Eorm	9	9	0	-T
Form	•	v	•	

Exempt Organization Business Income Tax Return

OMB No 1545-0687

Form	99U-1	(and proxy tax under	sect	ion 6033(e))	B	/ \/	20 4 7	,			
_		For calendar year 2017 or other tax year beginning 07/	01 ,	2017, and ending	06	/30 , 20 18						
Departm	ent of the Treasury	► Go to www.irs.gov/Form990T for instru						Open to Public Inspec	tion for			
Vinternal	Revenue Service	▶ Do not enter SSN numbers on this form as it may be	made	public if your org	anızat	tion is a 501(c)	3).	501(c)(3) Organization	s Only			
	Check box if address changed	Name of organization (Check box if name ch	anged a	and see instruction	s)			yer identification nu				
		Print TRUSTEES OF BOSTON UNIVERSITY					(Emplo	yees' trust, see instruc	tions)			
₹ 🛛 50	on(C)()3)	Number, street, and room or suite no. If a PO box,	see ins	structions			-210					
≥ □ 40	08(e) 220(e)	Type 881 COMMONWEALTH AVENUE, 4TH FLOOR	₹			E		ted business activity istructions)	codes			
E □ 40	08A 🔲 530(a)	City or town, state or province, country, and ZIP or	525990, 532000, 541800,									
	29(a)	BOSTON, MA 02215-1303	1310,	713940, 81293 <u>0,</u>	90000							
C Book	value of all assets d of year	F Group exemption number (See instructions	247-1		. 4 4							
<u> </u>	pot under section on (C) (O 3) (O 3) (O 8(e)	·			c) tru		01(a)					
'8 H De	escribe the orga	inization's primary unrelated business activity										
L Du	iring the tax year,	, was the corporation a subsidiary in an affiliated grou			ary co	ontrolled grou	b_{Δ}	► ☐ Yes 🗓] No			
		name and identifying number of the parent corp	oratio					<u> </u>				
		care of Gillian Emmons			epnor	ne number						
		d Trade or Business Income		(A) Income	_	(B) Exper	1562	(C) Net				
1a	Gross receipts		4.	12 710 710	0.0							
b	Less returns and		1c 2	17,712,712			+-		 -			
2	-	s sold (Schedule A, line 7) Subtract line 2 from line 1c	3	0	00	-	-	17,712,712	<u>'</u>			
3	•	et income (attach Schedule D,	4a	17,712,712 702,078	00			702,078	-			
4a b	-	(Form 4797, Part II, line 17) (attach Form 4797)	4b	702,078			+	102,018				
C	• , ,	eduction for trusts	4c				1	0	00			
5	•	om partnerships and S corporations (attach statement)	5	(2,224,151		Atch 1		(2,224,151	1			
6	Rent income (• • • • • • • • • • • • • • • • • • • •	6	(2,224,131					00			
7		ot-financed income (Schedule E)	7					0				
8		royalties, and rents from controlled organizations (Schedule F)	8	66,000	nn	-	0 00		†			
9		e of a section 501(c)(7), (9), or (17) organization (Schedule G)	-	00,000				0	1			
Ø 10		mpt activity income (Schedule I)	10					0	†			
	· ·	come (Schedule J)	11					0	00			
A)11 N12 NC13	-	See instructions, attach schedule) Attachment .1A	12	3,279,808				3,279,808	00			
Z 13		ne lines 3 through 12	13	19,536,447	00		0 00	19,536,447	00			
Part	Deductio	ns Not Taken Elsewhere (See instructions fo	r limit	ations on ded	uctio	ns) (Except	for c	contributions,				
<u></u>	deduction	ns must be directly connected with the unrelate	ed bu	isiness income)							
⊱ 14	Compensation	n of officers, directors, and trustees (Schedule K))				_	4				
<u>15</u>	Salaries and v	117	101	a		•		5 200,078	$\overline{}$			
െ 16	Repairs and m	naintenance . U J	17	- 1		•	1	- † · · · · · · · · · · · · · · · · · · 	00			
217	Bad debts			Attach	ment		_	7	<u> </u>			
2019 19	Interest (attac	•					\vdash	8 591,312				
	Taxes and lice			Attach	ment	2A	2	9 56,828	├──			
20		ntributions (See instructions for limitation rules)		21	1	, 358, 888 00	_		\vdash			
21 22	•	(attach Form 4562) ation claimed on Schedule A and elsewhere on re	turn) 		, 338, 888 00	22	2b 1,358,888				
23	Depletion	ation claimed on Schedule A and eisewhere on re	tuiii	. [224]				3	100			
24	•	to deferred compensation plans		•				4	† —			
25		nefit programs				•	_	5 39,676	00			
26		pt expenses (Schedule I)										
27	•	rship costs (Schedule J)						7	\vdash			
28		ons (attach schedule)	_	8 14,408,974								
29		ions. Add lines 14 through 28	2									
30		iness taxable income before net operating loss de	_	0 _1,179,525								
31		loss deduction (limited to the amount on line 30)	3	1,179,525	1							
32		siness taxable income before specific deduction	3		00							
33	Specific dedu	iction (Generally \$1,000, but see line 33 instruction	ons fo	r exceptions)			<u> </u>	3	<u> </u>			
34	Unrelated bu	isiness taxable income. Subtract line 33 from li			eate	than line 32						
	enter the sma	iller of zero or line 32					3	4 0	00			

