

COMMITTEE ON NATURAL RESOURCES
Disclosure Form
As required by and provided for in House Rule XI, clause 2(g) and
the Rules of the Committee on Natural Resources

Testimony on “H.R. 3479 NATURAL HAZARDS RISK REDUCTION ACT OF 2011”

December 13, 2011

For Individuals:

1. Name:
2. Address:
3. Email Address:
4. Phone Number:

* * * * *

For Witnesses Representing Organizations:

1. Name: Prof. John E. Ebel, Ph.D.
2. Name of Organization(s) You are Representing at the Hearing: Boston College
3. Business Address: Boston College, 140 Commonwealth Ave., Devlin 213, Chestnut Hill, MA 02467
4. Business Email Address: [Information redacted for privacy]
5. Business Phone Number: [Information redacted for privacy]

Name/Organization: John E. Ebel, Ph.D., Boston College

Title/Date of Hearing: Legislative hearing on HR 3479 NATURAL HAZARDS RISK REDUCTION ACT OF 2011” Dec 13, 2011

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

A.B., Harvard U., Physics, 1975

Ph.D., California Institute of Technology, Geophysics, 1981

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

Director, Weston Observatory of Boston College

Professor of Geophysics, Department of Earth and Environmental Sciences, Boston College

d. Any federal grants or contracts (including subgrants or subcontracts) from the *Department of the Interior (and/or other agencies invited)* that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

f. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

Name/Organization: John E. Ebel, Ph.D., Boston College

Title/Date of Hearing: Legislative hearing on HR 3479 NATURAL HAZARDS RISK REDUCTION ACT OF 2011” Dec 13, 2011

In addition, for witnesses representing organizations:

g. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

h. Any federal grants or contracts (including subgrants or subcontracts) from the *Department of the Interior (and /or other agencies invited)* that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

New England Seismic Network, J.E. Ebel, U.S. Geological Survey, Award No. 07HQAGR0017 - \$568,521 - 02/1/07-01/31/10, J. Ebel- Principal Investigator

New England Seismic Network, J.E. Ebel, U.S. Geological Survey Letter Proposal, Addendum to Award No. 07HQAGR0017 - \$10,000 - 02/1/09- 01/31/10, J. Ebel- Principal Investigator

New England Seismic Network Vault Construction and Earthquake Monitoring Improvements, J.E.Ebel, U.S. Geological Survey - \$170,496 - 09/28/2009 – 09/15/2011, J. Ebel- Principal Investigator

New England Seismic Network, J.E. Ebel, P.I., U.S. Geological Survey, Award No. G10AC00086 - \$414,619 - 02/1/10-01/31/12, J. Ebel-Principal Investigator.

A Detailed Database of Mw>4.0 Earthquakes Since 1700 for the CEUS, J.E. Ebel, P.I., U.S. Geological Survey, Award No. G11AP20034 - \$67,841 - 01/01/2011 – 12/31/2011, J. Ebel- Principal Investigator.

i. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.

k. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning 06/01, 2009, and ending 05/31, 2010

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization TRUSTEES OF BOSTON COLLEGE. D Employer identification number 04-2103545. E Telephone number (617) 552-4598. F Name and address of principal officer: WILLIAM P. LEAHY, S.J. 18 OLD COLONY ROAD CHESTNUT HILL, MA 02467. G Gross receipts \$ 1,278,887,997. H(a) Is this a group return for affiliates? Yes X No. H(b) Are all affiliates included? Yes No.

I Tax-exempt status: X 501(c)(3) (insert no.) 4947(a)(1) or 527. J Website: WWW.BC.EDU. K Form of organization: X Corporation. L Year of formation: 1864. M State of legal domicile: MA.

Part I Summary

Table with columns: Activities & Governance, Revenue, Expenses, Net Assets or Fund Balances. Rows include: 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3-7a Financial metrics. 8-12 Revenue breakdown. 13-19 Expense breakdown. 20-22 Net assets or fund balances.

Part II Signature Block

Sign Here. 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 officer) is based on all information of which preparer has any knowledge. Signature of officer, Date, Type or print name and title.

Paid Preparer's Use Only. Preparer's signature, Date, Check if self-employed, Preparer's identifying number P00641463, Firm's name (or yours if self-employed), address, and ZIP + 4 PRICEWATERHOUSECOOPERS LLP 125 HIGH STREET BOSTON, MA 02110, EIN 13-4008324, Phone no. 617-530-5000.

May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.* Form 990 (2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print <small>File by the extended due date for filing your return. See instructions.</small>	Name of exempt organization Trustees of Boston College	Employer identification number 04-2103545
	Number, street, and room or suite no. If a P.O. box, see instructions. 140 Commonwealth Ave. - More Hall, Room 187	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Chestnut Hill Ma. 02467	

Enter the Return code for the return that this application is for (file a separate application for each return) **0 1**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **Michael Driscoll**
Telephone No. **617-552-4598** FAX No. **617-552-2003**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until **April 15**, 20 **11**.
- For calendar year . . . , or other tax year beginning **June 1**, 20 **09**, and ending **May 31**, 20 **10**.
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- State in detail why you need the extension **Time needed to gather and accurately compile all the required information for the Core 990 and Schedules, for review with our Board of Trustees at a semi-annual meeting in March 2011, prior to submission, and for review and submission by our Public Accounting firm (PWC).**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$

Signature and Verification

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

Signature **Tac McEl** Title **Vice President for Finance and Treasure** Date **1/4/11**

990 - 1st Extension
 → Jan 15, 2011

Form **8868**
 (Rev. April 2009)
 Department of the Treasury
 Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization Trustees of Boston College	Employer identification number 04 2103545
	Number, street, and room or suite no. If a P.O. box, see instructions. 140 Commonwealth Ave.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Chestnut Hill, Ma. 02467	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ **MICHAEL DRISCOLL**

Telephone No. ▶ (**617**) **552-4598** FAX No. ▶ (**617**) **552-2003**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **JANUARY 15**, 20**11**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 20..... or

▶ tax year beginning **JUNE 1**, 20**09**, and ending **MAY 31**, 20**10**

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 365,344,431. including grants of \$ 131,430,077.) (Revenue \$ 474,257,371.)

INSTRUCTION - INCLUDES EXPENDITURES TO PROVIDE COURSEWORK FOR STUDENTS AND TO PROVIDE FINANCIAL AID IN THE FORM OF SCHOLARSHIPS AND FELLOWSHIPS. FULL-TIME EQUIVALENT ENROLLMENTS WERE 13,013 AND THE NUMBER OF DEGREES CONFERRED WAS 4,189.

4b (Code:) (Expenses \$ 143,938,044. including grants of \$ 0.) (Revenue \$ 128,908,318.)

AUXILIARY SERVICES - INCLUDES EXPENDITURES FOR THE SELF-SUPPORTING ACTIVITIES OF THE UNIVERSITY SUCH AS THE OPERATIONS OF 29 RESIDENCE HALLS, 11 DINING FACILITIES, 31 NCAA DIVISION 1 ATHLETIC TEAMS, BOOKSTORE AND INFIRMARY.

4c (Code:) (Expenses \$ 99,250,895. including grants of \$ 0.) (Revenue \$ 0.)

STUDENT SERVICES AND ACADEMIC SUPPORT - INCLUDES ACTIVITIES OF WHICH THE PRIMARY PURPOSE IS TO CONTRIBUTE TO THE STUDENTS' EMOTIONAL AND PHYSICAL WELL-BEING AND TO HIS/HER INTELLECTUAL, CULTURAL, AND SOCIAL DEVELOPMENT. OPERATED 8 UNIVERSITY LIBRARY FACILITIES CONTAINING OVER 2.5 MILLION VOLUMES SERVING THE UNIVERSITY AND SURROUNDING COMMUNITY.

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

(Expenses \$ 47,077,161. including grants of \$ 0.) (Revenue \$ 26,948,119.)

4e Total program service expenses 655,610,531.

Part IV Checklist of Required Schedules

Table with 3 main columns: Question, Yes, No. Rows 1-20 contain various organizational requirements and their completion status (marked with X).

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25.</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	X	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>	X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	X	
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a-1b, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, and 12a-12b.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (51), 1b Enter the number of voting members that are independent (41), 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X), 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (X), 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (X), 5 Did the organization become aware during the year of a material diversion of the organization's assets? (X), 6 Does the organization have members or stockholders? (X), 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (X), 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (X), 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X), b Each committee with authority to act on behalf of the governing body? (X), 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (X), 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?, 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (X), 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990., 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (X), 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X), 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (X), 13 Does the organization have a written whistleblower policy? (X), 14 Does the organization have a written document retention and destruction policy? (X), 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X), b Other officers or key employees of the organization (X). If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.), 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X), 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ME, MA,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. [X] Own website [] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: MICHAEL J. DRISCOLL 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467-3800 617-552-4598

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PATRICK CARNEY TRUSTEE	1.00	X					0.	0.	0.	
KATHLEEN A CORBET TRUSTEE	1.00	X					0.	0.	0.	
ROBERT F COTTER TRUSTEE	1.00	X					0.	0.	0.	
CYNTHIA LEE EGAN TRUSTEE	1.00	X					0.	0.	0.	
SUSAN MCMANAMA GIANINNO TRUSTEE	1.00	X					0.	0.	0.	
R MICHAEL MURRAY JR TRUSTEE	1.00	X					0.	0.	0.	
SCOTT R PILARZ S J TRUSTEE	1.00	X					0.	0.	0.	
PAULA D POLITO TRUSTEE	1.00	X					0.	0.	0.	
RICHARD F POWERS III TRUSTEE	1.00	X					0.	0.	0.	
PIERRE RICHARD PROSPER TRUSTEE	1.00	X					0.	0.	0.	
THOMAS F RYAN JR TRUSTEE	1.00	X					0.	0.	0.	
NICHOLAS A SANNELLA TRUSTEE	1.00	X					0.	0.	0.	
BRADLEY M SCHAEFFER S J TRUSTEE	1.00	X					0.	0.	0.	
JOHN L LAMATTINA TRUSTEE	1.00	X					0.	0.	0.	
SUSAN MARTINELLI SHEA TRUSTEE	1.00	X					0.	0.	0.	
DAVID P OCONNOR TRUSTEE	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MATTHEW J BOTICA TRUSTEE	1.00	X					0.	0.	0.	
LEO J CORCORAN, ESQ TRUSTEE	1.00	X					0.	0.	0.	
JANICE GIPSON TRUSTEE	1.00	X					0.	0.	0.	
T FRANK KENNEDY TRUSTEE	1.00	X					0.	0.	0.	
JOHN V MURPHY TRUSTEE	1.00	X					0.	0.	0.	
STEPHEN P MURRAY TRUSTEE	1.00	X					0.	0.	0.	
BRIEN M O'BRIEN TRUSTEE	1.00	X					0.	0.	0.	
BRIAN G PAULSON SJ TRUSTEE	1.00	X					0.	0.	0.	
MARIANNE D SHORT TRUSTEE	1.00	X					0.	0.	0.	
CHARLES I CLOUGH JR TRUSTEE	1.00	X					0.	0.	0.	
JOHN M CONNORS JR TRUSTEE	1.00	X					0.	0.	0.	
ROBERT M DEVLIN TRUSTEE	1.00	X					0.	0.	0.	
FRANCIS A DOYLE TRUSTEE	1.00	X					0.	0.	0.	
1b Total CONTINUED AT SCHEDULE J-2							7,393,101	0	628,181.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶** 586

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 184

Part VIII Statement of Revenue

04-2103545

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	4,456,212.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	34,107,838.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	88,542,726.				
	g Noncash contributions included in lines 1a-1f: \$		9,239,455.				
	h Total. Add lines 1a-1f		127,106,776.				
Program Service Revenue	2a TUITION AND FEES	Business Code	900099	474,257,371.	474,257,371.		
	b SALES/SERVICES OF AUXILIARY ENTERPRISES		900099	128,908,318.	128,408,170.	500,148.	
	c NON-GOVT GRANTS/F&A RECOVERY		900099	10,593,659.	10,593,659.		
	d OTHER MISCELLANEOUS PROGRAM REVENUE		900099	16,354,460.	16,354,460.		
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			630,113,808.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			16,521,070.		1,061,148.
4 Income from investment of tax-exempt bond proceeds				117,064.		117,064.	
5 Royalties				431,224.		431,224.	
6a Gross Rents		(i) Real	(ii) Personal				
		6,480,934.					
		b Less: rental expenses					
		7,152,341.					
c Rental income or (loss)							
-671,407.							
d Net rental income or (loss)					-671,407.		
7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
		496,217,709.					
		b Less: cost or other basis and sales expenses					
		494,338,219.					
c Gain or (loss)							
1,879,490.							
d Net gain or (loss)				1,879,490.			
8a Gross income from fundraising events (not including \$ 4,456,212. of contributions reported on line 1c). See Part IV, line 18		ATCH 4		913,715.			
b Less: direct expenses				749,988.			
c Net income or (loss) from fundraising events		ATCH. 5.		163,727.		163,727.	
9a Gross income from gaming activities. See Part IV, line 19							
b Less: direct expenses							
c Net income or (loss) from gaming activities				0.			
10a Gross sales of inventory, less returns and allowances							
b Less: cost of goods sold							
c Net income or (loss) from sales of inventory				0.			
Miscellaneous Revenue		Business Code					
11a CHILD CARE		624410		527,015.		527,015.	
b VENDING		900099		458,682.		458,682.	
c							
d All other revenue							
e Total. Add lines 11a-11d				985,697.			
12 Total Revenue. See instructions				776,647,449.	629,613,660.	1,561,296.	
						18,365,717.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	0.	0.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	131,430,077.	131,430,077.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.	0.		
4 Benefits paid to or for members	0.	0.		
5 Compensation of current officers, directors, trustees, and key employees	3,802,529.	708,940.	2,558,388.	535,201.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	128,071.	128,071.	0.	0.
7 Other salaries and wages	296,610,211.	222,495,044.	65,156,862.	8,958,305.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	22,098,605.	16,421,473.	4,979,037.	698,095.
9 Other employee benefits	55,569,512.	41,293,704.	12,520,367.	1,755,441.
10 Payroll taxes	18,570,250.	13,799,553.	4,184,063.	586,634.
11 Fees for services (non-employees):				
a Management	0.	0.	0.	0.
b Legal	1,014,917.	318,145.	696,772.	0.
c Accounting	546,078.	0.	546,078.	0.
d Lobbying	75,000.	0.	75,000.	0.
e Professional fundraising services. See Part IV, line 17	0.			0.
f Investment management fees	12,126,906.	0.	12,126,906.	0.
g Other	31,788,582.	20,545,706.	9,722,830.	1,520,046.
12 Advertising and promotion	2,751,362.	2,751,362.	0.	0.
13 Office expenses	7,217,556.	4,860,171.	1,002,873.	1,354,512.
14 Information technology	4,887,568.	2,441,768.	2,441,768.	4,032.
15 Royalties	0.	0.	0.	0.
16 Occupancy	32,927,822.	15,859,022.	17,068,800.	0.
17 Travel	13,935,190.	12,801,999.	575,625.	557,566.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.	0.	0.	0.
19 Conferences, conventions, and meetings	8,751,549.	6,468,728.	1,224,701.	1,058,120.
20 Interest	31,909,033.	28,981,566.	2,927,467.	0.
21 Payments to affiliates	0.	0.	0.	0.
22 Depreciation, depletion, and amortization	48,522,750.	42,214,582.	6,308,168.	0.
23 Insurance	0.	0.	0.	0.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a COST OF GOODS SOLD	14,066,927.	14,066,927.	0.	0.
b OPERATIONS MAINT. ALLOC.	0.	46,297,706.	-46,297,706.	0.
c DISPOSALS/WRITE-OFFS	3,801,500.	3,801,500.	0.	0.
d EQUIPMENT MAINT. RENTAL	1,288,358.	477,202.	811,156.	0.
e POST RET. MEDICAL	11,406,544.	11,406,544.	0.	0.
f All other expenses	19,792,493.	16,040,741.	3,329,515.	422,237.
25 Total functional expenses. Add lines 1 through 24f	775,019,390.	655,610,531.	101,958,670.	17,450,189.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	9,982,508.	1	8,043,828.
	2 Savings and temporary cash investments	14,693,829.	2	7,886,287.
	3 Pledges and grants receivable, net	227,209,843.	3	199,515,295.
	4 Accounts receivable, net	15,666,572.	4	16,955,841.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	4,341,948.	5	5,122,688.
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	62,741,688.	7	77,233,497.
	8 Inventories for sale or use	230,425.	8	257,133.
	9 Prepaid expenses and deferred charges	10,764,250.	9	8,115,283.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1612748341.		
	b Less: accumulated depreciation	10b 573,137,100.	1,037,487,840.	10c 1,039,611,241.
	11 Investments - publicly traded securities	755,740,328.	11	871,733,599.
	12 Investments - other securities. See Part IV, line 11	743,488,726.	12	845,249,138.
	13 Investments - program-related. See Part IV, line 11	15,722,457.	13	12,783,941.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	430,000.	15	430,000.
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,898,500,414.	16	3,092,937,771.	
Liabilities	17 Accounts payable and accrued expenses	117,734,353.	17	145,506,932.
	18 Grants payable	11,230,897.	18	10,540,002.
	19 Deferred revenue	16,947,271.	19	18,051,330.
	20 Tax-exempt bond liabilities	679,435,927.	20	671,686,718.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	3,053,910.	21	4,651,843.
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	151,033.	24	95,783.
	25 Other liabilities. Complete Part X of Schedule D	59,715,947.	25	54,981,069.
	26 Total liabilities. Add lines 17 through 25	888,269,338.	26	905,513,677.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,086,134,422.	27	1,165,688,025.
	28 Temporarily restricted net assets	289,612,752.	28	336,925,820.
	29 Permanently restricted net assets	634,483,902.	29	684,810,249.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	2,010,231,076.	33	2,187,424,094.	
34 Total liabilities and net assets/fund balances	2,898,500,414.	34	3,092,937,771.	

