					Page 2
:Pa	rt ÍII	Total Unrelated Business Taxable Ir	ncome				
3.3	Total o	f unrelated business taxable income comput	ted from all unrelated	trades or businesses	(see		
•	instruct	ons)				33	24,783.
34	Amount	s paid for disallowed fringes				34	
35	Deducti	on for net operating loss arising in tax	years beginning befo	ore January 1, 2018	(see	1 [
	instruct	ons), , , , ,				35	24,783.
36	Total o	f unrelated business taxable income before s	specific deduction Subt	ract line 35 from the	sum		
	of lines	33 and 34				36	
37	Specific	deduction (Generally \$1,000, but see line 37 instr	ructions for exceptions)			37	
38		ed business taxable income. Subtract line 37					
		e smaller of zero or line 36				38	0.
Pa	rt IV	Tax Computation					
39	Organiz	ations Taxable as Corporations. Multiply line 38 by	y 21% (0 21)		• •▶	39	
40	Trusts	Taxable at Trust Rates. See instruc	ctions for tax comp				
	the amo	unt on line 38 from Tax rate schedule or	Schedule D (Form	1041)	▶	40	
41		x. See instructions					
42		ve minimum tax (trusts only)					
43		Noncompliant Facility Income See instructions .				$\overline{}$	
44		dd lines 41, 42, and 43 to line 39 or 40, whichever	r applies		<u></u>	44	· · · · · · · · · · · · · · · · · · ·
		Tax and Payments		146			-
45 a		tax credit (corporations attach Form 1118, trusts a				-	
		redits (see instructions)				1	
		business credit Attach Form 3800 (see instructions				1	
		or prior year minimum tax (attach Form 8801 or 882 edits. Add lines 45a through 45d				45e	
е 46		t line 45e from line 44				46	
47		es Check if from Form 4255 Form 8611				47	
		x Add lines 46 and 47 (see instructions)				48	0.
48 49		t Add lines 45 and 47 (see instructions)				49	
		ts A 2017 overpayment credited to 2018	• •	1 1		-3	
	•	timated tax payments				1	
		osited with Form 8868				1	
		organizations Tax paid or withheld at source (see ii				1	
		withholding (see instructions)				1	
		or small employer health insurance premiums (attac				1	
						1	
_	F		Total >	▶ 50g			
51	Total pa	yments Add lines 50a through 50g			· <u></u>	51	
52	Estimat	ed tax penalty (see instructions) Check if Form 222	20 is attached		lack	52	
53	Tax due	. If line 51 is less than the total of lines 48, 49, and	d 52, enter amount owed.		▶	53	
54	Overpa	rment. If line 51 is larger than the total of lines 48,	, 49, and 52, enter amount	t overpaid	▶	54	
<u>55</u>	Enter the	amount of line 54 you want			led 🕨	55	
Pai	rt VI	Statements Regarding Certain Activ	<u>vities and Other In</u>	formation (see inst	ruction	s)	
56	-	time during the 2018 calendar year, did the		-			·
		financial account (bank, securities, or other)				•	
		Form 114, Report of Foreign Bank and Fin	nancial Accounts If "Ye	es," enter the name o	f the	foreign	, I I
	here 🕨						X
57	•	he tax year, did the organization receive a distribut		rantor of, or transferor to	a forei	gn trust?	X
		see instructions for other forms the organization ma	·				
<u>58</u>		e amount of tax-exempt interest received or accrue			to the h	ort of ~··	knowledge and heliaf it is
C!	l to	der penalties of perjury, I declare that I have examined this r e, correct and complete Declaration of preparer (other than taxpayi				escor my	knowledge and belief, it is
Sign		משא ה פוופעב	PTNI	ANCE VP/TREASURE		-	RS discuss this return
Her	_	OHN D. BURKE	Date Title	ANCE VE/IREASURE	****		oreparer shown below os)? X Yes No
		gnature of officer Print/Type preparer's name Pre	eparer's signature	Date	(SBI	e alsu uclion	PTIN
Paic	ı	GWEN SPENCER	operal a algitulate	Date	Check		P00641463
_	oarer	* DDIODUAMEDHOUGECOODE	RS T.T.P		1	mployed	13-4008324
•	Only	Firm's address > 101 SEAPORT BLVD., S		N MA 02210			7-530-5000
		Times addicess - Tot Office Out Office	011B 000, B0010I	., 02210	Lenone	110 07	. 555 5500