Part	II Ta	ax Computation				
35	Organi	zations Taxable as Corporations. See instructions for tax computation. Conf	trolled group			
	membe	ers (sections 1561 and 1563) check here Geographical See instructions and			J	
а	Enter ye	our share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in t	nat order)			
	(1) \$	(2) \$ (3) \$]			
b	Enter o	rganization's share of (1) Additional 5% tax (not more than \$11,750)				
	(2) Add	itional 3% tax (not more than \$100,000)		<u></u>		
C		tax on the amount on line 34	>	35c		
36			me tax on			
	the amo	ount on line 34 from Tax rate schedule or Schedule D (Form 1041)	. ▶	36		
37	Proxy t	ax. See instructions .	>	37		
38	Alternat	tive minimum tax	42	38	40,170	
39		Non-Compliant Facility Income. See instructions		39		
40		Add lines 37, 38 and 39 to line 35c or 36, whichever applies	<u> </u>	40	40,170	00
Part		ax and Payments		· · ·		
41a	-	tax credit (corporations attach Form 1118, trusts attach Form 1116)		4		
b		redits (see instructions)		_	J	
С		I business credit Attach Form 3800 (see instructions) 41c		_	İ	
d		or prior year minimum tax (attach Form 8801 or 8827)		 _		
е		redits. Add lines 41a through 41d		41e		
42		et line 41e from line 40		42	40,170	00
43		kes Check if from Form 4255 Form 8611 Form 8697 Form 8866 X Other (attack			0	
44		ax. Add lines 42 and 43	, 4	8 44	40,170	00
45a		nts A 2016 overpayment credited to 2017		-]	
b		stimated tax payments . 50 9 45b oosited with Form 8868 45c	10,000	-		
C	•	 		_		
d	_	` ` ` `		\dashv		
e	•			⊣ ∤	ì	
f		or small employer health insurance premiums (Attach Form 8941) redits and payments		-		
g	Form	· · · · · · · · · · · · · · · · · · ·	0 00			
46		ayments. Add lines 45a through 45g	51	46	10,000	00
47	-	ed tax penalty (see instructions) Check if Form 2220 is attached] 47	10,000	00
48		e. If line 46 is less than the total of lines 44 and 47, enter amount owed	.53▶	48	30,170	00
49		lyment. If line 46 is larger than the total of lines 44 and 47, enter amount overpair	d . ►	49	0	
50	-		Refunded ▶	50	0 (
Part		tatements Regarding Certain Activities and Other Information (see ins				
51		time during the 2017 calendar year, did the organization have an interest in or a		other auth	nority Yes	No
-		financial account (bank, securities, or other) in a foreign country? If YES, the or				1
	FinCEN	I Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the n	ame of the f	oreign co	untry	
	here >	Attachment 4			х	
52	During t	he tax year, did the organization receive a distribution from, or was it the grantor of, or tra	nsferor to, a fo	reign trust	? .	Х
	If YES,	see instructions for other forms the organization may have to file			f T	- 1
_53		ne amount of tax-exempt interest received or accrued during the tax year 🕨 💲		-		
C:		penalties of perjury, I declare that I have examined this return, including accompanying schedules and statem prect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer I	ents, and to the b	est of my kn	owledge and belie	ef, it is
Sign				May the	IRS discuss this re	
Here		S-/5-/9 SR VP, CFO, Treasu	rer		preparer shown b uctions)? ☑Yes ☐	
	Signat	ure of officer Date / Little		<u> </u>		
Paid		Print/Type preparer's name Preparer's signature Morilla & July	- 4 - 40	check 🗆 i		
Prep	arer	Marilyn Farley		elf-employe		0
Use (Firm's name ► KPMG LLP			13-5565207	
		Firm's address ▶ 60 South Street, Boston, MA 02111	P	hone no 61	7-988-1000	