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization

TRUSTEES OF BOSTON COLLEGE

Employer identification number

04-2103545

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box. _____
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? Yes No
 (ii) A family member of a person described in (i) above? 11g(i) 11g(ii)
 (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2008 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2009; 16b 33 1/3% support test - 2008; 17a 10%-facts-and-circumstances test - 2009; 17b 10%-facts-and-circumstances test - 2008; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

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

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions**

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

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

Name of organization TRUSTEES OF BOSTON COLLEGE	Employer identification number 04-2103545
--	--

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ▶ \$ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

- A Check if the filing organization belongs to an affiliated group.
- B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</td> <td style="width: 50%;">The lobbying nontaxable amount is:</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2 a	Lobbying non-taxable amount				
b	Lobbying ceiling amount (150% of line 2a, column (e))				
c	Total lobbying expenditures				
d	Grassroots nontaxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
f	Grassroots lobbying expenditures				

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

Table with 3 main columns: Question, (a) Yes/No, and (b) Amount. Rows include questions about influencing legislation, volunteers, staff, media, mailings, publications, grants, and direct contact with legislators.

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and carryover lobbying.

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues, section 162(e) nondeductible lobbying, and aggregate amount reported.

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information. SEE PAGE 4

Series of horizontal dashed lines provided for entering supplemental information.

Part IV Supplemental Information (continued)

LOBBYING ACTIVITY EXPLANATION

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

PAYMENTS FOR LOBBYING EXPENDITURES ARE MADE TO THE FOLLOWING:

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

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

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No. 1545-0047

2009

Open to Public Inspection

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

▶ **Attach to Form 990. ▶ See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization

TRUSTEES OF BOSTON COLLEGE

Employer identification number

04-2103545

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2 a
b Total acreage restricted by conservation easements	2 b
c Number of conservation easements on a certified historic structure included in (a)	2 c
d Number of conservation easements included in (c) acquired after 8/17/06	2 d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$	139,890.
(ii) Assets included in Form 990, Part X	▶ \$	18,888,000.

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$	_____
b Assets included in Form 990, Part X	▶ \$	_____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,491,158,000.	1,849,801,000.			
b Contributions	52,099,000.	109,930,000.			
c Net investment earnings, gains, and losses	179,298,000.	-400,708,000.			
d Grants or scholarships	13,487,000.	11,055,000.			
e Other expenditures for facilities and programs	60,792,000.	56,199,000.			
f Administrative expenses	623,000.	611,000.			
g End of year balance	1,647,653,000.	1,491,158,000.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ 44.0000 %
- b Permanent endowment ▶ 42.0000 %
- c Term endowment ▶ 15.0000 %

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

	Yes	No
(i) unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0.	231,345,278	0.	231,345,278.
b Buildings	0.	1004577000	362,081,072.	642,495,928.
c Leasehold improvements	0.	0.	0.	0.
d Equipment	0.	191,622,000.	146,590,180.	45,031,820.
e Other	0.	185,204,063.	64,465,848.	120,738,215.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).				1,039,611,241.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other EQUITIES	702,587,831.	FMV
FIXED INCOME	77,166,645.	FMV
REAL ESTATE	65,494,662.	FMV

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	845,249,138.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
DEPOSITS PAYABLE	20,110,687.
US GOVERNMENT LOAN ADVANCES	34,870,382.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	54,981,069.

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	776,647,449.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	775,019,390.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,628,059.
4	Net unrealized gains (losses) on investments	4	175,564,959.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	175,564,959.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	177,193,018.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	818,907,676.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	175,564,959.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	-126,255,480.
e	Add lines 2a through 2d	2e	49,309,479.
3	Subtract line 2e from line 1	3	769,598,197.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	12,126,906.
b	Other (Describe in Part XIV.)	4b	-5,077,654.
c	Add lines 4a and 4b	4c	7,049,252.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	776,647,449.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	641,714,658.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	7,902,329.
e	Add lines 2a through 2d	2e	7,902,329.
3	Subtract line 2e from line 1	3	633,812,329.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	12,126,906.
b	Other (Describe in Part XIV.)	4b	129,080,155.
c	Add lines 4a and 4b	4c	141,207,061.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	775,019,390.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information (continued)

BOSTON COLLEGE DID NOT HAVE A FIN 48 LIABILITY.

SCHEDULE D, PART III, LINE 4

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

SCHEDULE D, PART IV, LINE 2B

STATE STREET HOLDS THE MAJORITY OF OUR TRUSTS.

SCHEDULE D, PART V, LINE 4

THE INTENT OF THE ENDOWMENT FUND IS TO GENERATE INVESTMENT EARNINGS AS A SOURCE OF REVENUE FOR FUNDING THE COLLEGE'S GENERAL OPERATING ACTIVITIES AND FOR FUNDING SPECIFIC PURPOSES, EITHER RESTRICTED BY DONORS OR INTERNALLY DESIGNATED BY THE BOARD OF TRUSTEES.

PART XII, LINE 2D

STUDENT AID	(126,255,480)

TOTAL	(126,255,480)

PART XII, LINE 4B

FUNDRAISING DIRECT EXPENSES	(749,988)
RENTAL EXPENSES	(7,152,341)
AGENCY FUNDS	2,824,675

TOTAL	(5,077,654)

Part XIV Supplemental Information (continued)

PART XIII, LINE 2D

FUNDRAISING DIRECT EXPENSES	749,988
RENTAL EXPENSES	7,152,341

TOTAL	7,902,329

PART XIII, LINE 4B

STUDENT AID	126,255,480
AGENCY FUNDS	2,824,675

TOTAL	129,080,155

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

Schools

OMB No. 1545-0047

2009

Open to Public Inspection

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

▶ **Attach to Form 990 or Form 990-EZ.**

Department of the Treasury
Internal Revenue Service

Name of the organization
TRUSTEES OF BOSTON COLLEGE

Employer identification number
04-2103545

		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Schedule O (Form 990) A DESCRIPTION OF THE UNIVERSITY NON-DISCRIMINATORY POLICY IS PUBLISHED IN THE STUDENT REGISTRATION MATERIALS, THE UNIVERSITY COURSE CATALOG AND JOB POSTINGS ON THE HUMAN RESOURCES WEBSITE.	X	
4	Does the organization maintain the following?		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Schedule O (Form 990).	X	
5	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		X
b	Admissions policies?		X
c	Employment of faculty or administrative staff?		X
d	Scholarships or other financial assistance?		X
e	Educational policies?		X
f	Use of facilities?		X
g	Athletic programs?		X
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Schedule O (Form 990).		X
6a	Does the organization receive any financial aid or assistance from a governmental agency? ATTCH 6	X	
6b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990).		X
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 990)	X	

**Schedule F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b line 15, or line 16.
- ▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

TRUSTEES OF BOSTON COLLEGE

Employer identification number

04-2103545

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

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

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
SOUTH AMERICA	0	5	PROGRAM SERVICES	STUDY ABROAD	0.
EAST ASIA AND THE PACIFIC	0	1	PROGRAM SERVICES	STUDY ABROAD	0.
EUROPE	0	13	PROGRAM SERVICES	STUDY ABROAD	0.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	STUDY ABROAD	0.
SOUTH ASIA	0	1	PROGRAM SERVICES	STUDY ABROAD	0.
RUSSIA/INDEPENDENT STATES	0	0	PROGRAM SERVICES	STUDY ABROAD	0.
SUB-SAHARAN AFRICA	0	1	PROGRAM SERVICES	STUDY ABROAD	0.
EUROPE	1	0	PROGRAM SERVICES	STUDY ABROAD	0.
CENTRAL AMERICA/CARIBBEAN	0	0	PROGRAM SERVICES	INVESTMENTS	0.
NORTH AMERICA	0	0	PROGRAM SERVICES	RESEARCH	0.
EUROPE	0	0	PROGRAM SERVICES	RESEARCH	0.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	RESEARCH	0.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	RESEARCH	0.
CENTRAL AMERICA/CARIBBEAN	0	0	PROGRAM SERVICES	RESEARCH	0.
SOUTH AMERICA	0	0	PROGRAM SERVICES	RESEARCH	0.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	CONFERENCES	0.
SOUTH AMERICA	0	0	PROGRAM SERVICES	CONFERENCES	0.
Totals					

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule F (Form 990) 2009

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000
 Use Schedule F-1 (Form 990) if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

3 Enter total number of other organizations or entities _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
 Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

PART I, COLUMN (F), EXPENDITURES

BOSTON COLLEGE CURRENTLY DOES NOT TRACK FOREIGN EXPENDITURES FOR EACH
PROGRAM SEPARATELY.

Continuation Sheet for Schedule F (Form 990)

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for
Schedule F (Form 990) Part I, line 3; Part II, line 1; or Part III.
▶ See instructions for Schedule F (Form 990).

Name of the organization TRUSTEES OF BOSTON COLLEGE	Employer identification number 04-2103545
---	---

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	CONFERENCES	0.
EUROPE	0	0	PROGRAM SERVICES	CONFERENCES	0.
Totals	1	21			0.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F-1 (Form 990) 2009

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

Part III Continuation of Grants and Other Assistance to Individuals Outside the United States. (Schedule F (Form 990), Part III)

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

**Open To Public
Inspection**

TRUSTEES OF BOSTON COLLEGE

Employer identification number

04-2103545

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

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

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events
		NIGHT AT POPS (event type)	WALL ST. DINNER (event type)	1 (total number)	(add col. (a) through col. (c))
Revenue	1	1,741,972.	2,062,838.	1,565,117.	5,369,927.
	2	1,307,087.	1,732,508.	1,416,617.	4,456,212.
	3	434,885.	330,330.	148,500.	913,715.
Direct Expenses	4	0.	0.	0.	0.
	5	0.	0.	0.	0.
	6	0.	0.	0.	0.
	7	156,214.	177,235.	13,770.	347,219.
	8	240,212.	6,800.	5,200.	252,212.
	9	10,312.	138,845.	1,400.	150,557.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			
11	Net income summary. Combine line 3, column (d), and line 10 ▶				163,727.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1					
Direct Expenses	2					
	3					
	4					
	5					
	6	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % No _____ %		
	7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				()
	8	Net gaming income summary. Combine line 1, column d, and line 7 ▶				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

TRUSTEES OF BOSTON COLLEGE

Employer identification number

04-2103545

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

- 2 Enter total number of section 501(c)(3) and government organizations ▶
- 3 Enter total number of other organizations ▶

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) 2009

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS TO STUDENTS	7,772	131,430,077.			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART I, LINE 2 - GRANT PROCEDURES

BOSTON COLLEGE OFFERS GRANTS & LOANS TO STUDENTS ON THE BASIS OF DEMONSTRATED FINANCIAL NEED. THEY MUST MEET ELIGIBILITY REQUIREMENTS AS DETERMINED BY THE FACULTY & BOARD OF TRUSTEES AND ARE ADMINISTERED BY THE STUDENT AID OFFICE. STUDENTS AND THEIR PARENTS COMPLETE EXTENSIVE APPLICATION MATERIALS, SUBMIT TAX RETURNS AND OTHER DOCUMENTS TO SUPPORT THEIR CLAIM FOR FINANCIAL ASSISTANCE.

PART III, COLUMN (C) - THE CASH GRANT IS REFLECTED ON STUDENTS ACCOUNTS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

TRUSTEES OF BOSTON COLLEGE

Employer identification number

04-2103545

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
PATRICK J KEATING	(i)	402,400.	0.	27,000.	19,600.	15,007.	464,007.	0.
	(ii)	0.					0.	
MARY LOU DELONG	(i)	207,400.	0.	15,707.	21,000.	15,007.	259,114.	0.
	(ii)	0.					0.	
JAMES P MCINTYRE	(i)	220,300.	0.	14,800.	22,528.	14,756.	272,384.	0.
	(ii)	0.					0.	
PETER C MCKENZIE	(i)	392,834.	0.	39,200.	24,500.	14,288.	470,822.	0.
	(ii)	0.					0.	
CUTBERTO GARZA	(i)	430,900.	0.	30,300.	19,600.	15,007.	495,807.	0.
	(ii)	0.					0.	
LEO V SULLIVAN	(i)	231,698.	0.	22,697.	23,002.	14,827.	292,224.	0.
	(ii)	0.					0.	
MARIAN G MOORE	(i)	308,996.	0.	19,000.	19,600.	15,007.	362,603.	0.
	(ii)	0.					0.	
JAMES J HUSSON	(i)	347,720.	0.	23,510.	19,600.	15,007.	405,837.	0.
	(ii)	0.					0.	
THOMAS J KEADY	(i)	207,880.	0.	15,760.	17,200.	15,007.	255,847.	0.
	(ii)	0.					0.	
DANIEL F BOURQUE	(i)	203,652.	0.	40,415.	0.	13,208.	257,275.	0.
	(ii)	0.					0.	
THOMAS P LOCKERBY	(i)	241,320.	0.	15,230.	19,600.	15,007.	291,157.	0.
	(ii)	0.					0.	
PATRICK ROMBALSKI	(i)	199,670.	0.	23,800.	11,200.	15,007.	249,677.	0.
	(ii)	0.					0.	
EUGENE B DE FILIPPO	(i)	483,984.	40,000.	37,393.	24,500.	15,007.	600,884.	0.
	(ii)	0.					0.	
ALBERT L SKINNER	(i)	1,042,792.	15,000.	17,625.	24,500.	15,007.	1,114,924.	0.
	(ii)	0.					0.	
ANDREW C BOYNTON	(i)	370,725.	0.	50,641.	19,600.	15,007.	455,973.	0.
	(ii)	0.					0.	
HASSAN TEHRANIAN	(i)	386,478.	0.	6,989.	24,500.	15,007.	432,974.	0.
	(ii)	0.					0.	

Part III Supplemental Information

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

SCHEDULE J, PART I

THE UNIVERSITY PAID COMPENSATION AND BENEFITS OF \$4,538,926 TO THE BOSTON

COLLEGE COMMUNITY OF THE SOCIETY OF JESUS, THE FOUNDERS OF BOSTON

COLLEGE, FOR INSTRUCTIONAL, ADMINISTRATIVE AND INSTITUTIONAL SERVICES, AS

WELL AS FOR SERVICES RENDERED BY THE UNIVERSITY'S JESUIT OFFICERS.

TRUSTEES ARE NOT COMPENSATED.

SCHEDULE J, PART I, LINE 1A

FIRST CLASS TRAVEL OR CHARTER TRAVEL: BOSTON COLLEGE DOES NOT GENERALLY

PERMIT FIRST CLASS TRAVEL FOR BUSINESS TRIPS. HOWEVER, ON OCCASION FOR

UNUSUALLY LONG FLIGHTS IT MAY BE PERMITTED PROVIDED THERE IS APPROVAL IN

ADVANCE. IN CONNECTION WITH ITS ATHLETICS PROGRAM, BC UTILIZES CHARTER

TRAVEL. CERTAIN INDIVIDUALS LISTED IN PART VII FLY WITH THE TEAM AS PART

OF THEIR RESPONSIBILITIES AS EMPLOYEES OF BOSTON COLLEGE.

TRAVEL FOR COMPANIONS:

UNIVERSITY POLICY IS NOT TO REIMBURSE FOR COMPANION TRAVEL. ON OCCASION,

CERTAIN INDIVIDUALS LISTED IN PART VII HAVE HAD COMPANION TRAVEL AT NO

Part III Supplemental Information

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

ADDITIONAL COST TO THE COLLEGE.

HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES:

FOUR OF THE INDIVIDUALS LISTED IN PART VII RECEIVE AN ANNUAL MEMBERSHIP TO A LOCAL COUNTRY CLUB. THE FULL VALUE WAS INCLUDED IN THEIR TAXABLE COMPENSATION.

SCHEDULE J PART I, LINE 1B

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

SCHEDULE J PART I, LINE 4B

IN PRIOR YEARS PAYMENTS TOTALING \$300,000 WERE MADE TO A 457 (F) PLAN ON BEHALF OF LEO SULLIVAN. MR. SULLIVAN WILL BE ELIGIBLE TO RECEIVE PAYMENT FROM THIS PLAN ON MAY 31, 2010 AS LONG AS HE REMAINS EMPLOYED BY BOSTON

Part III Supplemental Information

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

COLLEGE.