Form **990-T** (2018)



•	11.0012.		01011 0022202			01 2200010	
Form 99Q-T (2018)						Pag Pag	e 3
Schedule A - Cost of G	oods Sold. En	ter method	of inventory valuation	>			
4 Inventory at beginning of y	year . 1		6 Inventory	at end of yea	ar	. 6	
2 Purchases			7 Cost of	goods so	id Subtract line		
3 Cost of labor	3		6 from	line 5 En	ter here and in	n	
4a Additional section 263A co	osts		Part I, line	2		. 7	
(attach schedule)	4a		8 Do the	rules of	section 263A ((with respect to Yes N	lo
b Other costs (attach schedu			property	produced	or acquired fo	or resale) apply	
5 Total. Add lines 1 through			to the org	anization? .	<u> </u>		
Schedule C - Rent Income	e (From Real P	roperty ar	nd Personal Property	Leased V	Vith Real Prope	erty)	
(see instructions)							
1. Description of property				_			
(1)							
(2)							
(3)		•					
(4)					· · · · · · · · · · · · · · · · · · ·		
	2. Rent recei	ved or accrue	ed .				
(a) From personal property (if the for personal property is more the	nan 10% but not	percenta	om real and personal property age of rent for personal property	y exceeds		directly connected with the income 2(a) and 2(b) (attach schedule)	
more than 50%)		50% or	if the rent is based on profit or	income)			
(1)							
(2)			·	_			
(3)							
(4)							
Total		Total			(b) Total deducti	ione	
(c) Total income. Add totals of c		•			Enter here and o		
here and on page 1, Part I, line 6					Part I, line 6, coli	umn (B) 🕨	
Schedule E - Unrelated D	ebt-Financed I	ncome (se	e instructions)				
1 Description of del	ht-financed property		2 Gross income from or allocable to debt-financed		debt-finar	onnected with or allocable to need property	
			property		nt line depreciation ch schedule)	(b) Other deductions (attach schedule)	
(1)							
(2)							
(3)							
(4)							
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adju- of or alloca debt-financed (attach sche	ble to property	6 Column 4 divided by column 5		income reportable 1 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)			%				
(2)			%				
(3)			%				_

Form **990-T** (2018)

Enter here and on page 1, Part I, line 7, column (B)

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(4)

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Total dividends-received deductions included in column 8.

%

Enter here and on page 1, Part I, line 7, column (A)

 \blacktriangleright

Schedule F-Interest, Annu				t Controlled	_			atic	7113 (366	instruction	3113)	
1. Name of controlled organization	2 Employer identification numb	- I		unrelated incom		4 Total payme	of speci	- 1	ıncluded	f column 4 to in the contri ion's gross in	olling	6 Deductions directly connected with income in column 5
(1)			_									
(2)												
(3)								\dashv				
(4)												ļ
Nonexempt Controlled Organi	zations						40	D = 4		0.45-4.15		4. Dadusta and dansthi
7 Taxable Income	8 Net unrelated in (loss) (see instruc			9 Total of sp payments r			inc	lude	of column d in the co tion's gros	ntrolling		Deductions directly nnected with income in column 10
(1)												
(2)			<u> </u>									
(3)	<u> </u>		-				<u> </u>					
(4)			<u> </u>				_		olumns 5 a		<u> </u>	dd columns 6 and 11
Totals	ncome of a Sec			(7), (9), or	_		Pa	rt I, I	ere and on ine 8, colui	mn (A)		ter here and on page 1, art 1, line 8, column (B)
1 Description of income	2 Amount of	income		directl	educ y con n sch	tions nected edule)				t-asides schedule)	_	5 Total deductions and set-asides (col 3 plus col 4)
(1)												
(2)												
(3) (4)												
Totals ▶ Schedule I-Exploited Exe	Enter here and Part I, line 9, c	olumn (A)	Othe	r Than Adv	erti	sing Ir	come) (SE	e instru	ctions)		Enter here and on page 1 Part I, line 9, column (B)
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Exp dire connec produ	penses ectly sted w ction o	s 4 Net in from under the from under the from the front or busing the front of the	ncom relate ness e s coli	ne (loss) ed trade (column umn 3) empute	5 G from	ross activ	income vity that related income	6 Expe attributa colum	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)												
(2)												
(3)												
(4)	,											
	Enter here and on page 1, Part I, line 10, col (A)	Enter he page 1 line 10,	, Part	i,								Enter here and on page 1, Part II, line 26
Totals ▶ Schedule J- Advertising Ir	come (see instri	uctions)		L	_							
			Co	neolidatod	Bac	ie						
Part I Income From Per		eu on a	COI	Suluateu	Das	15			-			
1 Name of periodical	2 Gross advertising income	3 D advertis	orect ing co	gain o	15 CO 1, COF	s) (col I 3) If npute		Circu	ilation ne	6 Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)												
(2)									<u> </u>	_		7 !
(3)		_								,		
(4)									-	-		
Totals (carry to Part II, line (5))						<u>-</u>						Form 990-T (2018)