Sche	dule A—Cost of Goods Sold.	Enter	method of in	vento	ory va	aluation ►				<u> </u>
1	Inventory at beginning of year	1			6	Inventory a	at end of year .	6		
2	Purchases	2			7	Cost of	goods sold. Subtract			
3	Cost of labor	3				line 6 from	line 5 Enter here and			
4a	Additional section 263A costs					ın Part I, lır	ne 2	7	0	00
	(attach schedule)	4a	•		8	Do the rul	les of section 263A (wit	h respect to	Yes	No
b	Other costs (attach schedule)	4b]		roduced or acquired for			
5	Total. Add lines 1 through 4b_	5		00		to the orga				Х
	dule C—Rent Income (From Fainstructions)	Reall	Property and	l Pers	sonal	Property I	Leased With Real Pro	pperty)		
1. Desc	ription of property									
(1)										
(2)										
(3)										
(4)										
	2. Rent red	eived o	or accrued							
(a) Fro	om personal property (if the percentage of re- personal property is more than 10% but not more than 50%)		(b) From real ar percentage of rent 50% or if the rent	for pers	onal pr	operty exceeds	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			
(1)										
(2)										
(3)		\top								
(4)										
Total		To	tal				(b) Total deductions.			
here ar	al income. Add totals of columns 2(a) nd on page 1, Part I, line 6, column (A)		· ·				Enter here and on page Part I, line 6, column (B)			
Sche	dule E—Unrelated Debt-Finai	iced	Income (see	ınstru	ctions	s)				
	Description of debt-financed p	roperty				come from or debt-financed	Deductions directly connected with or allocable to debt-financed property			
					property		(a) Straight line depreciation (b) Other dedu (attach schedule) (attach schedule)			
(1)										
(2)										
(3)				-						
(4)										
-	acquisition debt on or o' llocable to debt-financed debt	or allo	djusted basis cable to ed property chedule)		4 d	olumn vided Ilumn 5	7 Gross income reportable (column 2 × column 6)	8 Allocable d (column 6 × tota 3(a) and	of col	
(1)						%				
(2)						%				
(3)						%				
(4)						%				
_		_					Enter here and on page 1, Part I, line 7, column (A)	Enter here and Part I, line 7, o		
Totals						>	L	ļ		
Total o	dividends-received deductions includ	ed in d	column 8					<u> </u>	00 T	

Schedule F—Interest, Ann	uities	s, Royalties,			Controlled Org	anizations (se	e instru	ctions)	
Name of controlled organization		2 Employer Ification number		lated income instructions)	4. Total of specified payments made	5. Part of colum included in the corganization's great	controlling	conn	eductions directly ected with income in column 5
(1) 660 Corporation	04-2	787737							
(2)									
(3)						<u> </u>			
(4)	L					<u></u>			
Nonexempt Controlled Organi	zation	s				<u> </u>			
7 Taxable Income	l .	3. Net unrelated ind (loss) (see instructi			otal of specified yments made	included in the o	10 Part of column 9 that is included in the controlling organization's gross income		Deductions directly acted with income in column 10
(1) (1,009,950			31,505		643,86	6	66,00	0	
(2)									
(3)								1	
(4)									
Totals					•	Add columns 5 Enter here and c Part I, line 8, co	on page 1, olumn (A)	, Enter I Part I	columns 6 and 11 here and on page 1, , line 8, column (B)
Schedule G—Investment	Incon	ne of a Sect	on 501/	c)/7) /9)	or (17) Organi		5,000.0		0.00
1. Description of income		2. Amount of		3. dire	Deductions ctly connected ach schedule)	4 Set-aside (attach schedi	es .	5. To and s	otal deductions set-asides (col. 3 plus col. 4)
(1)				- (0.1.	dell delladio,				Pido 001 1)
(2)				-					
(3)	$\neg \neg$			+					
(4)				 					
Totals		Enter here and Part I, line 9, c							ere and on page 1, one 9, column (B)
	amnt	Activity Inco	me Otl	ner Than	Advertising In	come (see inst	ructions	e)	
Description of exploited activ		2. Gross unrelated business incor from trade o business	me conr r ui	Expenses directly lected with duction of inclated ess income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6 Ex	penses utable to umn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)									
(2)									
(3)									
(4)									
Totals	•	Enter here and page 1, Part line 10, col (4	I, pag	here and on e 1, Part I, 10, col (B)					Enter here and on page 1, Part II, line 26
Schedule J—Advertising									
Part I Income From P	eriod	licals Repor	ted on a	Consoli	dated Basis				
1 Name of periodical		2 Gross advertising income	l l	Direct tising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	1	adership osts	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)									
(2)]
(3)]
(4)]
									1
Totals (carry to Part II, line (5))		<u> </u>			J			-	Form 990-T (2017)