IN PRIOR YEARS PAYMENTS TOTALING \$735,430 WERE MADE TO A 457 (F) PLAN ON
BEHALF OF ALBERT SKINNER. PAYMENTS WERE TAXED IN THE YEAR CREDITED TO THE
ACCOUNT. MR. SKINNER WILL RECEIVE THE VALUE OF HIS 457 (F) ACCOUNT
SUBSEQUENT TO HIS RETIREMENT OR TERMINATION OF HIS EMPLOYMENT AT BOSTON

COLLEGE.

**SCHEDULE J-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule J (Form 990)

▶ Attach to Form 990 to list additional information for Schedule J (Form 990), Part II.
▶ See Instructions for Schedule J (Form 990).

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

TRUSTEES OF BOSTON COLLEGE

Employer identification number

04-2103545

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DAVID QUIGLEY	(i)	218,482.	0.	900.	22,233.	18,748.	260,363.
	(ii)	0.					0.
FRANK J. SPAZIANI	(i)	997,984.	28,500.	13,419.	24,500.	15,007.	1,079,410.
	(ii)	0.					0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
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	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

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

Schedule J-1 (Form 990) 2009

JSA

9E1293 1.000

06884N 7377

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

▶ **See the Instructions for Form 990.**

Department of the Treasury
Internal Revenue Service

Name of the Organization

TRUSTEES OF BOSTON COLLEGE

Employer identification number

04-2103545

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN F FISH TRUSTEE	1.00	X						0.	0.	0.
KEITH A FRANCIS TRUSTEE	1.00	X						0.	0.	0.
MARIO J GABELLI TRUSTEE	1.00	X						0.	0.	0.
WILLIAM J GEARY VICE CHAIR	1.00	X						0.	0.	0.
MARY J STEELE GUILFOILE TRUSTEE	1.00	X						0.	0.	0.
KATHLEEN POWERS HALEY TRUSTEE	1.00	X						0.	0.	0.
MICHAELA MURPHY HOAG TRUSTEE	1.00	X						0.	0.	0.
ROBERT B LAWTON S J TRUSTEE	1.00	X						0.	0.	0.
PETER S LYNCH LLD TRUSTEE	1.00	X						0.	0.	0.
DOUGLAS W MARCOUILLER S J TRUSTEE	1.00	X						0.	0.	0.
PETER K MARKELL TRUSTEE	1.00	X						0.	0.	0.
KATHLEEN M MCGILLYCUDDY TRUSTEE	1.00	X						0.	0.	0.
ROBERT J MORRISSEY ESQ TRUSTEE	1.00	X						0.	0.	0.
DRAKE G. BEHRAKIS TRUSTEE	1.00	X						0.	0.	0.
CATHY M BRIENZA TRUSTEE	1.00	X						0.	0.	0.
JOHN E BUEHLER TRUSTEE	1.00	X						0.	0.	0.
JUAN A CONCEPCION TRUSTEE	1.00	X						0.	0.	0.
JOHN R EGAN TRUSTEE	1.00	X						0.	0.	0.
THOMAS J MALONEY TRUSTEE	1.00	X						0.	0.	0.
D RICHARD SYRON TRUSTEE	1.00	X						0.	0.	0.
DAVID C WEINSTEIN, ESQ TRUSTEE	1.00	X						0.	0.	0.

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

▶ **See the Instructions for Form 990.**

Department of the Treasury
Internal Revenue Service

Name of the Organization

TRUSTEES OF BOSTON COLLEGE

Employer identification number

04-2103545

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PATRICK J KEATING EXECUTIVE VP	40.00			X				429,400.	0.	34,607.
JOSEPH A APLEYARD S J VP MISSION/MINISTRY	40.00			X				0.	0.	0.
MARY LOU DELONG VICE PRESIDENT	40.00			X				223,107.	0.	36,007.
JAMES P MCINTYRE SR VICE PRESIDENT	40.00			X				235,100.	0.	37,284.
PETER C MCKENZIE FINANCE VP/TREASURER	40.00			X				432,034.	0.	38,788.
WILLIAM B NEENAN S J VP AND SPECIAL ASST	40.00			X				0.	0.	0.
CUTBERTO GARZA PROVOST/DEAN OF FAC	40.00			X				461,200.	0.	34,607.
LEO V SULLIVAN VP HUMAN RESOURCES	40.00			X				254,395.	0.	37,829.
MARIAN G MOORE VP INF TECH SVCS	40.00			X				327,996.	0.	34,607.
JAMES J HUSSON VP UNIVERSITY ADV	40.00			X				371,230.	0.	34,607.
THOMAS J KEADY VP GVMT/COMMUNITY AF	40.00			X				223,640.	0.	32,207.
J DONALD MONAN S J UNIVERSITY CHANCELLOR	40.00			X				0.	0.	0.
DANIEL F BOURQUE VP FACILITIES MANAGEMENT	40.00			X				244,067.	0.	13,208.
THOMAS P LOCKERBY VP DEVELOPMENT	40.00			X				256,550.	0.	34,607.
PATRICK ROMBALSKI VP STUDENT AFFAIRS	40.00			X				223,470.	0.	26,207.
WILLIAM P LEAHY S J PRESIDENT, BOSTON COLLEGE	40.00			X				0.	0.	0.
DAVID QUIGLEY DEAN OF ARTS AND SCIENCES	40.00					X		219,382.	0.	40,981.
EUGENE B DE FILIPPO DIRECTOR OF ATHLETICS	40.00					X		561,377.	0.	39,507.
ALBERT L SKINNER MEN'S BASKETBALL COACH	40.00					X		1,075,417.	0.	39,507.
ANDREW C BOYNTON DEAN, CARROLL SCHOOL OF MGMT	40.00					X		421,366.	0.	34,607.
HASSAN TEHRANIAN FACULTY, CARROLL SCHOOL OF MGT	40.00					X		393,467.	0.	39,507.

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No. 1545-0047

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**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

▶ **See the Instructions for Form 990.**

Name of the Organization
TRUSTEES OF BOSTON COLLEGE

Employer identification number
04-2103545

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
FRANK J. SPAZIANI FOOTBALL COACH	40.00					X		1,039,903.	0.	39,507.

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

TRUSTEES OF BOSTON COLLEGE

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).**

▶ **Attach to Form 990. See separate instructions.**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Employer identification number

04-2103545

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
						Yes	No	Yes	No
A MASS HEALTH& EDUCATION FACILITIES AUTH. - SERIES N	04-2456011	57585K6M5	09/04/2003	122,456,271.	SEE SCHEDULE O		X		X
B MASS DEVELOPMENT FINANCE AGENCY - SERIES P	04-3431814	57583RPC3	07/26/2007	180,931,618.	SEE SCHEDULE O		X		X
C MASS DEVELOPMENT FINANCE AGENCY - SERIES Q1, Q2	04-3431814	57583RL45	05/21/2009	104,818,300.	SEE SCHEDULE O		X		X
D									
E									

Part II Proceeds

	A		B		C		D		E	
1 Total proceeds of issue	103,577,839.		180,610,962.		104,367,766.					
2 Gross proceeds in reserve funds	0.		0.		0.					
3 Proceeds in refunding or defeasance escrows	0.		0.		0.					
4 Other unspent proceeds	0.		0.		3,772,794.					
5 Issuance costs from proceeds	787,521.		958,893.		583,495.					
6 Working capital expenditures from proceeds	0.		0.		0.					
7 Capital expenditures from proceeds	83,167,358.		103,055,757.		73,283,363.					
8 Year of substantial completion	2008		2010							
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9 Were the bonds issued as part of a current refunding issue?	X		X		X					
10 Were the bonds issued as part of an advance refunding issue?	X		X			X				
11 Has the final allocation of proceeds been made?	X		X			X				
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X					

Part III Private Business Use

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X				
2 Are there any lease arrangements with respect to the financed property which may result in private business use?		X		X	X					

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

Schedule K (Form 990) 2009

JSA

9E1295 2.000

06884N 7377

Part III Private Business Use (Continued)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?	X		X		X					
b Are there any research agreements with respect to the financed property which may result in private business use?	X		X		X					
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X		X					
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	1.6000%		1.3000%		7.8000%					
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	%		%		%		%		%	
6 Total of lines 4 and 5	1.6000%		1.3000%		7.8000%		%		%	
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X					

Part IV Arbitrage

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X				
2 Is the bond issue a variable rate issue?		X		X		X				
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X		X				
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?	X		X			X				
b Name of provider	AGEON ISTL. MKTS.		RABOBANK INTERNTL.							
c Term of GIC	2.600		2.500							
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X		X							
5 Were any gross proceeds invested beyond an available temporary period?	X			X		X				
6 Did the bond issue qualify for an exception to rebate?		X	X			X				

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization TRUSTEES OF BOSTON COLLEGE	Employer identification number 04-2103545
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Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
	ATTACHMENT 7									
Total ▶ \$				5,122,688.						

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ATTACHMENT 8					

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2009

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

TRUSTEES OF BOSTON COLLEGE

Employer identification number

04-2103545

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art	X	6	139,890.	OPINION OF EXPERTS
2 Art-Historical treasures				
3 Art-Fractional interests				
4 Books and publications	X		1,165.	OPINION OF EXPERTS
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities-Publicly traded	X	240	7,829,331.	MARKET VALUE
10 Securities-Closely held stock				
11 Securities-Partnership, LLC, or trust interests				
12 Securities-Miscellaneous				
13 Qualified conservation contribution-Historic structures				
14 Qualified conservation contribution-Other				
15 Real estate-Residential				
16 Real estate-Commercial				
17 Real estate-Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts	X	7	819,000.	OPINION OF EXPERTS
25 Other ▶ (ATCH 1)		20.	450,070.	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

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

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

Schedule M (Form 990) 2009

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

ARRANGEMENTS WITH THIRD PARTIES OR RELATED ORGANIZATIONS

SCHEDULE M, PART I, LINE 32B

BOSTON COLLEGE USES A NUMBER OF THIRD PARTIES TO SELL NONCASH GIFTS OF
SECURITIES.

SCHEDULE M, PART I, COLUMN (B)

COLUMN B IS BASED ON THE NUMBER OF CONTRIBUTIONS.

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
SPRINKLER SYSTEM	X	1	135,482.	RETAIL SELLING PRICE
EQUIPMENT AND GOODS	X	19	314,588.	COST, OPN OF EXPERTS
TOTALS		20.	450,070.	

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

TRUSTEES OF BOSTON COLLEGE

Employer identification number

04-2103545

ATTACHMENT 2

MISSION

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

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

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

Name of the organization

TRUSTEES OF BOSTON COLLEGE

Employer identification number

04-2103545

ATTACHMENT 2 (CONT'D)

BOSTON COLLEGE PURSUES THIS DISTINCTIVE MISSION BY SERVING SOCIETY IN

THREE WAYS:

- BY FOSTERING THE RIGOROUS INTELLECTUAL DEVELOPMENT AND THE RELIGIOUS, ETHICAL AND PERSONAL FORMATION OF ITS UNDERGRADUATE, GRADUATE AND PROFESSIONAL STUDENTS IN ORDER TO PREPARE THEM FOR CITIZENSHIP, SERVICE AND LEADERSHIP IN A GLOBAL SOCIETY;

- BY PRODUCING NATIONALLY AND INTERNATIONALLY SIGNIFICANT RESEARCH THAT ADVANCES INSIGHT AND UNDERSTANDING, THEREBY BOTH ENRICHING CULTURE AND ADDRESSING IMPORTANT SOCIETAL NEEDS; AND

- BY COMMITTING ITSELF TO ADVANCE THE DIALOGUE BETWEEN RELIGIOUS BELIEF AND OTHER FORMATIVE ELEMENTS OF CULTURE THROUGH THE INTELLECTUAL INQUIRY, TEACHING AND LEARNING, AND THE COMMUNITY LIFE THAT FORM THE UNIVERSITY.

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

VOLUNTEERS FORM 990, PART I, LINE 6

ALTHOUGH BOSTON COLLEGE HAS MANY VOLUNTEERS WHO DEDICATE THEIR TIME AND EFFORTS TO THE COLLEGE, THEIR NUMBER IS NOT FORMALLY TRACKED. ALL

Name of the organization TRUSTEES OF BOSTON COLLEGE	Employer identification number 04-2103545
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ATTACHMENT 2 (CONT'D)

TRUSTEES ARE PROVIDING VOLUNTEER SERVICES TO BOSTON COLLEGE. BOSTON COLLEGE ALUMNI KEEP UP THE JESUIT, CATHOLIC TRADITION AFTER GRADUATION AS ALUMNI VOLUNTEERS. WHETHER IT'S SIMPLY KEEPING IN TOUCH WITH FELLOW EAGLES OR MAKING A DIFFERENCE THROUGH THE UNIVERSITY, BOSTON COLLEGE HAS ACTIVE ALUMNI WHO CONTINUE TO VOLUNTEER THEIR TIME TO CONTRIBUTE TO THE BOSTON COLLEGE COMMUNITY.

OTHER PROGRAM SERVICES

FORM 990, PART III, LINE 4D

EXPENDITURES FOR PUBLIC SERVICE AND STUDENT AGENCIES AND OTHER MISCELLANEOUS PROGRAM REVENUES AND EXPENSES.

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

SECTION A - QUESTION 2

ROBERT MORRISSEY AND MARIO GABELLI ARE BOTH ON THE BOARD OF GAMCO. FRANK DOYLE IS THE CEO OF CONNELL LIMITED PARTNERS AND ROBERT MORRISSEY SITS ON THE BOARD OF DIRECTORS.

SECTION B - QUESTION 11

WORKING WITH PRICEWATERHOUSECOOPERS, LLP ("PWC"), THE FORM 990 IS PREPARED. THE FULL 990 RETURN IS THEN REVIEWED BY SENIOR MANAGEMENT, THE TRUSTEE FINANCE AND AUDIT COMMITTEE AND THE FULL BOARD OF TRUSTEES. THE FINAL FORM 990 IS THEN MADE AVAILABLE TO THE FULL BOARD OF TRUSTEES ON THE BOSTON COLLEGE WEBSITE PRIOR TO FILING WITH THE IRS. PWC SIGNS THE RETURN AS PAID PREPARER AND ELECTRONICALLY FILES THE RETURN WITH THE IRS.

Name of the organization

TRUSTEES OF BOSTON COLLEGE

Employer identification number

04-2103545

ATTACHMENT 2 (CONT'D)

SECTION B - QUESTION 12C

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

SECTION B - POLICIES, QUESTION 15A & B

BOSTON COLLEGE'S PRESIDENT IS A MEMBER OF THE BOSTON COLLEGE COMMUNITY OF THE SOCIETY OF JESUS. THE COMPENSATION AND BENEFITS OF WILLIAM P. LEAHY S.J., ALONG WITH OTHER MEMBERS OF THE JESUIT COMMUNITY WHO PROVIDE SERVICES TO BOSTON COLLEGE, ARE PAID TO THE BOSTON COLLEGE COMMUNITY OF THE SOCIETY OF JESUS OR WESTON JESUIT COMMUNITY OF THE SOCIETY OF JESUS. TOTAL PAYMENTS TO THE ORGANIZATIONS NOTED ABOVE IN FY10 WERE \$4,538,926.

FOR ALL OTHER OFFICERS, TRUSTEES, AND KEY EMPLOYEES, BOSTON COLLEGE HAS AN EXECUTIVE COMMITTEE THAT ACTS AS THE INDEPENDENT COMPENSATION COMMITTEE THAT ANNUALLY REVIEWS THE COMPENSATION OF THE ORGANIZATION'S OFFICERS AND KEY EMPLOYEES. THE COMPENSATION COMMITTEE CONSIDERS MARKET DATA AND ANALYSES ASSEMBLED BY INDEPENDENT COMPENSATION CONSULTANTS. THE

Name of the organization

TRUSTEES OF BOSTON COLLEGE

Employer identification number

04-2103545

ATTACHMENT 2 (CONT'D)

COMMITTEE'S DELIBERATIONS ARE REFLECTED IN ITS MINUTES.

SECTION C - DISCLOSURE, LINE 19

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

SCHEDULE K, TAX-EXEMPT BONDS

PART I, COLUMN F - DESCRIPTION OF PURPOSE

LINE A - CONSTRUCTION & EQUIPMENT, REFUNDING OF BONDS ISSUED ON 8/12/1991; 6/8/1995; 11/16/1993

LINE B - PROPERTY ACQUISITION CONSTRUCTION & EQUIPMENT, REFUNDING OF BONDS ISSUED ON 4/25/1991; 11/16/1993

LINE C - PROPERTY ACQUISITION CONSTRUCTION & EQUIPMENT, REFUNDING OF BONDS ISSUED ON 12/10/2008

PART III, COLUMN C, LINES 4&6

FOR THE PERIOD ENDING MAY 31, 2010, THE AMOUNT OF PRIVATE USE RELATED TO THE MASSACHUSETTS DEVELOPMENT FINANCE AGENCY REVENUE BONDS, BOSTON COLLEGE ISSUE, SERIES Q1 & Q2, EXCEEDED THE ALLOWED 5% LIMIT DUE TO THE ACQUISITION OF A PROPERTY (PURCHASED USING \$67,000,000 OF THE SERIES Q BOND PROCEEDS) THAT REQUIRED TIME FOR THE RELOCATION OF CERTAIN TENANTS NOT AFFILIATED WITH THE COLLEGE. ALL CURRENT TENANTS ARE AFFILIATED WITH THE COLLEGE. IF AVERAGED OVER THE LIFE OF THE BONDS, THE AMOUNT OF PRIVATE USE IS ESTIMATED TO BE 1.7%.