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Form	agn.T	(2018)	

TRUSTEES OF BOSTON COLLEGE

04-2103545

Page 5

Part II	Income From Periodicals Reported on a Separa	te Basis (For each periodical liste	d in Part II, fill in columns
	2 through 7 on a line-by-line basis)		

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)	_					
(4)						
Totals from Part I ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	-
(4)		%	
Total Enter here and on page 1. Part II. line 14	_		

Form 990-T (2018)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

Department of the Treasury Internal Revenue Service

For calendar year 2018 or other tax year beginning $\frac{06/01}{}$, 2018, and ending $_{-}$ 05/31,2019

▶ 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

Name of organization

TRUSTEES OF BOSTON COLLEGE

Employer identification number 04-2103545

Unrelated business activity code (see instructions) ▶ 722320

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

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

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

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Schedule M (Form 990-T) 2018

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SCHEĐULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

2018

Department of the Treasury Internal Revenue Service For calendar year 2018 or other tax year beginning <u>06/01</u>, 2018, and ending <u>05/31</u>, 20 <u>19</u>

• Go to www.irs.gov/Form9907 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

492,404.

492,404.

Name of organization

TRUSTEES OF BOSTON COLLEGE

Unrelated business activity code (see instructions) ▶ 721000

Other income (See instructions, attach schedule) ATCH. 3 .

Total Combine lines 3 through 12.....

Employer identification number

04-2103545

Describe the unrelated trade or business ▶ CATERING Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales **b** Less returns and allowances Cost of goods sold (Schedule A, line 7)...... 2 2 Gross profit Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). . 4h Income (loss) from a partnership or an S corporation (attach 6 Unrelated debt-financed income (Schedule E). 7 Interest, annuities, royalties, and rents from a controlled 9 Investment income of a section 501(c)(7), (9), or (17)

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

11

12

13

492,404.

492,404.

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

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

11

12

ATTACHMENT 1

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

INCOME (LOSS) FROM PARTNERSHIPS

-19,669,312.

INCOME (LOSS) FROM PARTNERSHIPS

-19,669,312.

ATTACHMENT 2

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

TAX PREPARATION FEES INVESTMENT MANAGEMENT EXPENSE

41,950. 1,643,359.

PART II - LINE 28 - OTHER DEDUCTIONS

1,685,309.

TRUSTEES OF BOSTON COLLEGE

ATTACHMENT 3

SCHEDULE M - LINE 12 - OTHER INCOME

CATERING

492,404.

LINE 12 - OTHER INCOME

492,404.

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TRUSTEES OF BOSTON COLLEGE

04-2103545

ATTACHMENT 4

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

DINING/CATERING COSTS
FLOWERS/CONTRACT SERVICES/OTHER

186,395.

300,363.

PART II - LINE 28 - OTHER DEDUCTIONS

486,758.