Part II Income From Period 2 through 7 on a line-	•	on a Separat	e Basis (For ea	ich periodical li	sted in Part I	I, fill in columns
1. Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7. Excess readership costs (column 6 minus column 5, bu not more than column 4)
<u>(1)</u>						
(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, Direc	tors, and Tru	stees (see instru	ictions)		
1 Name		:	? Title	3. Percent of time devoted to business	time devoted to	

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** (2017)

Form **4626**

Department of the Treasury Internal Revenue Service

Name

Alternative Minimum Tax—Corporations

► Attach to the corporation's tax return.

▶ Go to www.irs.gov/Form4626 for instructions and the latest information.

OMB No 1545-0123

2017

Employer identification number

04-2103547 TRUSTEES OF BOSTON UNIVERSITY Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e) Taxable income or (loss) before net operating loss deduction 1 1,179,525 2 Adjustments and preferences: a Depreciation of post-1986 property 2a 10,409 **b** Amortization of certified pollution control facilities 2b (18,828)c Amortization of mining exploration and development costs 2c d Amortization of circulation expenditures (personal holding companies only) 2d Adjusted gain or loss 2e 2f Long-term contracts Merchant marine capital construction funds 2g Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only) 2h Tax shelter farm activities (personal service corporations only) 2i 2j Passive activities (closely held corporations and personal service corporations only) 2k k Loss limitations Depletion 21 1 231 m Tax-exempt interest income from specified private activity bonds 2m n Intangible drilling costs 2n 2,814,442 Other adjustments and preferences 20 0 (1,512)Pre-adjustment alternative minimum taxable income (AMTI) Combine lines 1 through 20. 3 3,984,267.00 Adjusted current earnings (ACE) adjustment: ACE from line 10 of the ACE worksheet in the instructions 4a 3,984,267 Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount See instructions 4b 0.00 c Multiply line 4b by 75% (0 75) Enter the result as a positive amount 4c 0.00 Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments See instructions Note: You must enter an amount on line 4d (even if line 4b is positive) 4d e ACE adjustment 4e · If line 4b is zero or more, enter the amount from line 4c 0.00 • If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount Combine lines 3 and 4e If zero or less, stop here, the corporation does not owe any AMT 5 3,984,267.00 Alternative tax net operating loss deduction See instructions Attachment 5 6 3,585,840 7 Alternative minimum taxable income. Subtract line 6 from line 5 If the corporation held a residual 7 interest in a REMIC, see instructions 398,427.00 8 Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c) Subtract \$150,000 from line 7 If completing this line for a member of a controlled group, see instructions If zero or less, enter -0-8a Multiply line 8a by 25% (0 25) Exemption Subtract line 8b from \$40,000 If completing this line for a member of a controlled group, see instructions If zero or less, enter -0-8c Subtract line 8c from line 7 If zero or less, enter -0-9 398,427.00 10 10 Multiply line 9 by 20% (0.20) 40,170 Alternative minimum tax foreign tax credit (AMTFTC) See instructions 11 11 12 Tentative minimum tax Subtract line 11 from line 10 12 40,170.00 13 Regular tax liability before applying all credits except the foreign tax credit 13 0 Alternative minimum tax. Subtract line 13 from line 12 If zero or less, enter -0- Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return 40,170.00 For Paperwork Reduction Act Notice, see separate instructions. Form 4626 (2017)