ATTACHMENT 3

Name of the organization TRUSTEES OF BOSTON COLLEGE	Employer identification number 04-2103545
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ATTACHMENT 3 (CONT'D)990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
LEE KENNEDY CO INC 122 SHORE DRIVE QUINCY, MA 02171	CONSTRUCTION	18,349,462.
ORACLE USA 500 ORACLE PARKWAY REDWOOD CITY, CA 94065	TECHNOLOGY SUPPORT	979,683.
BOSTON COACH 69 NORMAN ST. EVERETT, MA 02149	BUS CONTRACT	2,579,175.
TSOI KOBUS & ASSOCIATES - TK&A ONE BRATTLE SQ, P.O. BOX 9114 CAMBRIDGE, MA 02238-9114	ARCHITECTURAL	2,381,567.
COLLABORATIVE CONSULTING INC TEN TOWER OFFICE PARK WOBURN, MA 01801	CONSULTING SERVICES	1,143,833.
	TOTAL COMPENSATION	<u>25,433,720.</u>

ATTACHMENT 4FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
NIGHT AT THE POPS	1,307,087.
WALL STREET DINNER	1,732,508.
DREAM SCHOLARS	1,416,617.
TOTAL	<u>4,456,212.</u>

ATTACHMENT 5

Name of the organization

TRUSTEES OF BOSTON COLLEGE

Employer identification number

04-2103545

ATTACHMENT 5 (CONT'D)FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
NIGHT AT THE POPS	434,885.	406,738.	28,147.
WALL STREET DINNER	330,330.	322,880.	7,450.
DREAM SCHOLARS	148,500.	20,370.	128,130.
TOTALS	<u>913,715.</u>	<u>749,988.</u>	<u>163,727.</u>

ATTACHMENT 6SCHEDULE E - EXPLANATION FOR LINE 6A

THE UNIVERSITY PARTICIPATES IN SEOG, PERKINS, WORK-STUDY, AND OTHER GOVERNMENTAL TITLE IV PROGRAMS.

ATTACHMENT 7SCHEDULE L, PART II

(A) NAME OF INTERESTED PERSON AND PURPOSE	(B) TO FROM	(C) ORIGINAL AMT.	(D) BALANCE DUE	(E) YES NO	(F) YES NO	(G) YES NO
MARY LOU DELONG MORTGAGE	X	450,000.	450,000.	X		X
ANDREW BOYNTON MORTGAGE	X	850,000.	850,000.	X		X
EUGENE DE FILIPPO MORTGAGE	X	450,000.	450,000.	X		X
CUTBERTO GARZA MORTGAGE	X	880,000.	880,000.	X		X
JAMES J HUSSON MORTGAGE	X	500,000.	500,000.	X		X
PATRICK KEATING MORTGAGE	X	292,500.	292,500.	X		X
THOMAS LOCKERBY MORTGAGE	X	380,000.	380,000.	X		X
PATRICK RAMBALSKI MORTGAGE	X	400,000.	400,000.	X		X
ALBERT SKINNER MORTGAGE	X	650,000.	650,000.	X		X
CUTBERTO GARZA NOTE RECEIVABLE	X	139,448.	139,448.	X		X

Name of the organization TRUSTEES OF BOSTON COLLEGE	Employer identification number 04-2103545
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ATTACHMENT 7 (CONT'D)SCHEDULE L, PART II

DAVID QUIGLEY NOTE RECEIVABLE	X	130,740.	130,740.	X	X
TOTAL			<u>5,122,688.</u>		

ATTACHMENT 8SCHEDULE L, PART IV

(A) NAME OF INTERESTED PERSON	(B) RELATIONSHIP	(C) AMOUNT	(D) DESCRIPTION OF TRANSACTION	(E) YES NO
FIDELITY INVESTMENTS	TRUSTEE IS AN OFFICER	1,150,773.	INVESTMENT FEES	X
BOSTON COACH	TRUSTEE IS AN OFFICER	2,579,175.	BUS CONTRACT	X
GAMCO	2 TRUSTEES AS DIR&OFFICER	437,221.	INVESTMENT	X
TCV PARTNERS	TRUSTEE'S SPOUSE AS OFF.	250,520.	INVESTMENT	X
MASSMUTUAL/OPPENHEIMER	TRUSTEE IS A DIRECTOR	591,433.	INVESTMENT	X
STATE STREET	TRUSTEE'S SPOUSE AS OFF.	253,016.	CUSTODIAN FEES	X
HIGHRISE CAPITAL	TRUSTEE IS A DIRECTOR	142,807.	INVESTMENT	X
MICHAEL F. MCKENZIE	SON OF TREASURER	43,993.	EMPLOYEE AT BOSTON COLLEGE	X
MARIE SANNELLA	SISTER OF TRUSTEE	104,798.	EMPLOYEE AT BOSTON COLLEGE	X
CLOUGH CAPITAL	TRUSTEE IS CHAIRMAN & CEO	241,340.	INVESTMENT FEES	X
EMC	TRUSTEE IS A BOARD MEMBER	361,267.	VENDOR	X

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization

TRUSTEES OF BOSTON COLLEGE

Employer identification number

04-2103545

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
BOSTON COLLEGE ALUMNI ASSOCIATION, LLC 04-2103545 825 CENTRE STREET NEWTON, MA 02458-2527	ALUM. REL	MA	0.	0.	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity

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

Schedule R (Form 990) 2009

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

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

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

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

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Return of Organization Exempt From Income Tax

2008

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning 06/01, 2008, and ending 05/31, 2009

Form header section containing organization name (TRUSTEES OF BOSTON COLLEGE), principal officer (WILLIAM P. LEAHY), tax-exempt status (501(c)(3)), and website (WWW.BC.EDU).

Part I Summary

Table with 19 rows detailing financial information: 1-7a (Activities & Governance), 8-12 (Revenue), 13-19 (Expenses), and 20-22 (Net Assets or Fund Balances).

Part II Signature Block

Signature block area with declaration text and fields for officer signature and date.

Preparer information section including fields for Preparer's signature, Date, Check if self-employed, Preparer's identifying number, Firm's name (PRICEWATERHOUSECOOPERS LLP), EIN (13-4008324), and Phone no. (617-530-5000).

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2008)

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

If "Yes" describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 343,089,603. including grants of \$ 122,188,215.) (Revenue \$ 455,096,308.)

INSTRUCTION - INCLUDES EXPENDITURES TO PROVIDE COURSEWORK FOR STUDENTS AND TO PROVIDE FINANCIAL AID IN THE FORM OF SCHOLARSHIPS AND FELLOWSHIPS. FULL-TIME EQUIVALENT ENROLLMENTS WERE 12,820 AND THE NUMBER OF DEGREES CONFERRED WERE 4,059.

4b (Code:) (Expenses \$ 148,391,777. including grants of \$) (Revenue \$ 145,096,308.)

AUXILIARY SERVICES - INCLUDES EXPENDITURES FOR THE SELF-SUPPORTING ACTIVITIES OF THE UNIVERSITY SUCH AS THE OPERATIONS OF 31 RESIDENCE HALLS, 11 DINING FACILITIES, 27 NCAA DIVISION 1 ATHLETIC TEAMS, BOOKSTORE AND INFIRMARY.

4c (Code:) (Expenses \$ 98,038,148. including grants of \$) (Revenue \$)

STUDENT SERVICES AND ACADEMIC SUPPORT - INCLUDES ACTIVITIES OF WHICH THE PRIMARY PURPOSE IS TO CONTRIBUTE TO THE STUDENTS' EMOTIONAL AND PHYSICAL WELL-BEING AND TO HIS/HER INTELLECTUAL, CULTURAL, AND SOCIAL DEVELOPMENT. OPERATED 8 UNIVERSITY LIBRARY FACILITIES CONTAINING OVER 2.5 MILLION VOLUMES SERVING THE UNIVERSITY AND SURROUNDING COMMUNITY.

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

(Expenses \$ 48,656,775. including grants of \$) (Revenue \$ 60,177,506.)

4e Total program service expenses ► \$ 638,176,303. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<input checked="" type="checkbox"/>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	<input checked="" type="checkbox"/>	
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		<input checked="" type="checkbox"/>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<input checked="" type="checkbox"/>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input checked="" type="checkbox"/>	
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input checked="" type="checkbox"/>	
10	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	<input checked="" type="checkbox"/>	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<input checked="" type="checkbox"/>	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input checked="" type="checkbox"/>	
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	<input checked="" type="checkbox"/>	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	<input checked="" type="checkbox"/>	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		<input checked="" type="checkbox"/>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		<input checked="" type="checkbox"/>
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		<input checked="" type="checkbox"/>
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<input checked="" type="checkbox"/>
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		<input checked="" type="checkbox"/>
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		<input checked="" type="checkbox"/>
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	<input checked="" type="checkbox"/>	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	<input checked="" type="checkbox"/>	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>	<input checked="" type="checkbox"/>	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		<input checked="" type="checkbox"/>
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		<input checked="" type="checkbox"/>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		<input checked="" type="checkbox"/>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<input checked="" type="checkbox"/>
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		<input checked="" type="checkbox"/>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	<input checked="" type="checkbox"/>	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		<input checked="" type="checkbox"/>
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	<input checked="" type="checkbox"/>	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	<input checked="" type="checkbox"/>	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<input checked="" type="checkbox"/>	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	<input checked="" type="checkbox"/>	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<input checked="" type="checkbox"/>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		<input checked="" type="checkbox"/>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	<input checked="" type="checkbox"/>	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		<input checked="" type="checkbox"/>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<input checked="" type="checkbox"/>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<input checked="" type="checkbox"/>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		<input checked="" type="checkbox"/>

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a through 12b regarding IRS filings and tax compliance.

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include questions about voting members, family relationships, management delegation, organizational changes, asset diversions, members/stockholders, governing body decisions, meeting documentation, local chapters, Form 990 review, and officer reachability.

Section B. Policies

Table with 3 columns: Question, Yes, No. Rows include questions about conflict of interest policy, whistleblower policy, document retention, compensation review, joint ventures, and policy for joint venture arrangements.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include questions about state filing requirements, public inspection of forms, website availability, governing documents, and contact information for the organization.

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SEE SCHEDULE J-2										

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (check all that apply), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

1b Total 8,356,577. NONE 521,073.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 568

Table with 3 columns: Question number, Question text, Yes/No checkboxes. Rows 3, 4, and 5.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

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

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 358

Part VIII Statement of Revenue

04-2103545

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	2,410,560.					
	d Related organizations	1d						
	e Government grants (contributions) . .	1e	29,712,455.					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	164,160,976.					
	g Noncash contributions included in lines 1a-1f: \$		6,261,147.					
	h Total. Add lines 1a-1f ▶			196,283,991.				
				Business Code				
	Program Service Revenue	2a TUITION AND FEES		900099	455,096,308.	455,096,308.		
b SALES/SVCS OF AUX			900099	139,291,981.	138,863,480.	428,501.		
c ENTERPRISES								
d NON-GOVT GRANTS/ F&A RECOVERY			900099	9,875,469.	9,875,469.			
e F&A RECOVERY								
f All other program service revenue			900099	16,178,973.	16,178,973.			
g Total. Add lines 2a-2f ▶				620,442,731.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			15,333,476.		-1,920,282.	17,253,758.	
	4 Income from investment of tax-exempt bond proceeds . . . ▶			874,291.			874,291.	
	5 Royalties ▶			442,783.			442,783.	
		(i) Real	(ii) Personal					
	6a Gross Rents			4,558,584.				
	b Less: rental expenses			3,345,796.				
	c Rental income or (loss)			1,212,788.				
	d Net rental income or (loss) ▶				1,212,788.		1,212,788.	
		(i) Securities	(ii) Other					
	7a Gross amount from sales of assets other than inventory			624,014,165.	15,452,819.			
	b Less: cost or other basis and sales expenses			651,269,896.	2,798,718.			
	c Gain or (loss)			-27,255,731.	12,654,101.			
	d Net gain or (loss) ▶				-14,601,630.		-14,601,630.	
	8a Gross income from fundraising events (not including \$ 2,410,560. of contributions reported on line 1c). See Part IV, line 18. a				753,325.			
	b Less: direct expenses b				986,026.			
	c Net income or (loss) from fundraising events ▶					-232,701.	-232,701.	
	9a Gross income from gaming activities. See Part IV, line 19. a							
	b Less: direct expenses b							
	c Net income or (loss) from gaming activities ▶					NONE		
	10a Gross sales of inventory, less returns and allowances a							
b Less: cost of goods sold b								
c Net income or (loss) from sales of inventory. ▶					NONE			
Miscellaneous Revenue			Business Code					
11	11a CHILD CARE		624410	478,289.			478,289.	
	b VENDING		900099	460,169.			460,169.	
	c _____							
	d All other revenue							
	e Total. Add lines 11a-11d ▶				938,458.			
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶				820,694,187.	620,014,230.	-1,491,781.	5,887,747.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	NONE			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	122,188,215.	122,188,215.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	3,592,998.	494,398.	2,539,271.	559,329.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	787,922.	129,032.	658,890.	
7 Other salaries and wages	285,627,975.	215,890,012.	60,889,100.	8,848,863.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	19,485,101.	14,547,093.	4,305,891.	632,117.
9 Other employee benefits	54,027,522.	40,335,607.	11,939,206.	1,752,709.
10 Payroll taxes	18,257,433.	13,630,546.	4,034,597.	592,290.
11 Fees for services (non-employees):				
a Management	NONE			
b Legal	878,697.	298,378.	580,319.	
c Accounting	518,799.		518,799.	
d Lobbying	75,000.		75,000.	
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	11,336,510.		11,336,510.	
g Other	36,790,718.	23,334,358.	11,489,570.	1,966,790.
12 Advertising and promotion	3,590,353.	3,590,353.		
13 Office expenses	7,383,513.	5,185,099.	609,945.	1,588,469.
14 Information technology	7,865,202.	3,923,496.	3,923,496.	18,210.
15 Royalties	NONE			
16 Occupancy	34,743,996.	15,586,428.	19,157,568.	
17 Travel	15,679,620.	14,422,120.	650,884.	606,616.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	10,321,792.	7,849,782.	1,240,863.	1,231,147.
20 Interest	27,880,736.	25,320,345.	2,560,391.	
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization . . .	46,893,371.	38,307,745.	8,585,626.	
23 Insurance	NONE			
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a COST OF GOODS SOLD -----	14,186,415.	14,186,415.		
b OPERATIONS MAINT. ALLOC. -----		49,280,441.	-49,280,441.	
c DISPOSALS/WRITE-OFFS -----	11,400,308.	9,811,403.	1,588,905.	
d EQUIPMENT MAINT. ALLOCATION -----	3,309,435.	1,344,439.	1,964,996.	
e MISCELLANEOUS -----	21,180,999.	18,520,598.	2,265,375.	395,026.
f All other expenses -----				
25 Total functional expenses. Add lines 1 through 24f	758,002,630.	638,176,303.	101,634,761.	18,191,566.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	9,630,145.	1	9,982,508.
	2 Savings and temporary cash investments	4,159,875.	2	14,693,829.
	3 Pledges and grants receivable, net	157,977,133.	3	227,209,843.
	4 Accounts receivable, net	14,224,386.	4	15,666,572.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L	2,643,278.	5	4,341,948.
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	62,073,945.	7	62,741,688.
	8 Inventories for sales or use	3,176,084.	8	230,425.
	9 Prepaid expenses and deferred charges	7,994,060.	9	10,764,250.
	10a Land, buildings, and equipment: cost basis	10a 1568416525.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D.	10b 530,928,685.	947,652,187.	10c 1,037,487,840.
	11 Investments - publicly traded securities	1,033,301,337.	11	755,740,328.
	12 Investments - other securities. See Part IV, line 11	860,566,392.	12	743,488,726.
	13 Investments - program-related. See Part IV, line 11	21,890,321.	13	15,722,457.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	430,000.	15	430,000.
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,125,719,143.	16	2,898,500,414.	
Liabilities	17 Accounts payable and accrued expenses	113,697,807.	17	117,734,353.
	18 Grants payable	11,353,421.	18	11,230,897.
	19 Deferred revenue	18,283,951.	19	16,947,271.
	20 Tax-exempt bond liabilities	613,746,964.	20	679,435,927.
	21 Escrow account liability. Complete Part IV of Schedule D	3,329,959.	21	3,053,910.
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable	278,000.	24	151,033.
	25 Other liabilities. Complete Part X of Schedule D	62,736,851.	25	59,715,947.
	26 Total liabilities. Add lines 17 through 25	823,426,953.	26	888,269,338.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,324,729,725.	27	1,086,134,422.
	28 Temporarily restricted net assets	442,091,927.	28	289,612,752.
	29 Permanently restricted net assets	535,470,538.	29	634,483,902.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,302,292,190.	33	2,010,231,076.
	34 Total liabilities and net assets/fund balances	3,125,719,143.	34	2,898,500,414.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits?	X	

Public Charity Status and Public Support

Department of the Treasury Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization

Employer identification number

TRUSTEES OF BOSTON COLLEGE

04-2103545

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

The organization is not a private foundation because it is: (Please check only one organization.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
a Type I b Type II c Type III - Functionally Integrated d Type III - Other
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box.
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?
h Provide the following information about the organizations the organization supports.