ATTACHMENT 5

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

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

ATTACHMENT (5

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

DATE	NOL EXPIRATION DATE	AMOUNT OF NOL CARRYFORWARD	AMOUNT OF NOL UTILIZED	AMOUNT OF NOL GENERATED	AMOUNT OF NOL REMAINING	ACTIVITY GENERATING LOSS
5/31/2019	7/31/2039	0	0	20,962,492	20,962,492	Partnership Investments
			TOTAL REMAIN	NING NOL	20,962,492	

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

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0123

TRU	STEES OF BOSTON COLLEGE		04-2103545				
Par		See instructions	.)			01 2100010	
T di	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 ga or loss from Form(s) 8949, Part I, line 2, column (g)		Subtract column (e) from	
1a	a 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.		,	column (g)		the result with column (g)	
11	Totals for all transactions reported on Form(s) 8949 with Box A checked			i			
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					53,517.	
					1	33,317.	
4	Short-term capital gain from installment sales from	Form 6252, line 26 or 3	37		4_		
5	Short-term capital gain or (loss) from like-kind excha	nges from Form 8824			5		
6	Unused capital loss carryover (attach computation)				6	(
	Net short-term capital gain or (loss) Combine lines			<u></u> .	. 7	53,517.	
Part		(See instructions)			10.4.	
	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 or loss from For 8949, Part II, lir	m(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine	
8a	whole dollars I 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	<u> </u>		column (g)		the result with column (g)	
8 b	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 Echecked						
10	Totals for all transactions reported on Form(s) 8949 with Box F checked	<u> </u>				174,588.	
11	Enter gain from Form 4797, line 7 or 9		<u>'</u>	1	11	164,024.	
12	Long-term capital gain from installment sales from F	12					
13	Long-term capital gain or (loss) from like-kind exchar	13					
14	Capital gain distributions (see instructions)	14					
15	Net long-term capital gain or (loss) Combine lines 8	15	338,612.				
Part	Summary of Parts I and II						
16	6 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)					53,517.	
17	Net capital gain Enter excess of net long-term capit	17	338,612.				
18	Add lines 16 and 17 Enter here and on Form 1120,	18	392,129.				

Note: If losses exceed gains, see Capital losses in the instructions For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2018

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

Name(s) shown on return TRUSTEES OF BOSTON COLLEGE Social security number or taxpayer identification number

04-2103545

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

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

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

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

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

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B							
1 (a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of (Mo , day, yr)	(d) Proceeds (sales pnce) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	If you enter an a enter a co	any, to gain or loss amount in column (g), de in column (f) irate instructions (g) Amount of adjustment	(h) Gain or (loss) Subtract column (e from column (d) an combine the result with column (g)
SHORT TERM CAPITAL GAIN/(LOSS)	VAR	VAR					42,835
FORM 6781, PART I	VAR	VAR					10,682
		,					
2 Totals Add the amounts in columns negative amounts) Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C ab	here and incl is checked), line	lude on your e 2 (if Box B					53,517

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

For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2018)

Form 8949 (2018)					At	tachment Sequence No	12A Page 2
Name(s) shown on return Name and SSN or tax	ayer identification n	o not required if she	own on other side	Social see	curity number o	taxpayer identificat	ion number
TRUSTEES OF BOSTON COLLEGE						04-2103545	
Before you check Box D, E, or F below, statement will have the same informati broker and may even tell you which box	on as Form 10						
Part II Long-Term. Transactionstructions) For she				more than 1	year are ge	enerally long-te	rm (see
Note: You may agg to the IRS and for w 8a, you aren't requir	hich no ad	justments o	r codes are re	quired. Enter	the totals d	irectly on Sche	
You must check Box D, E, or F b a separate Form 8949, page 2, fo more of the boxes, complete as m (D) Long-term transactions r (E) Long-term transactions r X (F) Long-term transactions r	r each applic any forms wit eported on F eported on F	able box If y th the same b orm(s) 1099- orm(s) 1099-	ou have more lo oox checked as y -B showing basis B showing basis	ing-term trans ou need was reported t	actions than vito the IRS (see	will fit on this pa	
1 (a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of (Mo , day, yr)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e)	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f) See the separate instructions		Gain or (loss) Subtract column (e) from column (d) and
				in the separate	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
LONG-TERM CAPITAL GAIN/ (LOSS)	VAR	VAR					158,565
FORM 6781, PART I	VAR	VAR					16,023

above is checked), or line 10 (if Box F above is checked) ▶ Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form **8949** (2018)

174,588

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