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

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

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

OMB No 1545-0123

Employer identification number

Name TRUSTEES OF BOSTON UNIVERSITY 04-2103547 Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less See instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) (d) or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part I, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) column (g) the result with column (g) whole dollars 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949. leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with Box A checked 2 Totals for all transactions reported on Form(s) 8949 with Box B checked Totals for all transactions reported on Form(s) 8949 with Box C checked (1,636.00) Short-term capital gain from installment sales from Form 6252, line 26 or 37 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 6 Unused capital loss carryover (attach computation) 7 7 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h (1,636,00) Long-Term Capital Gains and Losses—Assets Held More Than One Year See instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) the lines below. or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part II, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) column (g) the result with column (g) whole dollars 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked 439,264 439,264.00 11 Enter gain from Form 4797, line 7 or 9 11 264,450 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 14 Capital gain distributions (see instructions) 14 15 Net long-term capital gain or (loss) Combine lines 8a through 14 in column h 15 703,714.00 Summary of Parts I and II 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 0.00 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7). 17 702,078.00 18 Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. If the corporation has qualified timber gain, also complete Part IV 18 702,078.00

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

Schedule D (Form 1120) 2017

Par	Alternative Tax for Corporations with Qualified Timber Ga qualified timber gain under section 1201(b) Skip this part if you				
19	Enter qualified timber gain (as defined in section 1201(b)(2))	19			
20	Enter taxable income from Form 1120, page 1, line 30, or the applicable line of your tax return	20			
21	Enter the smallest of (a) the amount on line 19, (b) the amount on line 20, or (c) the amount on Part III, line 17	21			
22	Multiply line 21 by 23 8% (0 238)			22	
23	Subtract line 17 from line 20 If zero or less, enter -0-	23			
24	Enter the tax on line 23, figured using the Tax Rate Schedule (or applicable the return with which Schedule D (Form 1120) is being filed	tax ra	ate) appropriate for	24	
25	Add lines 21 and 23	25		-	
26	Subtract line 25 from line 20 If zero or less, enter -0-	26		-	
27	Multiply line 26 by 35% (0 35)			27	
28	Add lines 22, 24, and 27			28	
29	Enter the tax on line 20, figured using the Tax Rate Schedule (or applicable ta return with which Schedule D (Form 1120) is being filed	e) appropriate for the	29		
30	Enter the smaller of line 28 or line 29 Also enter this amount on Form 1120, applicable line of your tax return	Sche	dule J, line 2, or the	30	

Form **8949**

Sales and Other Dispositions of Capital Assets

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

Attachment 124

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 Servic	e j rinewit	ii your ochcuur	e D to list your	transactions for in	103 10, 2, 0, 00, 3, 4	na 10 or och	Sedic D. J Se	quence No 12A
Name(s) shown on ret	urn				Social secu	rity number o	r taxpayer identific	ation number
Trustees of Bo	ston University	Υ			04-21035	47		
Before you check E statement will have broker and may eve	the same informati	on as Form 10						
tran: Not e repo	rt-Term. Trans sactions, see po e: You may aggorted to the IRS edule D, line 1a	age 2 pregate all sl and for who	hort-term tr	ransactions rep stments or cod	oorted on Form les are required	(s) 1099-E d Enter th	3 showing basi e totals directl	s was y on
You must check complete a separ for one or more of	rate Form 8949, p	page 1, for ea	ach applicabl	le box If you have	ve more short-te	rm transac		
☐ (B) Short-t	erm transactions erm transactions erm transactions	reported on	Form(s) 109	9-B showing bas			,	e)
1 (a)		(b) Date acquired	(c) Date sold or disposed of (Mo, day, yr)	r Proceeds (sales price)	(e) Cost or other basis See the Note below	W See the separate instructions.		(h) Gain or (loss) Subtract column (e)
(a) Description of property (Example 100 sh XYZ Co)	(Mo , day, yr)	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)	
Partnership In	vestments	Various	Various	3,745				_3,745.00
Partnership Flow	Thru (Form 6781)	Various	Various	(5,381				(5,381.00
	<u></u>							
				-				

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 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶

(1,636.00

 $(1, \underline{6}36.00)$

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

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

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

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. 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-ter	m transactions	reported on Form(s)	1099-B s	showing bas	is was reporte	ed to the IRS	(see Note above)
(E) Long-ter	m transactions	reported on Form(s)	1099-B s	showing basi	s wasn't rep	orted to the IF	RS
X (F) Long-ter	m transactions	not reported to you	on Form 1	1099-B			

(a) Description of property	(b) Date acquired	(c) Date sold or disposed of (Mo, day, yr)	(d) Proceeds	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	If you enter an enter a c See the sep	f any, to gain or loss amount in column (g), ode in column (f) parate instructions	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
(Example 100 sh XYZ Co)	(Mo , day, yr)				(f) Code(s) from instructions	(g) Amount of adjustment	
Partnership Investments	Various	Various	447,336				447,336.00
Partnership Flow Thru (Form 6781	Various	Various	(8,072				(8,072.00
						<u> </u>	
2 Totals. Add the amounts in columns negative amounts) Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	here and includ is checked), lir F above is che	e on your se 9 (if Box E	439,264.00				439,264.00

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 4562

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

▶ Go to www irs.gov/Form4562 for instructions and the latest information.