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col. (i) listed in your governing document?, (v) Did you notify the organization in col. (i) of your support?, (vi) Is the organization in col. (i) organized in the U.S., (vii) Amount of support. Includes sub-columns for Yes/No for (iv) and (vi).

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1-3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (See instructions.) 12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here.
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here.
17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and stop here.
b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here.
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line number, Percentage. Rows: 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)); 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line number, Percentage. Rows: 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)); 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.

- 19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Area with horizontal dashed lines for providing supplemental information.

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **To be completed by organizations described below.**
▶ **Attach to Form 990 or Form 990-EZ.**

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

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

Name of organization TRUSTEES OF BOSTON COLLEGE	Employer identification number 04-2103545
---	---

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.
See the instructions for Schedule C for details.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B To be completed by all organizations exempt under section 501(c)(3).
See the instructions for Schedule C for details.

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

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).
See the instructions for Schedule C for details.

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

- A** Check if the filing organization belongs to an affiliated group.
B Check if the filing organization checked box A and "limited control" provisions apply.

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

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2 a	Lobbying non-taxable amount				
b	Lobbying ceiling amount (150% line 2a, column(e))				
c	Total lobbying expenditures				
d	Grassroots non-taxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
f	Grassroots lobbying expenditures				

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities...; j Total lines 1c through 1i; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carryover lobbying and political expenditures from the prior year?

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

Table with 2 main columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); a Current year; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5 and Part II-B, line 1i. Also, complete this part for any additional information.

SEE PAGE 4

Series of horizontal dashed lines for providing supplemental information.

Part IV Supplemental Information (continued)

LOBBYING ACTIVITY EXPLANATION

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

PAYMENTS FOR LOBBYING EXPENDITURES ARE MADE TO THE FOLLOWING:

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

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization

Employer identification number

TRUSTEES OF BOSTON COLLEGE

04-2103545

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 3 columns: Question number, Description, Held at the End of the Year. Rows include purpose(s) of easements, number of easements, acreage, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 3 columns: Question number, Description, Amount. Rows include reporting requirements for art and historical treasures, and amounts for revenues and assets.

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,849,801,000.				
b Contributions	109,930,000.				
c Investment earnings or losses	-400,708,000.				
d Grants or scholarships	11,055,000.				
e Other expenditures for facilities and programs	56,199,000.				
f Administrative expenses	611,000.				
g End of year balance	1,491,158,000.				

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment \blacktriangleright 44.0000 %
- b Permanent endowment \blacktriangleright 43.0000 %
- c Term endowment \blacktriangleright 13.0000 %

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

- (i) unrelated organizations
- (ii) related organizations

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

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

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		229,967,192.		229,967,192.
b Buildings		960,317,983.	333,859,926.	626,458,057.
c Leasehold improvements		40,462,705.	23,176,485.	17,286,220.
d Equipment		161,549,509.	123,069,502.	38,480,007.
e Other		176,119,135.	50,822,772.	125,296,364.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				1,037,487,840.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other _____		

Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
DEPOSITS PAYABLE	25,254,745.
US GOVERNMENT LOAN ADVANCES	34,461,202.
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.) ▶	59,715,947.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	820,694,187.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	758,002,630.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	62,691,557.
4	Net unrealized gains (losses) on investments	4	-381,110,089.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	-381,110,089.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-318,418,532.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	302,601,134.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-381,110,089.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-116,299,950.
e	Add lines 2a through 2d	2e	-497,410,039.
3	Subtract line 2e from line 1	3	800,011,173.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	11,336,510.
b	Other (Describe in Part XIV)	4b	9,346,504.
c	Add lines 4a and 4b	4c	20,683,014.
5	Total revenue. Add lines 3 and 4c . (This should equal Form 990, Part I, line 12.)	5	820,694,187.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	621,019,666.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	4,331,822.
e	Add lines 2a through 2d	2e	4,331,822.
3	Subtract line 2e from line 1	3	616,687,844.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	11,336,510.
b	Other (Describe in Part XIV)	4b	129,978,276.
c	Add lines 4a and 4b	4c	141,314,786.
5	Total expenses. Add lines 3 and 4c . (This should equal Form 990, Part I, line 18.)	5	758,002,630.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

SEE PAGE 5

Part XIV Supplemental Information (continued)

BOSTON COLLEGE DID NOT HAVE A FIN 48 LIABILITY.

SCHEDULE D, PART III, LINE 4

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

SCHEDULE D, PART IV, LINE 2B

STATE STREET HOLDS THE MAJORITY OF OUR TRUSTS.

SCHEDULE D, PART V, LINE 4

THE INTENT OF THE ENDOWMENT FUND IS TO GENERATE INVESTMENT EARNINGS AS A SOURCE OF REVENUE FOR FUNDING THE COLLEGE'S GENERAL OPERATING ACTIVITIES AND FOR FUNDING SPECIFIC PURPOSES, EITHER RESTRICTED BY DONORS OR INTERNALLY DESIGNATED BY THE BOARD OF TRUSTEES.

PART XII, LINE 2D

STUDENT AID (116,488,407)

DISPOSALS/WRITE-OFFS 188,457

(116,299,950)

Part XIV Supplemental Information (continued)

PART XIII, LINE 4B

FUNDRAISING DIRECT EXPENSE (3,345,796)

RENTAL EXPENSE (986,026)

AGENCY FUNDS 2,428,329

DISPOSALS/WRITE-OFFS 11,249,997

9,346,504

PART XIII, LINE 2D

FUNDRAISING DIRECT EXPENSE 3,345,796

RENTAL EXPENSE 986,026

4,331,822

PART XIII, LINE 4B

STUDENT AID 116,488,407

AGENCY FUNDS 2,428,329

DISPOSALS/WRITE-OFFS 11,061,540

129,978,276

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

Schools

OMB No. 1545-0047

2008

Open to Public Inspection

▶ To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

TRUSTEES OF BOSTON COLLEGE

04-2103545

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain <u>A DESCRIPTION OF THE UNIVERSITY NON-DISCRIMINATORY POLICY IS PUBLISHED</u> <u>THE STUDENT REGISTRATION MATERIALS, THE UNIVERSITY COURSE CATALOG AND</u> <u>JOB POSTINGS ON THE HUMAN RESOURCES WEBSITE.</u> ----- -----	X	
4 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----	X	
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		X
6a Does the organization receive any financial aid or assistance from a governmental agency? <u>STATE</u>	X	
b Has the organization's right to such aid ever been revoked or suspended?		X
If you answered "Yes" to either line 6a or line 6b, please explain using an attached statement.		
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation.	X	

Schedule F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

TRUSTEES OF BOSTON COLLEGE

04-2103545

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

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

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

Table with 6 columns: (a) Region, (b) Number of offices in the region, (c) Number of employees or agents in region, (d) Activities conducted in region (by type), (e) If activity listed in (d) is a program service, describe specific type of service(s) in region, (f) Total expenditures in region. Includes a 'Totals' row at the bottom.

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

Schedule F (Form 990) 2008

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000
 Use Schedule F-1 (Form 990) if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV **Supplemental Information**

Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART I, COLUMN (F), EXPENDITURES

BOSTON COLLEGE CURRENTLY DOES NOT TRACK FOREIGN EXPENDITURES FOR EACH PROGRAM SEPARATELY.

Continuation Sheet for Schedule F (From 990)

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for
Part I, line 3; Part II, line 1; or Part III.

Name of the organization

Employer identification number

TRUSTEES OF BOSTON COLLEGE

04-2103545

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
SOUTH AMERICA	NONE	3	PROGRAM SERVICES	STUDY ABROAD	
EAST ASIA AND THE PACIFIC	NONE	NONE	PROGRAM SERVICES	STUDY ABROAD	
EUROPE	NONE	15	PROGRAM SERVICES	STUDY ABROAD	
MIDDLE EAST AND NORTH AFRICA	NONE	NONE	PROGRAM SERVICES	STUDY ABROAD	
SOUTH ASIA	NONE	1	PROGRAM SERVICES	STUDY ABROAD	
RUSSIA/INDEPENDENT STATES	NONE	NONE	PROGRAM SERVICES	STUDY ABROAD	
SUB-SAHARAN AFRICA	NONE	1	PROGRAM SERVICES	STUDY ABROAD	
EUROPE	1	NONE	PROGRAM SERVICES	EDUCATION	
CENTRAL AMERICA/CARIBBEAN	NONE	NONE	PROGRAM SERVICES	INVESTMENTS	
SOUTH AMERICA	NONE	NONE	PROGRAM SERVICES	CONFERENCES	
EAST ASIA AND THE PACIFIC	NONE	NONE	PROGRAM SERVICES	CONFERENCES	
SOUTH ASIA	NONE	NONE	PROGRAM SERVICES	CONFERENCES	
EUROPE	NONE	NONE	PROGRAM SERVICES	CONFERENCES	
MIDDLE EAST AND NORTH AFRICA	NONE	NONE	PROGRAM SERVICES	CONFERENCES	
SUB-SAHARAN AFRICA	NONE	NONE	PROGRAM SERVICES	CONFERENCES	
CENTRAL AMERICA/CARIBBEAN	NONE	NONE	PROGRAM SERVICES	STUDY ABROAD	
EAST ASIA AND THE PACIFIC	NONE	NONE	PROGRAM SERVICES	RESEARCH	
EUROPE	NONE	NONE	PROGRAM SERVICES	RESEARCH	
SOUTH ASIA	NONE	NONE	PROGRAM SERVICES	RESEARCH	
Totals ▶	1	20			

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

Schedule F-1 (Form 990) 2008

Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F, (Form 990), Part II)

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

Part III Continuation of Grants and Other Assistance to Individuals Outside the United States. (Schedule F (Form 990), Part III.)

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Supplemental Information Regarding Fundraising or Gaming Activities

2008

Open To Public Inspection

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization

TRUSTEES OF BOSTON COLLEGE

Employer identification number

04-2103545

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

- a Mail solicitations
b Email solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

Table with 6 columns: (i) Name of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions? (Yes/No), (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

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

Lined area for listing states where the organization is registered or licensed to solicit funds.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
		NIGHT AT POPS (event type)	WALL ST DINNER (event type)	NONE (total number)	
Revenue	1 Gross receipts	1,871,224.	1,292,661.		3,163,885.
	2 Less: Charitable contributions	1,393,599.	1,016,961.		2,410,560.
	3 Gross revenue (line 1 minus line 2)	477,625.	275,700.		753,325.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	626,813.	359,213.		986,026.
	8 Direct expense summary. Add lines 4 through 7 in column (d)				(986,026.)
9 Net income summary. Combine lines 3 and 8 in column (d)					-232,701.

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

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

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in:

a	The organization's facility	13a	%		
b	An outside facility	13b	%		

14 Provide the name and address of the person who prepares the organization's gaming/special event books and records:

Name ▶ -----

Address ▶ -----

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ -----

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

Name of the organization

TRUSTEES OF BOSTON COLLEGE

Employer identification number

04-2103545

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

- 2 Enter total number of section 501(c)(3) and government organizations ▶ _____
- 3 Enter total number of other organizations ▶ _____

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS TO STUDENTS	7,525	122,188,215.			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART I, LINE 2 - GRANT PROCEDURES

BOSTON COLLEGE OFFERS GRANTS & LOANS TO STUDENTS ON THE BASIS OF

DEMONSTRATED FINANCIAL NEED. THEY MUST MEET ELIGIBILITY REQUIREMENTS AS

DETERMINED BY THE FACULTY & BOARD OF TRUSTEES AND ARE ADMINISTERED BY THE

STUDENT AID OFFICE. STUDENTS AND THEIR PARENTS COMPLETE EXTENSIVE

APPLICATION MATERIALS, SUBMIT TAX RETURNS AND OTHER DOCUMENTS TO SUPPORT

THEIR CLAIM FOR FINANCIAL ASSISTANCE.

PART III, COLUMN (C) - THE CASH GRANT IS REFLECTED ON STUDENTS ACCOUNTS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Attach to Form 990. To be completed by organizations
that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

TRUSTEES OF BOSTON COLLEGE

Employer identification number

04-2103545

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

a Receive a severance payment or change of control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

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

a The organization?

b Any related organization?
If "Yes" to line 5a or 5b, describe in Part III.

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

a The organization?

b Any related organization?
If "Yes" to line 6a or 6b, describe in Part III.

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

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

	Yes	No
1b		X
2	X	
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X

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

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
SEE SCHEDULE J-1	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
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	(i)						
	(ii)						
	(i)						
	(ii)						

Part III Supplemental Information

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

SCHEDULE J, PART I

THE UNIVERSITY PAID COMPENSATION AND BENEFITS OF \$5,080,013 TO THE BOSTON COLLEGE COMMUNITY OF THE SOCIETY OF JESUS, THE FOUNDERS OF BOSTON COLLEGE, FOR INSTRUCTIONAL, ADMINISTRATIVE AND INSTITUTIONAL SERVICES, AS WELL AS FOR SERVICES RENDERED BY THE UNIVERSITY'S JESUIT OFFICERS. TRUSTEES ARE NOT COMPENSATED.

SCHEDULE J, PART I, LINE 1A

FIRST CLASS TRAVEL OR CHARTER TRAVEL:

BOSTON COLLEGE DOES NOT GENERALLY PERMIT FIRST CLASS TRAVEL FOR BUSINESS TRIPS. HOWEVER, ON OCCASION FOR UNUSUALLY LONG FLIGHTS IT MAY BE PERMITTED PROVIDED THERE IS APPROVAL IN ADVANCE. TWO OF THE OFFICERS LISTED IN PART VII FLEW FIRST CLASS ON A TRIP PRE-APPROVED BY THE VP OF FINANCE/TREASURER IN CONNECTION WITH SERVICES PROVIDED TO THE COLLEGE.

IN CONNECTION WITH ITS ATHLETICS PROGRAM, BC UTILIZES CHARTER TRAVEL. CERTAIN INDIVIDUALS LISTED IN PART VII FLY WITH THE TEAM AS PART OF THEIR

Part III Supplemental Information

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

RESPONSIBILITIES AS EMPLOYEES OF BOSTON COLLEGE.

TRAVEL FOR COMPANIONS:

UNIVERSITY POLICY IS NOT TO REIMBURSE FOR COMPANION TRAVEL. ON OCCASION,

CERTAIN INDIVIDUALS LISTED IN PART VII HAVE HAD COMPANION TRAVEL AT NO

ADDITIONAL COST TO THE COLLEGE.

HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES:

FOUR OF THE INDIVIDUALS LISTED IN PART VII RECEIVE AN ANNUAL MEMBERSHIP

TO A LOCAL COUNTRY CLUB. THE FULL VALUE WAS INCLUDED IN THEIR TAXABLE

COMPENSATION.

SCHEDULE J, PART I, LINE 1B

BOSTON COLLEGE HAS POLICIES THAT COVER FIRST CLASS AIR TRAVEL AND TRAVEL

FOR COMPANIONS. SUCH TRAVEL IS GENERALLY NOT PERMITTED BUT IS APPROVED ON

A CASE BY CASE BASIS AT THE VP LEVEL. SOCIAL CLUB DUES ARE PROVIDED IN

ACCORDANCE WITH THE CONTRACTS OF THE INDIVIDUALS WHO RECEIVE THE BENEFIT

AND ARE APPROVED.

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 4A

CHERYL PRESLEY AND CATHY INGLESE RECEIVED ONE YEAR OF COMPENSATION AS A RESULT OF THEIR SEPARATION FROM BOSTON COLLEGE.

JOHN J NEUHAUSER RECEIVED TWO YEARS OF COMPENSATION AS A RESULT OF HIS SEPARATION FROM BOSTON COLLEGE.

SCHEDULE J, PART I, LINE 4B

IN PRIOR YEARS PAYMENTS TOTALING \$608,000 WERE MADE TO A 457(F) PLAN ON BEHALF OF EUGENE DE FILIPPO. PER THE TERMS OF AGREEMENT, ON JUNE 1, 2008 MR. DE FILIPPO BECAME VESTED IN THE PLAN AND RECEIVED PAYMENT OF \$693,740. THIS AMOUNT HAS BEEN INCLUDED IN J-1, PART I, COLUMN (B)(III).

IN PRIOR YEARS PAYMENTS TOTALING \$300,000 WERE MADE TO A 457(F) PLAN ON

Part III Supplemental Information

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

BEHALF OF LEO SULLIVAN. MR. SULLIVAN WILL BE ELIGIBLE TO RECEIVE PAYMENT FROM THIS PLAN ON MAY 31 2010, AS LONG AS HE REMAINS EMPLOYED BY BOSTON COLLEGE.

IN PRIOR YEARS PAYMENTS TOTALING \$735,430 WERE MADE TO A 457(F) PLAN ON BEHALF OF ALBERT SKINNER. PAYMENTS WERE TAXED IN THE YEAR CREDITED TO THE ACCOUNT. MR. SKINNER IS ELIGIBLE TO RECEIVE THE VALUE OF HIS 457(F) ACCOUNT UPON RETIREMENT OR TERMINATION OF HIS EMPLOYMENT WITH BOSTON COLLEGE.