OMB No 1545-0172 Attachment

Department of the Treasury Internal Revenue Service (99) Sequence No 179 Name(s) shown on return Business or activity to which this form relates Identifying number TRUSTEES OF BOSTON UNIVERSITY 04-2103547 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I 1 Maximum amount (see instructions) 510,000 Total cost of section 179 property placed in service (see instructions) 2 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,030,000 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 0.00 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0-. If married filing separately, see instructions 5 510,000.00 (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 10 Carryover of disallowed deduction from line 13 of your 2016 Form 4562 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11 12 0.00 13 Carryover of disallowed deduction to 2018 Add lines 9 and 10, less line 12 0.00 Note: Don't use Part II or Part III below for listed property. Instead, use Part V Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property) (See instructions Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 15 Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property) (See instructions Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2017 1,358,888 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ Section B--Assets Placed in Service During 2017 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (a) Classification of property (business/investment use (e) Convention (f) Method (g) Depreciation deduction placed in period only-see instructions) 3-year property 5-year property 7-year property d 10-year property e 15-year property f 20-year property S/L 25 yrs g 25-year property 27 5 yrs MM S/L h Residential rental property 27 5 yrs MM S/L MM S/L i Nonresidential real 39 yrs S/L property MM Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System S/L 20a Class life 12 yrs S/L b 12-year

Part IV Summary (See instructions

c 40-year

21	Listed	property	Enter	amount	trom	line 28	3
----	--------	----------	-------	--------	------	---------	---

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions

40 yrs

23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

	 	-		

MM

23

S/L

21

1,358,888.00

Form -	4562 (2017)		_										_				Page 2
Pai		d Property						vehic	les, ce	ertai	n airc	raft,	certair	com	puters	, and p	roperty
		for enterta	•		•		•										
		For any velolumns (a) to											lease e	expens	se, com	iplete o	nly 24a,
	Section A	-Deprecia	ation and	Other Inf	ormati	on (Ca	ution:	See th	e ınstru	ıctıoı	ns for	limits	for pas	senge	er autor	nobiles)	
24a	Do you have e	vidence to su	pport the b	usiness/inve	estment	use clain	ned?] Yes[] No	24	b If "\	∕es," ı	s the evi	dence	written?	☐ Yes	□ No
	(a) of property (list ehicles first)	(b) Date placed in service	(c) Business/ investment us percentage		d) ther basi		(e) for depre ness/inves use only)	stment	(f) Recove period		(g Meth Conve	iod/		(h) reciatio duction		(I) lected sec cos	
25	Special dep	reciation a		for qualifie	ed liste	d prop			servic	e di	Jrina				-		
20	the tax year											25					
26	Property us											l	1				
	<u>'</u>		9														
			9/	6													
				6													
27	Property use	ed 50% or I	less in a q	ualified bu	isiness	use							_				
			9								S/L						- 1
			9/								S/L-						(
		<u> </u>	9/								S/L_		_				
	Add amount			-					21, pa	ige 1		28	L		29		
29	Add amount	is in columi	1 (I), III1e 2				mation		o of V	ahic	los				29		
Com	plete this sect	on for vehic	les used b									." or r	elated o	erson	If you r	rovided	vehicles
	ur employees																
<u> </u>					(a)	(b)	T	(c)	- · · · · ·	(d)		(e)	1	f)
30	Total business/investment miles driven during Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 the year (don't include commuting miles)								Vehicle 6								
31	Total commut	tıng miles dri	ven during	the year													
32	Total other miles driven	-	(noncon	nmuting)								_					
33	Total miles lines 30 thro		ing the ye	ear Add													
34	Was the ve			personal	Yes	No_	Yes	No	Yes	1	No	Yes	No	Yes	No	Yes	No
35	Was the veh than 5% ow												•				
36	Is another vel	nicle available	e for perso	nal use?													
	<u> </u>	Section	C—Ques	stions for	Emplo	yers W	ho Pro	vide V	ehicle	s for	Use	by Th	eir Em	ploye	es		
	ver these que than 5% ow						to com	pleting	g Secti	on B	for ve	ehicle	s used	by em	ployees	s who ar	en't
	Do you man	ntaın a writ	<u>-</u>				s all pe	rsonal	use of	veh	ıcles,	includ	ding coi	nmutı	ng, by	Yes	No
38	Do you mai employees?	ntain a writ															
39	Do you treat						-				,			. 5. 2			
	Do you prov							ain inf	ormati	on fr	om yo	our er	nployee	s abo	ut the		
	use of the v						•				•						L
41	Do you mee			-													<u> </u>
	Note: If you		o 37, 38, 3	9, 40, or 4	11 is "Y	es," do	n't com	plete	Section	n B fo	or the	cove	red veh	<u>cles_</u>			
Pa	rt VI Amor	tization					_						(0)				
		(a) on of costs		(b) Date amortiza begins	ation	Amo	(c) rtizable ai	mount			(d) section	,	(e) Amortiza period percent	or	Amortiz	(f) ation for t	nis year
42	Amortization	n of costs th	nat begins	during yo	ur 201	7 tax ye	ar (see	ınstru	ctions)								
	Amortization		-											43			96,587
44	Total. Add	amounts in	column (f) See the	instruc	tions fo	or where	e to rep	ort					44		196,	587.00

ATTACHMENT 1

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

ORDINARY INCOME FROM PARTNERSHIP INVESTMENTS

INCOME (LOSS) FROM PARTNERSHIPS

-2,224,151.

-2,224,151.

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FORM 990T - LINE 12 - OTHER INCOME

Qualified Transportation Fringe Under IRC 512(A)(17)

3,279,808.

Other Income

3,279,808.

ATTACHMENT 2

FORM 990T - PART II - LINE 18 - INTEREST

TAXABLE DEBT INTEREST

591,312.

PART II - LINE 18 - INTEREST

591,312.

ATTACHMENT 3

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

AGGANIS ARENA AGGANIS SPONSORSHIP SUMMER HOUSING EVENTS & CONFERENCES FITREC MEMBERSHIP FITREC FACILITIES RENTALS FITREC DANCE THEATRE PARKING	11,771,111. 68,221. 74,126. 216,614. 163,714. 4,918. 6,053. 780,743.
	•

FEIN: 04-2103547 FY 2018, TY 2017

ATTACHMENT 3A

Net Operating Loss Carry Forward Schedule

(a)	(b)		(c) .		(d)		(e)	(f) .		
NOL Year	Carryforward	Carryover		NOL		Amount Utilized		NOL Carryover to		
(Tax Year)	Extent	from 2016		· Available for			in 2017	2018		
	(Tax Year)				2017			Col.	(d) - Col. (e)	
2003	2023	\$	192,112	\$	192,112	\$	192,112	\$	-	
2004	2024	\$	6,072,830	\$	6,072,830	\$	987,460	\$	5,085,417	
2005	2025	\$	2,834,793	\$	2,834,793			\$	2,834,793	
2006	2026	\$	6,051,064	\$	6,051,064			\$	6,051,064	
2007	2027	\$	664,747	\$	664,747			\$	664,747	
2008	2028	\$	1,894,306	\$	1,894,306			\$	1,894,306	
2009	2029	\$	699,403	\$	699,403			\$	699,403	
2010	2030	\$	1,203,143	\$	1,203,143			\$	1,203,143	
2011	2031	\$	313,120	\$	313,120			\$	313,120	
2012	2032	\$	36,422	\$	36,422			\$	36,422	
2013	2033	\$	238,692	\$	238,692			\$	238,692	
2014	2034	\$	182,938	\$	182,938			\$	182,938	
2015	2035	\$	143,338	\$	143,338			\$	143,338	
2016	2036	\$	1,840,855	\$	1,840,855			\$	1,840,855	
2017	2037			\$	-			\$	-	
			Total NOL	Uti	lized in 2017:	\$	1,179,572 *	\$	21,188,191	

*Total amount of NOL utilized in 2017 is allocated as follows:

990-T, Page 1, Line 31, Net Operating Loss Deduction \$1,179,525 Attachment 8, IRC 965 Transition Tax Statement \$47

\$ 47 \$ 1,179,572 Total NOL Utilized in 2017

FORM 990-T EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN PART V, LINE 1

ATTACHMENT 4

THE TRUSTEES OF BOSTON UNIVERSITY HAS BANK ACCOUNTS IN FOREIGN COUNTRIES. THESE ACCOUNTS FUND THE OPERATIONS OF THE UNIVERSITY'S UNDERGRADUATE AND GRADUATE OVERSEAS PROGRAMS.