**SCHEDULE J-1
(Form 990)**

Continuation Sheet for Schedule J (Form 990)

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information
regarding compensation.**

Name of the organization

Employer identification number

TRUSTEES OF BOSTON COLLEGE

04-2103545

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
PATRICK J KEATING	(i)	394,673.	NONE	27,534.	18,400.	14,498.	455,105.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MARY LOU DELONG	(i)	199,540.	NONE	14,700.	20,250.	14,498.	248,988.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JAMES P MCINTYRE	(i)	217,904.	NONE	14,200.	20,333.	14,244.	266,681.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
PETER C MCKENZIE	(i)	385,345.	NONE	39,867.	22,500.	13,928.	461,640.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CUTBERTO GARZA	(i)	421,314.	NONE	29,767.	18,400.	14,498.	483,979.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
LEO V SULLIVAN	(i)	225,584.	NONE	22,323.	22,672.	14,376.	284,955.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MARIAN G MOORE	(i)	303,139.	NONE	19,827.	18,400.	11,783.	353,149.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JAMES J HUSSON	(i)	328,467.	NONE	22,394.	18,400.	14,498.	383,759.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
THOMAS J KEADY	(i)	201,684.	NONE	14,700.	16,799.	14,498.	247,681.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CHERYL L PRESLEY	(i)	76,522.	NONE	30,050.	7,608.	1,987.	116,167.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
THOMAS P LOCKERBY	(i)	228,224.	NONE	40,153.	18,400.	14,498.	301,275.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
PATRICK ROMBALSKI	(i)	224,651.	NONE	22,600.	NONE	7,267.	254,518.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
EUGENE B DE FILIPPO	(i)	327,797.	25,000.	769,467.	23,000.	14,498.	1,159,762.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JEFFREY J JAGODZINSKI	(i)	1,048,741.	56,000.	15,772.	18,400.	14,498.	1,153,411.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ALBERT L SKINNER	(i)	964,184.	NONE	62,321.	15,852.	14,498.	1,056,855.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ANDREW C BOYNTON	(i)	396,813.	NONE	16,316.	18,400.	14,498.	446,027.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE

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

Schedule J-1 (Form 990) 2008

**SCHEDULE J-1
(Form 990)**

Continuation Sheet for Schedule J (Form 990)

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information
regarding compensation.**

Name of the organization

Employer identification number

TRUSTEES OF BOSTON COLLEGE

04-2103545

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JOHN J NEUHAUSER	(i)	NONE	NONE	643,040.	NONE	NONE	643,040.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CATHY INGLESE	(i)	125,013.	NONE	274,830.	12,532.	2,678.	415,053.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

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

**SCHEDULE J-2
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the Organization

TRUSTEES OF BOSTON COLLEGE

Employer Identification number

04-2103545

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PATRICK T STOKES CHAIR	1.	X					NONE	NONE	NONE	
GREGORY P BARBER TRUSTEE	1.	X					NONE	NONE	NONE	
PATRICK CARNEY TRUSTEE	1.	X					NONE	NONE	NONE	
CYNTHIA LEE EGAN TRUSTEE	1.	X					NONE	NONE	NONE	
THOMAS P O NEILL III TRUSTEE	1.	X					NONE	NONE	NONE	
SCOTT R PILARZ S J TRUSTEE	1.	X					NONE	NONE	NONE	
SALLY ENGELHARD PINGREE TRUSTEE	1.	X					NONE	NONE	NONE	
PAULA D POLITO TRUSTEE	1.	X					NONE	NONE	NONE	
RICHARD F POWERS III TRUSTEE	1.	X					NONE	NONE	NONE	
PIERRE RICHARD PROSPER TRUSTEE	1.	X					NONE	NONE	NONE	
THOMAS F RYAN JR TRUSTEE	1.	X					NONE	NONE	NONE	
NICHOLAS A SANNELLA TRUSTEE	1.	X					NONE	NONE	NONE	
BRADLEY M SCHAEFFER S J TRUSTEE	1.	X					NONE	NONE	NONE	
BLENDA J WILSON TRUSTEE	1.	X					NONE	NONE	NONE	
JOHN L LAMATTINA TRUSTEE	1.	X					NONE	NONE	NONE	
SUSAN MARTINELLI SHEA TRUSTEE	1.	X					NONE	NONE	NONE	
ROBERT L WINSTON TRUSTEE	1.	X					NONE	NONE	NONE	
DAVID P OCONNOR TRUSTEE	1.	X					NONE	NONE	NONE	
MATTHEW J BOTICA TRUSTEE	1.	X					NONE	NONE	NONE	
LEO J CORCORAN TRUSTEE	1.	X					NONE	NONE	NONE	
JANICE GIPSON TRUSTEE	1.	X					NONE	NONE	NONE	

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

Schedule J-2 (Form 990) 2008

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

Name of the Organization

Employer Identification number

TRUSTEES OF BOSTON COLLEGE

04-2103545

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
T FRANK KENNEDY TRUSTEE	1.	X					NONE	NONE	NONE	
JOHN V MURPHY TRUSTEE	1.	X					NONE	NONE	NONE	
STEPHEN P MURRAY TRUSTEE	1.	X					NONE	NONE	NONE	
BRIEN M O' BRIEN TRUSTEE	1.	X					NONE	NONE	NONE	
BRIAN G PAULSON SJ TRUSTEE	1.	X					NONE	NONE	NONE	
MARIANNE D SHORT TRUSTEE	1.	X					NONE	NONE	NONE	
DARCEL D CLARK TRUSTEE	1.	X					NONE	NONE	NONE	
CHARLES I CLOUGH JR TRUSTEE	1.	X					NONE	NONE	NONE	
JOHN M CONNORS JR TRUSTEE	1.	X					NONE	NONE	NONE	
ROBERT M DEVLIN TRUSTEE	1.	X					NONE	NONE	NONE	
FRANCIS A DOYLE TRUSTEE	1.	X					NONE	NONE	NONE	
JOHN F FISH TRUSTEE	1.	X					NONE	NONE	NONE	
KEITH A FRANCIS TRUSTEE	1.	X					NONE	NONE	NONE	
MARIO J GABELLI TRUSTEE	1.	X					NONE	NONE	NONE	
WILLIAM J GEARY VICE CHAIR	1.	X					NONE	NONE	NONE	
MARY J STEELE GUILFOILE TRUSTEE	1.	X					NONE	NONE	NONE	
KATHLEEN POWERS HALEY TRUSTEE	1.	X					NONE	NONE	NONE	
MICHAELA MURPHY HOAG TRUSTEE	1.	X					NONE	NONE	NONE	
ROBERT B LAWTON S J TRUSTEE	1.	X					NONE	NONE	NONE	
PETER S LYNCH LLD TRUSTEE	1.	X					NONE	NONE	NONE	
DOUGLAS W MARCOUILLER S J TRUSTEE	1.	X					NONE	NONE	NONE	

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

Schedule J-2 (Form 990) 2008

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

Name of the Organization TRUSTEES OF BOSTON COLLEGE	Employer Identification number 04-2103545
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Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PETER K MARKELL TRUSTEE	1.	X						NONE	NONE	NONE
KATHLEEN M MCGILLICUDDY TRUSTEE	1.	X						NONE	NONE	NONE
ROBERT J MORRISSEY ESQ TRUSTEE	1.	X						NONE	NONE	NONE
PATRICK J KEATING EXECUTIVE VP	40.			X				422,207.	NONE	32,898.
JOSEPH A APPELYARD S J VP MISSION/MINISTRY	40.			X				NONE	NONE	NONE
MARY LOU DELONG VICE PRESIDENT	40.			X				214,240.	NONE	34,748.
JAMES P MCINTYRE SR VICE PRESIDENT	40.			X				232,104.	NONE	34,577.
PETER C MCKENZIE FINANCE VP/TREASURER	40.			X				425,212.	NONE	36,428.
WILLIAM B NEENAN S J VP AND SPECIAL ASST	40.			X				NONE	NONE	NONE
CUTBERTO GARZA PROVOST/DEAN OF FAC	40.			X				451,081.	NONE	32,898.
LEO V SULLIVAN VP HUMAN RESOURCES	40.			X				247,907.	NONE	37,048.
THOMAS DEVINE VP FACILITIES MGMT	40.			X				126,121.	NONE	19,484.
MARIAN G MOORE VP INF TECH SVCS	40.			X				322,966.	NONE	30,183.
JAMES J HUSSON VP UNIVERSITY ADV	40.			X				350,861.	NONE	32,898.
THOMAS J KEADY VP GVMT/COMMUNITY AF	40.			X				216,384.	NONE	31,297.
J DONALD MONAN S J UNIVERSITY CHANCELLOR	40.			X				NONE	NONE	NONE
DANIEL F BOURQUE VP FACILITIES MANAGEMENT	40.			X				NONE	NONE	NONE
THOMAS P LOCKERBY VP DEVELOPMENT	40.			X				268,377.	NONE	32,898.
PATRICK ROMBALSKI VP STUDENT AFFAIRS	40.			X				247,251.	NONE	7,267.
WILLIAM P LEAHY S J PRESIDENT, BOSTON COLLEGE	40.			X				NONE	NONE	NONE
EUGENE B DE FILIPPO DIRECTOR OF ATHLETICS	40.					X		1,122,264.	NONE	37,498.

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

Schedule J-2 (Form 990) 2008

SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization
TRUSTEES OF BOSTON COLLEGE

Employer Identification number
04-2103545

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JEFFREY J JAGODZINSKI FOOTBALL COACH	40.					X		1,120,513.	NONE	32,898.
ALBERT L SKINNER MEN'S BASKETBALL COACH	40.					X		1,026,505.	NONE	30,350.
ANDREW C BOYNTON DEAN, CARROL SCHOOL OF MGMT	40.					X		413,129.	NONE	32,898.
CATHY INGLESE WOMENS BASKETBALL COACH	40.					X		399,843.	NONE	15,210.
CHERYL L PRESLEY PRESIDENTS OFFICE	40.						X	106,572.	NONE	9,595.
JOHN J NEUHAUSER PROVOST AND DEAN OF FACILITIES	40.						X	643,040.	NONE	NONE

Supplemental Information on Tax-Exempt Bonds

2008

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).**

Name of the organization

TRUSTEES OF BOSTON COLLEGE

Employer identification number

04-2103545

Part I Bond Issues (Required for 2008)

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
						Yes	No	Yes	No
A MHEFA - SERIES N	04-2456011	57565K6M5	09/04/2003	122,456,271.	REFUND/PREPAY PRIOR OBLIGATIONS		X		X
B MASSACHUSETTS DEVELOPMENT FINANCE AGENCY-SERIES P	04-3431814	57583RPC3	07/26/2007	180,931,618.	REFUND/PREPAY PRIOR OBLIGATIONS		X		X
C MASSACHUSETTS DVLPMT FINANCE AGENCY-SERIES Q1, Q2	04-3431814	57583RL45	05/21/2009	104,618,300.	REFINANCING OF BRIDGE LOAN		X		X
D									
E									

Part II Proceeds (Optional for 2008)

1 Total proceeds of issue	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
2 Gross proceeds in reserve funds										
3 Proceeds in refunding or defeasance escrows										
4 Other unspent proceeds										
5 Issuance costs from proceeds										
6 Working capital expenditures from proceeds										
7 Capital expenditures from proceeds										
8 Year of substantial completion										
9 Were the bonds issued as part of a current refunding issue?										
10 Were the bonds issued as part of an advance refunding issue?										
11 Has the final allocation of proceeds been made?										
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use (Optional for 2008)

1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
2 Are there any lease arrangements with respect to the financed property which may result in private business use?										

Part III Private Business Use (Continued)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?										
b Are there any research agreements with respect to the financed property which may result in private business use?										
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		%		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		%		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?										
2 Is the bond issue a variable rate issue?										
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?										
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?										
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?										
6 Did the bond issue qualify for an exception to rebate?										

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons
 ▶ Attach to Form 990 or Form 990-EZ.
 ▶ To be completed by organizations that answered
 "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
 or Form 990-EZ, Part V, lines 38b or 40b.

OMB No. 1545-0047

2008

Open To Public Inspection

Name of the organization TRUSTEES OF BOSTON COLLEGE	Employer identification number 04-2103545
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Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
 To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

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

Part II Loans to and/or From Interested Persons.
 To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
SEE STATEMENT 3										
Total										

Part III Grants or Assistance Benefitting Interested Persons.
 To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.
 To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SEE STATEMENT 4					

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule L (Form 990 or 990-EZ) 2008

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No. 1545-0047

2008

**Open To Public
Inspection**

Name of the organization

TRUSTEES OF BOSTON COLLEGE

Employer identification number

04-2103545

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art	X	2	331,500.	OPINION OF EXPERTS
2 Art-Historical treasures				
3 Art-Fractional interests				
4 Books and publications	X		351,703.	OPINION OF EXPERTS
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities-Publicly traded	X	187	5,101,725.	MARKET VALUE
10 Securities-Closely held stock				
11 Securities-Partnership, LLC, or trust interests				
12 Securities-Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate-Residential				
16 Real estate-Commercial				
17 Real estate-Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>STMT 5</u>)		26.	476,219.	
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

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

Schedule M (Form 990) 2008

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

ARRANGEMENTS WITH THIRD PARTIES OR RELATED ORGANIZATIONS

SCHEDULE M, PART I, LINE 32B

BOSTON COLLEGE USES A NUMBER OF THIRD PARTIES TO SELL NONCASH GIFTS OF

SECURITIES.

SCHEDULE M, PART I, COLUMN (B)

COLUMN B IS BASED ON THE NUMBER OF CONTRIBUTIONS.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

TRUSTEES OF BOSTON COLLEGE

Employer identification number

04-2103545

MISSION

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

STRENGTHENED BY MORE THAN A CENTURY AND A QUARTER OF DEDICATION TO

ACADEMIC EXCELLENCE, BOSTON COLLEGE COMMITS ITSELF TO THE HIGHEST

STANDARDS OF TEACHING AND RESEARCH IN UNDERGRADUATE, GRADUATE AND

PROFESSIONAL PROGRAMS AND TO THE PURSUIT OF A JUST SOCIETY THROUGH ITS

OWN ACCOMPLISHMENTS, THE WORK OF ITS FACULTY AND STAFF, AND THE

ACHIEVEMENTS OF ITS GRADUATES. IT SEEKS BOTH TO ADVANCE ITS PLACE AMONG

THE NATION'S FINEST UNIVERSITIES AND TO BRING TO THE COMPANY OF ITS

DISTINGUISHED PEERS AND TO CONTEMPORARY SOCIETY THE RICHNESS OF THE

CATHOLIC INTELLECTUAL IDEAL OF A MUTUALLY ILLUMINATING RELATIONSHIP

BETWEEN RELIGIOUS FAITH AND FREE INTELLECTUAL INQUIRY.

BOSTON COLLEGE DRAWS INSPIRATION FOR ITS ACADEMIC AND SOCIETAL MISSION

FROM ITS DISTINCTIVE RELIGIOUS TRADITION. AS A CATHOLIC AND JESUIT

UNIVERSITY, IT IS ROOTED IN A WORLD VIEW THAT ENCOUNTERS GOD IN ALL

CREATION AND THROUGH ALL HUMAN ACTIVITY, ESPECIALLY IN THE SEARCH FOR

TRUTH IN EVERY DISCIPLINE, IN THE DESIRE TO LEARN, AND IN THE CALL TO

LIVE JUSTLY TOGETHER. IN THIS SPIRIT, THE UNIVERSITY REGARDS THE

CONTRIBUTION OF DIFFERENT RELIGIOUS TRADITIONS AND VALUE SYSTEMS AS

ESSENTIAL TO THE FULLNESS OF ITS INTELLECTUAL LIFE AND TO THE CONTINUOUS

DEVELOPMENT OF ITS DISTINCTIVE INTELLECTUAL HERITAGE.

BOSTON COLLEGE PURSUES THIS DISTINCTIVE MISSION BY SERVING SOCIETY IN

THREE WAYS:

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Employer identification number

- BY FOSTERING THE RIGOROUS INTELLECTUAL DEVELOPMENT AND THE RELIGIOUS,
ETHICAL AND PERSONAL FORMATION OF ITS UNDERGRADUATE, GRADUATE AND
PROFESSIONAL STUDENTS IN ORDER TO PREPARE THEM FOR CITIZENSHIP, SERVICE
AND LEADERSHIP IN A GLOBAL SOCIETY;

- BY PRODUCING NATIONALLY AND INTERNATIONALLY SIGNIFICANT RESEARCH THAT
ADVANCES INSIGHT AND UNDERSTANDING, THEREBY BOTH ENRICHING CULTURE AND
ADDRESSING IMPORTANT SOCIETAL NEEDS; AND

- BY COMMITTING ITSELF TO ADVANCE THE DIALOGUE BETWEEN RELIGIOUS BELIEF
AND OTHER FORMATIVE ELEMENTS OF CULTURE THROUGH THE INTELLECTUAL INQUIRY,
TEACHING AND LEARNING, AND THE COMMUNITY LIFE THAT FORM THE UNIVERSITY.

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

VOLUNTEERS

FORM 990, PART I, LINE 6

ALTHOUGH BOSTON COLLEGE HAS MANY VOLUNTEERS WHO DEDICATE THEIR TIME AND
EFFORTS TO THE COLLEGE, THEIR NUMBER IS NOT FORMALLY TRACKED. ALL
TRUSTEES ARE PROVIDING VOLUNTEER SERVICES TO BOSTON COLLEGE. BOSTON
COLLEGE ALUMNI KEEP UP THE JESUIT, CATHOLIC TRADITION AFTER GRADUATION AS

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Employer identification number

ALUMNI VOLUNTEERS. WHETHER IT'S SIMPLY KEEPING IN TOUCH WITH FELLOW

EAGLES OR MAKING A DIFFERENCE THROUGH THE UNIVERSITY, BOSTON COLLEGE HAS

ACTIVE ALUMNI WHO CONTINUE TO VOLUNTEER THEIR TIME TO CONTRIBUTE TO THE

BOSTON COLLEGE COMMUNITY.

OTHER PROGRAM SERVICES

FORM 990, PART III, LINE 4D

EXPENDITURES FOR PUBLIC SERVICE AND STUDENT AGENCIES AND OTHER

MISCELLANEOUS PROGRAM EXPENSES.

Name of the organization TRUSTEES OF BOSTON COLLEGE	Employer identification number 04-2103545
--	--

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

SECTION A - QUESTION 2

ROBERT MORRISSEY AND MARIO GABELLI ARE BOTH ON THE BOARD OF GAMCO. PETER

MARKELL IS THE CFO AND JOHN CONNORS IS THE CHAIRMAN OF THE BOARD OF

PARTNERS HEALTHCARE. FRANK DOYLE IS THE CEO OF CONNELL LIMITED PARTNERS

AND ROBERT MORRISSEY SITS ON THE BOARD OF DIRECTORS. CHARLES CLOUGH HAS A

BUSINESS RELATIONSHIP WITH NICHOLAS SANNELLA THROUGH CARITAS CHRISTI.

BRADLEY SCHAEFFER, SJ AND DOUGLAS MARCOUILLER, SJ ARE BOTH ON THE BOARD

OF THE WESTON JESUIT COMMUNITY.

SECTION A - QUESTION 10

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

PREPARED. THE FULL 990 RETURN, EXCLUDING THE NAME OF AN ANONYMOUS DONOR

ON SCHEDULE B, IS THEN REVIEWED BY SENIOR MANAGEMENT, THE TRUSTEE FINANCE

AND AUDIT COMMITTEE AND THE FULL BOARD OF TRUSTEES. THE FINAL FORM 990,

WITH THE EXCEPTION OF SCHEDULE B, IS THEN MADE AVAILABLE TO THE FULL

BOARD OF TRUSTEES ON THE BOSTON COLLEGE WEBSITE PRIOR TO FILING WITH THE

IRS. PWC SIGNS THE RETURN AS PAID PREPARER AND ELECTRONICALLY FILES THE

RETURN WITH THE IRS.

SECTION A - QUESTION 12C

EACH OFFICER, TRUSTEE, AND KEY EMPLOYEE IS REQUIRED TO DISCLOSE ANNUALLY,

IN WRITING, ANY FINANCIAL OR BUSINESS RELATIONSHIPS THAT HE OR SHE, OR

ANY FAMILY MEMBER, HAS WITH BOSTON COLLEGE. THESE DISCLOSURES ARE

REVIEWED BY THE FINANCIAL VICE PRESIDENT AND TREASURER AND HIS STAFF. THE

FINANCIAL VICE PRESIDENT AND TREASURER PREPARES A REPORT OF ALL CONFLICTS

Name of the organization

Employer identification number

TRUSTEES OF BOSTON COLLEGE

04-2103545

FOR REVIEW WITH THE PRESIDENT, EXECUTIVE VICE PRESIDENT, AND GENERAL COUNSEL. FOLLOWING THEIR REVIEW, THE REPORT IS REVIEWED WITH THE FINANCE AND AUDIT COMMITTEE OF THE BOARD OF TRUSTEES AND THE CHAIRMAN OF THE BOARD OF TRUSTEES. ALL CONFLICT SITUATIONS ARE RESOLVED AT THIS FINAL REVIEW IN ACCORDANCE WITH THE UNIVERSITY'S CONFLICT OF INTEREST POLICY.

SECTION B - POLICIES, QUESTION 15A & B

BOSTON COLLEGE'S PRESIDENT IS A MEMBER OF THE BOSTON COLLEGE COMMUNITY OF THE SOCIETY OF JESUS. THE COMPENSATION AND BENEFITS OF WILLIAM P. LEAHY S. J., ALONG WITH OTHER MEMBERS OF THE JESUIT COMMUNITY WHO PROVIDE SERVICES TO BOSTON COLLEGE, ARE PAID TO THE BOSTON COLLEGE COMMUNITY OF THE SOCIETY OF JESUS. TOTAL PAYMENT TO THE SOCIETY OF JESUS IN FY09 WAS \$5,080,013.

FOR ALL OTHER OFFICERS, TRUSTEES, AND KEY EMPLOYEES, BOSTON COLLEGE HAS AN EXECUTIVE COMMITTEE THAT ACTS AS THE INDEPENDENT COMPENSATION COMMITTEE THAT ANNUALLY REVIEWS THE COMPENSATION OF THE ORGANIZATION'S OFFICERS AND KEY EMPLOYEES. THE COMPENSATION COMMITTEE CONSIDERS MARKET DATA AND ANALYSES ASSEMBLED BY INDEPENDENT COMPENSATION CONSULTANTS. THE COMMITTEE'S DELIBERATIONS ARE REFLECTED IN ITS MINUTES.

SECTION C - DISCLOSURE, LINE 19

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

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2008

**Open to Public
Inspection**

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **See separate instructions.**

Name of the organization TRUSTEES OF BOSTON COLLEGE	Employer identification number 04-2103545
---	---

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
BOSTON COLLEGE ALUMNI ASSOCIATION, LLC 04-2103545 825 CENTRE STREET NEWTON, MA 02458-2527	ALUM. REL	MA	NONE	NONE	N/A

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity

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

Schedule R (Form 990) 2008

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	
							Yes	No		Yes	No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.

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

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

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproportionate allocations?		(G) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

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

=====

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
-----	-----	-----
LEE KENNEDY CO INC 122 SHORE DRIVE QUINCY, MA 02171	CONSTRUCTION	9,918,442.
PHOENIX BAY STATE CONSTRUCTION CO INC 79 SHIRLEY STREET BOSTON, MA 02119	CONSTRUCTION	2,981,648.
BOSTON COACH 125 HIGH STREET NEWARD, NJ 07188-0063	BUS CONTRACT	2,680,778.
BOND BROTHERS 145 SPRING STREET EVERETT, MA 02149	CONSTRUCTION	2,292,737.
COMMODORE BUILDERS 80 BRIDGE STREET NEWTON, MA 02458	CONSTRUCTION	2,126,831.
TOTAL COMPENSATION		----- 20,000,436. =====

SCHEDULE E - EXPLANATION FOR LINE 6A

=====

THE UNIVERSITY PARTICIPATES IN SEOG, PERKINS, WORK-STUDY, AND OTHER
GOVERNMENTAL TITLE IV PROGRAMS.

SCHEDULE L, PART II

=====

(A) NAME OF INTERESTED PERSON AND PURPOSE (B) TO FROM (C) ORIGINAL AMT. (D) BALANCE DUE (E) YES NO (F) YES NO (G) YES NO

MARY LOU DELONG MORTGAGE	X	450,000.	450,000.	X	X	X
JAMES J HUSSON MORTGAGE	X	500,000.	500,000.	X	X	X
PATRICK KEATING MORTGAGE	X	292,500.	292,500.	X	X	X
CUTBERTO GARZA MORTGAGE	X	1,000,000.	1,019,448.	X	X	X
THOMAS LOCKERBY MORTGAGE	X	380,000.	380,000.	X	X	X
PATRICK ROMBALSKI MORTGAGE	X	400,000.	400,000.	X	X	X
EUGENE DE FILIPPO MORTGAGE	X	450,000.	450,000.	X	X	X
ALBERT SKINNER MORTGAGE	X	650,000.	650,000.	X	X	X
JAMES MCINYTRE NOTE RECEIVABLE	X	200,000.	200,000.	X	X	X

TOTAL 4,341,948.

=====

SCHEDULE L, PART IV

=====

(A) NAME OF INTERESTED PERSON	(B) RELATIONSHIP	(C) AMOUNT	(D) DESCRIPTION OF TRANSACTION	(E) YES NO
FIDELITY INVESTMENTS	TRUSTEE IS AN OFFICER	1,040,772.	INVESTMENT FEES	X
BOSTON COACH	TRUSTEE IS AN OFFICER	2,680,778.	BUS CONTRACT	X
GAMCO	2 TRUSTEES AS DIR&OFFICER	407,226.	INVESTMENT	X
TCV PARTNERS	TRUSTEE IS A DIRECTOR	136,338.	INVESTMENT	X
OPPENHEIMER FUNDS	TRUSTEE IS A DIRECTOR	478,812.	INVESTMENT	X
STATE STREET	TRUSTEE'S SPOUSE AS OFF.	246,116.	CUSTODIAN FEES	X
HIGHRISE CAPITAL	TRUSTEE IS A DIRECTOR	127,464.	INVESTMENT	X
MICHAEL F. MCKENZIE	SON OF TREASURER	43,446.	EMPLOYEE AT BOSTON COLLEGE	X
MARIA SANNELLA	SISTER OF TRUSTEE	114,884.	EMPLOYEE AT BOSTON COLLEGE	X

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

=====

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
-----	-----	-----	-----	-----
SCIENTIFIC EQUIPMENT	X	1	330,875.	OPINION OF EXPERTS
EQUIPMENT AND GOODS	X	25	145,344.	COST, OPN OF EXPERTS
TOTALS		26.	476,219.	
		=====	=====	

Form **8453-EO**

Exempt Organization Declaration and Signature for Electronic Filing

OMB No 1545-1879

For calendar year 2007, or tax year beginning 06/01, 2007, and ending 05/31, 2008

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

2007

Department of the Treasury
Internal Revenue Service

▶ See instructions on back.

Name of exempt organization

TRUSTEES OF BOSTON COLLEGE

Employer identification number

04-2103545

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return, if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	<u>905618152</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	

Part II Declaration of Officer

I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-363-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2007 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here

[Signature]
Signature of officer

4/13/09
Date

FINANCE VP/TREASURER
Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized e-file Providers. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only

ERO's signature

[Signature]

Date 4-9-09

Check if also paid preparer

Check if self-employed

ERO's SSN or PTIN

EIN 13-4008324

Firm's name (or yours if self-employed), address, and ZIP code

PRICEWATERHOUSECOOPERS LLP
125 HIGH STREET
BOSTON

MA 02110

Phone no. 617-530-5000

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only

Preparer's signature

Firm's name (or yours if self-employed), address, and ZIP code

Date

Check if self-employed

Preparer's SSN or PTIN

EIN

Phone no.

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8453-EO** (2007)

Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2007 calendar year, or tax year beginning 06/01, 2007, **and ending** 05/31/2008

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization TRUSTEES OF BOSTON COLLEGE	D Employer identification number 04-2103545
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 140 COMMONWEALTH AVENUE MORE 280	E Telephone number (617) 552-3360
	City or town, state or country, and ZIP + 4 CHESTNUT HILL, MA 02467	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)
	Please use IRS label or print or type. See Specific Instructions.	

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? Yes No (If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: WWW.BC.EDU

J Organization type (check only one) 501(c)(3) (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 1,476,717,947.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	117,447,425.	
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d	28,821,969.	
	e	Total (add lines 1a through 1d) (cash \$ 134,229,341. noncash \$ 12,040,053.)	1e		146,269,394.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		591,730,518.
	3	Membership dues and assessments	3		2,529,811.
	4	Interest on savings and temporary cash investments	4		4,798,353.
	5	Dividends and interest from securities	5		18,963,049.
	6a	Gross rents	6a		
	6b	Less: rental expenses	6b		
6c	Net rental income or (loss). Subtract line 6b from line 6a	6c			
7	Other investment income (describe)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
		709,835,173.	8a		
		Less: cost or other basis and sales expenses	8b	570,423,341.	
		Gain or (loss) (attach schedule)	8c	139,411,832.	
8d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8d		139,411,832.	
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ 2,722,362. of contributions reported on line 1b)	9a	785,760.		
b	Less: direct expenses other than fundraising expenses	9b	676,454.		
9c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c		109,306.	
10a	Gross sales of inventory, less returns and allowances	10a			
		b	Less: cost of goods sold	10b	
		c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c	
11	Other revenue (from Part VII, line 103)	11		1,805,889.	
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		905,618,152.	
Expenses	13	Program services (from line 44, column (B))	13		609,965,640.
	14	Management and general (from line 44, column (C))	14		103,471,623.
	15	Fundraising (from line 44, column (D))	15		17,213,601.
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses. Add lines 16 and 44, column (A)	17		730,650,864.
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18		174,967,288.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		2,208,995,269.
	20	Other changes in net assets or fund balances (attach explanation) \$TMT 7	20		-81,670,367.
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		2,302,292,190.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b	Other grants and allocations (attach schedule) (cash \$ 4,081,086 noncash \$ 11,535,171) If this amount includes foreign grants, check here <input type="checkbox"/>	115,616,257.	115,616,257.		
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	3,553,500.	664,951.	2,568,105.	320,444.
25b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	1,619,440.	1,619,440.		
25c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	46,377.	46,377.		
26	Salaries and wages of employees not included on lines 25a, b, and c	269,374,929.	201,247,393.	59,327,199.	8,800,337.
27	Pension plan contributions not included on lines 25a, b, and c	18,045,101.	12,835,928.	4,581,842.	627,331.
28	Employee benefits not included on lines 25a - 27	48,005,703.	33,720,317.	12,387,544.	1,897,842.
29	Payroll taxes	17,201,848.	12,114,495.	4,475,341.	612,012.
30	Professional fundraising fees	349,561.			349,561.
31	Accounting fees	617,031.		617,031.	
32	Legal fees	1,053,174.	304,700.	748,474.	
33	Supplies	5,271,608.	3,984,912.	1,273,680.	13,016.
34	Telephone	1,256,148.	882,338.	346,430.	27,380.
35	Postage and shipping	1,896,879.	1,485,771.	146,503.	264,605.
36	Occupancy	33,779,680.	15,390,475.	18,389,205.	
37	Equipment rental and maintenance	2,851,001.	1,096,229.	1,737,096.	17,676.
38	Printing and publications	3,241,978.	2,080,979.	755,444.	405,555.
39	Travel	14,854,386.	13,253,221.	866,978.	734,187.
40	Conferences, conventions, and meetings	9,816,522.	7,404,764.	1,266,201.	1,145,557.
41	Interest	27,628,922.	25,091,860.	2,537,062.	
42	Depreciation, depletion, etc. (attach schedule)	43,835,882.	35,581,458.	8,254,424.	
43	Other expenses not covered above (itemize):				
43a	COST OF GOODS SOLD	24,949,698.	24,949,698.		
43b	OPERATIONS MAINT. ALLO.		46,908,088.	-46,908,088.	
43c	CONTRACT SERVICES	10,085,856.	9,211,582.	874,274.	
43d	PROFESSIONAL FEES	24,589,191.	12,307,685.	11,275,061.	1,006,445.
43e	DISPOSALS/WRITE-OFFS	2,871,589.		2,871,589.	
43f	INVESTMENT FEES	13,584,221.		13,584,221.	
43g	MISCELLANEOUS	34,654,382.	32,166,722.	1,496,007.	991,653.
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	730,650,864.	609,965,640.	103,471,623.	17,213,601.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;
 (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? HIGHER EDUCATION All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
a <u>INSTRUCTION - INCLUDES EXPENDITURES TO PROVIDE COURSEWORK FOR STUDENTS AND TO PROVIDE FINANCIAL AID IN THE FORM OF SCHOLARSHIPS AND FELLOWSHIPS. FULL-TIME EQUIVALENT ENROLLMENTS WERE 12,657 AND THE NUMBER OF DEGREES CONFERRED WERE 4,016.</u> (Grants and allocations \$ <u>115,407,642.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	327,910,957.
b <u>SPONSORED RESEARCH - INCLUDES EXPENDITURES FOR RESEARCH AND TRAINING UNDER SPONSORED CONTRACTS AND GRANTS. IN FISCAL 2008, 332 AWARDS WERE RECEIVED AND 308 PROPOSALS WERE SUBMITTED.</u> (Grants and allocations \$ <u>208,615.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	31,442,891.
c <u>STUDENT SERVICES AND ACADEMIC SUPPORT - INCLUDES ACTIVITIES OF WHICH THE PRIMARY PURPOSE IS TO CONTRIBUTE TO THE STUDENTS' EMOTIONAL AND PHYSICAL WELL-BEING AND TO HIS/HER INTELLECTUAL, CULTURAL, AND SOCIAL DEVELOPMENT. OPERATED 8 UNIVERSITY LIBRARY FACILITIES CONTAINING OVER 2.5 MILLION VOLUMES SERVING THE UNIVERSITY AND SURROUNDING COMMUNITY.</u> (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	89,671,657.
d <u>AUXILIARY SERVICES - INCLUDES EXPENDITURES FOR THE SELF-SUPPORTING ACTIVITIES OF THE UNIVERSITY SUCH AS THE OPERATION OF 31 RESIDENCE HALLS, 11 DINING FACILITIES, 3 BOOKSTORES, 2 INFIRMARIES AND 27 NCAA DIVISION I ATHLETIC TEAMS.</u> (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	155,423,538.
e Other program services (attach schedule) <u>SEE STATEMENT 8</u> (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	5,516,597.
f <u>Total of Program Service Expenses (should equal line 44, column (B), Program services)</u>	609,965,640.