FOREIGN COUNTRIES INCLUDE:

AUSTRALIA
BELGIUM
FRANCE
GERMANY
IRELAND
ITALY
NEW ZEALAND
SPAIN
SWITZERLAND
UNITED KINGDOM
ZAMBIA

FEIN: 04-2103547 FY 2018, TY 2017

ATTACHMENT 5

AMT Net Operating Loss Carry Forward Schedule

(a) (b) AMTNOL Year Carryforwar		(c) ard Initial Loss		(d) Carryover from 2016			(e) nount Utilized in 2017	(f) AMTNOL Carryover to 2018		
(Tax Year)	Extent (Tax Year)				2010		III 2017		. (d) - Col. (e)	
2003	2023	\$	4,608,616	\$	630,071	\$	630,071	\$	-	
2004	2024	\$	6,072,830	\$	6,072,830	\$	2,955,769	\$	3,117,061	
2005	2025	\$	2,834,793	\$	2,834,793			\$	2,834,793	
2006	2026	\$	5,937,334	\$	5,937,334			\$	5,937,334	
2007	2027	\$	386,220	\$	386,220			\$	386,220	
2008	2028	\$	1,770,125	\$	1,770,125			\$	1,770,125	
2009	2029			\$	-			\$	<u>-</u>	
2010	2030	\$	1,197,224	\$	1,197,224			\$	1,197,224	
2011	2031	\$	357,202	\$	357,202			\$	357,202	
2016	2036	\$	1,406,538	\$	1,406,538			\$	1,406,538	
2017	2037			\$	-			\$	<u> </u>	
			AMTN	OL U	Utilized in 2017:	\$	3,585,840	\$	17,006,497	

FEIN: 04-2103547 FY 2018, TY 2017

ATTACHMENT 6

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

Trustees of Boston University, 04-2103547 is making the de minimis safe harbor election under Treas. Reg. Sec. 1.263(a)-1(f).

Trustees of Boston University's address is: 881 Commonwealth Avenue, 4th Floor Boston, MA 02215-1303.

This election is made on behalf of the following members of the consolidated group: Trustees of Boston University, 04-2103547 520 Commonwealth Ave. Real Estate Corp. & Sub, 04-2272027 660 Corporation, 04-2787737 AKEAH, Inc., 04-3003380

FEIN: 04-2103547 FY 2018, TY 2017

ATTACHMENT 7

Section 168(k)(2)(D)(iii) Special Depreciation Election

Pursuant to code section 168(k)(2)(D)(iii), the Taxpayer hereby elects out of the special depreciation allowance of code section 168(k) for all property placed in service by the taxpayer during the taxable year which would otherwise qualify for the special depreciation allowance under code section 168(k).

TRUSTEES OF BOSTON UNIVERSITY FOR THE YEAR ENDED 06/30/2018 EIN: 04-2103547

ATTACHMENT TO 990-T, PART IV, LINE 43 - IRC SECTION 965 TRANSITION TAX

TRUSTEES OF BOSTON UNIVERSITY HAS MADE INVESTMENTS IN A NUMBER OF LIMITED PARTNERSHIPS WHICH HAVE DISCLOSED 965 TRANSITION TAX INCOME AND DEDUCTION AMOUNTS. THE TOTALS OF THE AMOUNTS REPORTED BY THESE PARTNERSHIPS TO TRUSTEES OF BOSTON UNIVERSITY ARE REPORTED ON THE ATTACHED IRC 965 TRANSITION TAX STATEMENT. 965 INCLUSION AMOUNTS CONSIDERED UNRELATED BUSINESS ARE PRESENTED, BELOW FOR THE PURPOSES OF CALCULATING THE COLLEGE'S 965 TRANSITION TAX. THIS TAX IS REPORTED ON THE COLLEGE'S 990-T, PART IV, LINE 43.

<u>ITEM</u>	AMOUNT
AMOUNT OF 965(A) INCOME CONSIDERED UNRELATED BUSINESS INCOME	47
AMOUNT OF 965(C) DEDUCTIONS ATTRIBUTABLE TO 965(A) UBI	0
NET 965 UNRELATED BUSINESS INCOME	47
NET OPERATING LOSS CARRYFORWARD:	(47)
NET 965 UBI AFTER NOL:	0