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	45	Cash - non-interest-bearing	6,766,906.	45	9,630,145.
	46	Savings and temporary cash investments	5,888,946.	46	4,159,875.
	47a	Accounts receivable	14,978,597.		
	b	Less: allowance for doubtful accounts	754,211.	47c	14,224,386.
	48a	Pledges receivable	183,170,307.		
	b	Less: allowance for doubtful accounts	34,019,000.	48c	149,151,307.
	49	Grants receivable	5,518,590.	49	8,825,826.
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)	2,643,278.	50a	2,643,278.
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a	Other notes and loans receivable (attach schedule)	62,723,945.		
	b	Less: allowance for doubtful accounts	650,000.	51c	62,073,945.
	52	Inventories for sale or use	2,648,734.	52	3,176,084.
	53	Prepaid expenses and deferred charges	5,055,432.	53	7,994,060.
	54a	Investments - publicly-traded securities	1,105,317,072.	54a	1,033,301,337.
	b	Investments - other securities (attach schedule)	721,462,323.	54b	860,566,392.
	55a	Investments - land, buildings, and equipment: basis	21,890,321.		
	b	Less: accumulated depreciation (attach schedule)	22,731,860.	55c	21,890,321.
	56	Investments - other (attach schedule)		56	
	57a	Land, buildings, and equipment: basis	1,443,067,271.		
b	Less: accumulated depreciation (attach schedule)	495,415,084.	57c	947,652,187.	
58	Other assets, including program-related investments (describe)	430,000.	58	430,000.	
59	Total assets (must equal line 74). Add lines 45 through 58	2,945,213,474.	59	3,125,719,143.	
Liabilities	60	Accounts payable and accrued expenses	107,635,489.	60	117,027,766.
	61	Grants payable	8,858,957.	61	11,353,421.
	62	Deferred revenue	15,326,337.	62	18,283,951.
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a	Tax-exempt bond liabilities (attach schedule)	523,705,763.	64a	613,746,964.
	b	Mortgages and other notes payable (attach schedule)	199,375.	64b	278,000.
	65	Other liabilities (describe)	80,492,284.	65	62,736,851.
66	Total liabilities. Add lines 60 through 65	736,218,205.	66	823,426,953.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	1,311,670,401.	67	1,324,729,725.
	68	Temporarily restricted	437,406,460.	68	442,091,927.
	69	Permanently restricted	459,918,408.	69	535,470,538.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
	73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	2,208,995,269.	73	2,302,292,190.
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	2,945,213,474.	74	3,125,719,143.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	698,705,899.
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	-81,213,341.
2	Donated services and use of facilities.	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify): <u>SEE STATEMENT 19</u>	b4	-123626808.
	Add lines b1 through b4	b	-204840149.
c	Subtract line b from line a	c	903,546,048.
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b.	d1	
2	Other (specify): <u>SEE STATEMENT 20</u>	d2	2,072,104.
	Add lines d1 and d2	d	2,072,104.
e	Total revenue (Part I, line 12). Add lines c and d	e	905,618,152.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements.	a	604,951,952.
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities.	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20.	b3	
4	Other (specify): <u>SEE STATEMENT 21</u>	b4	676,454.
	Add lines b1 through b4	b	676,454.
c	Subtract line b from line a	c	604,275,498.
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b.	d1	13,584,221.
2	Other (specify): <u>SEE STATEMENT 22</u>	d2	112,791,145.
	Add lines d1 and d2	d	126,375,366.
e	Total expenses (Part I, line 17). Add lines c and d	e	730,650,864.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
<u>SEE STATEMENT 23</u>		3,194,356.	359,144.	NONE

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

		Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings	47		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)		X	
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.			X
d Does the organization have a written conflict of interest policy?		X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 34	381,330.	1,519,178.	100,262.	NONE

Part VI Other Information (See the instructions.)

		Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b If "Yes," enter the name of the organization ▶ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt	81a		
81a Enter direct and indirect political expenditures. (See line 81 instructions.)	81a		
b Did the organization file Form 1120-POL for this year?	81b		X

Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	N/A	
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	N/A	
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
85c	Dues, assessments, and similar amounts from members	N/A	
85d	Section 162(e) lobbying and political expenditures	N/A	
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86a	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	N/A	
86b	Gross receipts, included on line 12, for public use of club facilities	N/A	
87a	501(c)(12) orgs. Enter: a Gross income from members or shareholders	N/A	
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
88b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>N/A</u> ; section 4912 <u>N/A</u> ; section 4955 <u>N/A</u>		
89b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	N/A	
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization	N/A	
89e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90a	List the states with which a copy of this return is filed <u>MA</u>		
90b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	4076	
91a	The books are in care of <u>MICHAEL J. DRISCOLL</u> Telephone no. <u>617-552-4598</u> Located at <u>140 COMMONWEALTH AVENUE CHESTNUT HILL, MA</u> ZIP + 4 <u>02467-3800</u>		
91b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c X
 If "Yes," enter the name of the foreign country ▶ _____

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ | 92 | _____ N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a STMT 35				7,922,753.	583,807,765.
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					2,529,811.
95 Interest on savings and temporary cash investments			14	4,798,353.	
96 Dividends and interest from securities			14	18,963,049.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory	525990	-1,064,363.	18	140,476,195.	
101 Net income or (loss) from special events					109,306.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a STMT 36		433,536.		1,372,353.	
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)).		-630,827.		173,532,703.	586,446,882.
105 Total (add line 104, columns (B), (D), and (E))					759,348,758.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	STMT 37

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

		Yes	No
			X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

		Yes	No
			X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

		Yes	No
			X

Please Sign Here 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 officer) is based on all information of which preparer has any knowledge.

Signature of officer _____ Date _____
 Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature		Date	4-9-09	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)
Firm's name (or yours if self-employed), address, and ZIP + 4	PRICewaterhouseCOOPERS LLP 125 HIGH STREET BOSTON, MA	EIN	13-4008324	Phone no	617-530-5000

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information - (See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

TRUSTEES OF BOSTON COLLEGE

04-2103545

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 38				

Total number of other employees paid over \$50,000 . . . ▶ 2039

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 39		

Total number of others receiving over \$50,000 for professional services . . . ▶ 93

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 40		

Total number of other contractors receiving over \$50,000 for other services . . . ▶ 322

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ 75,000. (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B).

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?STMT . 41

2b X

c Furnishing of goods, services, or facilities?STMT . 42

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?STMT . 43

2d X

e Transfer of any part of its income or assets?

2e X

3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)STMT . 44

3a X

b Did the organization have a section 403(b) annuity plan for its employees?

3b X

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a X

b Did the organization make any taxable distributions under section 4966?

4b

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c

d Enter the total number of donor advised funds owned at the end of the tax year ▶

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts ▶ NONE

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ NONE

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 - Type I
 - Type II
 - Type III - Functionally Integrated
 - Type III - Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. NOT APPLICABLE

Table with 6 columns: (a) 2006, (b) 2005, (c) 2004, (d) 2003, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit without charge; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23.

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 NOT APPLICABLE; b Prepare a list for your records to show the name of and amount contributed by each person; c Total support for section 509(a)(1) test; d Add: Amounts from column (e) for lines: 18, 19, 22, 26b; e Public support (line 26c minus line 26d total); f Public support percentage (line 26e (numerator) divided by line 26c (denominator)).

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:

NOT APPLICABLE
(2006) (2005) (2004) (2003)

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(2006) (2005) (2004) (2003)

c Add: Amounts from column (e) for lines: 15, 16, 17, 20, 21

d Add: Line 27a total, and line 27b total

e Public support (line 27c total minus line 27d total)

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)

g Public support percentage (line 27e (numerator) divided by line 27f (denominator))

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) <u>A DESCRIPTION OF THE UNIVERSITY NON-DISCRIMINATORY POLICY IS PUBLISHED IN THE STUDENT REGISTRATION MATERIALS, THE UNIVERSITY COURSE CATALOG AND THE JOB POSTINGS ON THE HUMAN RESOURCES WEBSITE.</u>	X	
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	X	
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		X
b	Admissions policies?		X
c	Employment of faculty or administrative staff?		X
d	Scholarships or other financial assistance?		X
e	Educational policies?		X
f	Use of facilities?		X
g	Athletic programs?		X
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		X
34 a	Does the organization receive any financial aid or assistance from a governmental agency? STMT 45	X	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		X
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	X	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

Check a if the organization belongs to an affiliated group. Check b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body	X		75,000.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			75,000.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities. **STMT 46**

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- a** Transfers from the reporting organization to a noncharitable exempt organization of:
- | | Yes | No |
|---|-----|----|
| 51a(i) Cash | | X |
| a(ii) Other assets | | X |
| b(i) Sales or exchanges of assets with a noncharitable exempt organization | | X |
| b(ii) Purchases of assets from a noncharitable exempt organization | | X |
| b(iii) Rental of facilities, equipment, or other assets | | X |
| b(iv) Reimbursement arrangements | | X |
| b(v) Loans or loan guarantees | | X |
| b(vi) Performance of services or membership or fundraising solicitations | | X |
| c Sharing of facilities, equipment, mailing lists, other assets, or paid employees | X | |
- b** Other transactions:
- (i) Sales or exchanges of assets with a noncharitable exempt organization
 - (ii) Purchases of assets from a noncharitable exempt organization
 - (iii) Rental of facilities, equipment, or other assets
 - (iv) Reimbursement arrangements
 - (v) Loans or loan guarantees
 - (vi) Performance of services or membership or fundraising solicitations
- c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees
- d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
51C	1.	BOSTON COLLEGE ALUMNI ASSOCIATION	THE ALUMNI ASSOCIATION USES OFFICE SPACE AND EQUIPMENT OWNED BY BOSTON COLLEGE.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ Yes No

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
BOSTON COLLEGE ALUMNI ASSOCIATION	501(C) (4)	THE BOSTON COLLEGE ALUMNI ASSOCIATION IS A SEPARATELY INCORPORATED ORGANIZATION WHOSE PURPOSE IS TO MAINTAIN ALUMNI RELATIONS.

FORM 990 - GENERAL EXPLANATION ATTACHMENT
=====

GAIN (LOSS) ON SALE OF ASSETS
FORM 990, PART I, LINE 8C - GAIN (LOSS) ON SALE OF ASSETS

THE UNIVERSITY IS A MEMBER OF A NUMBER OF POOLED INVESTMENT FUNDS MANAGED BY EXTERNAL INVESTMENT MANAGERS. THE AMOUNT INCLUDED ON LINE 8C, COLUMN A REPRESENTS THE AGGREGATE NET REALIZED GAIN RESULTING FROM ITS SHARE OF REALIZED GAINS ALLOCATED TO THE UNIVERSITY BY CERTAIN EXTERNAL MANAGERS AND NET REALIZED GAINS ON INVESTMENT TRANSACTIONS MADE BY THE UNIVERSITY DIRECTLY.

GAIN ON SALE OF ASSETS	\$ 140,476,195
LOSS FROM PARTNERSHIP INVESTMENTS	\$ (1,064,363)
TOTAL GAIN ON SALE OF ASSETS	<u>\$ 139,411,832</u>

FORM 990 - GENERAL EXPLANATION ATTACHMENT
=====

SPECIAL EVENTS

FORM 990, PART 1, LINE 9 - SPECIAL EVENTS

EVENTS CONDUCTED TO RAISE SCHOLARSHIP FUNDS.

	POPS ON THE HEIGHTS	WALL STREET DINNER	TOTAL
GROSS RECEIPTS	\$ 2,061,030	\$ 1,447,092	\$ 3,508,122
LESS: CONTRIBUTIONS	1,549,970	1,172,392	2,722,362
GROSS REVENUE	<u>511,060</u>	<u>274,700</u>	<u>785,760</u>
LESS: DIRECT EXPENSES	332,093	344,361	676,454
NET GAIN/ (LOSS)	\$ <u>178,967</u>	\$ <u>(69,661)</u>	\$ <u>109,306</u>

FORM 990 - GENERAL EXPLANATION ATTACHMENT
=====

GRANTS PAID
FORM 990, PART II, LINE 22 - GRANTS AND ALLOCATIONS

BOSTON COLLEGE IS SUBJECT TO THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT. AS A RESULT, THE UNIVERSITY HAS NOT ATTACHED THE LIST OF NAMES OF INDIVIDUALS WHO WERE PROVIDED SCHOLARSHIPS OR OTHER FINANCIAL ASSISTANCE AS NOT TO VIOLATE THE PRIVACY PROVISIONS OF THE LAW. THE FOLLOWING IS A SUMMARY OF FINANCIAL AID BY TYPE AND AGGREGATE AMOUNT. ALTHOUGH THERE MAY BE RECIPIENTS WHO ARE RELATED TO PERSONS HAVING AN INTEREST IN THE INSTITUTION, SUCH RECIPIENTS ARE SELECTED ON AN EQUAL, OBJECTIVELY DETERMINABLE BASIS WITH OTHER RECIPIENTS. THAT IS, ALL STUDENTS RECEIVING SCHOLARSHIPS AND FELLOWSHIPS ARE JUDGED WORTHY BY THE INSTITUTION'S ASSESSMENT ON THE BASIS OF ACADEMIC ACHIEVEMENT, FINANCIAL NEEDS AND OTHER SIMILAR STANDARDS.

UNDERGRADUATE SCHOLARSHIPS/GRANTS	\$ 82,170,593
GRADUATE SCHOLARSHIPS/FELLOWSHIPS	30,785,855
FEDERAL - SEOG	1,451,393
STATE - GILBERT/HERTER GRANTS AND OTHER	1,208,416
TOTAL GRANTS	<u>\$ 115,616,257</u>

FORM 990 - GENERAL EXPLANATION ATTACHMENT

DEPRECIATION EXPENSE & LAND, BUILDINGS, AND EQUIPMENT
FORM 990, PART II, LINE 42 & PART IV, LINE 57

	2008	2007
PROPERTY, PLANT AND EQUIPMENT:		
LAND AND IMPROVEMENTS	\$ 212,193,772	154,517,564
BUILDING	869,252,790	837,764,412
EQUIPMENT	176,980,711	163,403,098
LIBRARY BOOKS, NET	145,932,926	140,657,024
LAND PURCHASE OPTIONS	2,855,000	5,969,191
PLANT UNDER CONSTRUCTION	35,852,072	17,629,120
	<u>\$ 1,443,067,271</u>	<u>\$ 1,319,940,409</u>
ACCUMULATED DEPRECIATION AND AMORTIZATION	495,415,084	452,952,847
BOOK VALUE	\$ 947,652,187	\$ 866,987,562

TOTAL DEPRECIATION AND AMORTIZATION EXPENSE FOR THE PERIOD ENDED
5/31/2008 WAS \$43,835,882.

FORM 990 - GENERAL EXPLANATION ATTACHMENT
=====

OTHER NOTES AND LOANS RECEIVABLE
FORM 990, PART IV, LINES 51A & 51B - OTHER NOTES AND LOANS RECEIVABLE

OTHER NOTES AND LOANS RECEIVABLE:

REAL ESTATE SHARED APPRECIATION AT FAIR MARKET VALUE

RELOCATION LOANS PROVIDED TO 66 EMPLOYEES. THE UNIVERSITY SHARES IN A PRE-DETERMINED PORTION OF THE APPRECIATION IN THE RELATED ASSET UPON SALE OF RESIDENCE, SEPARATION OF THEIR EMPLOYMENT, DEATH, OR SPECIFIED TIME PERIOD. \$ 15,866,917

EMPLOYEE LOANS

MISCELLANEOUS UNSECURED NOTES TO 11 EMPLOYEES. THE MAJORITY OF THE RELATED LOAN PAYMENTS ARE MADE VIA PAYROLL DEDUCTION. 307,796

MORTGAGE RECEIVABLES

FIRST OR SECOND MORTGAGES PROVIDED TO 9 EMPLOYEES. THE RELATED MORTGAGE PAYMENTS ARE MADE VIA PAYROLL DEDUCTION. 1,996,884

STUDENT LOANS

EDUCATIONAL LOANS TO STUDENTS TO FINANCE THE COST OF EDUCATION. THESE LOANS INCLUDE THE FEDERAL PERKINS AND NURSING, AND INSTITUTIONAL LOAN PROGRAMS. 44,552,348

LESS: ALLOWANCE FOR DOUBTFUL ACCOUNTS (650,000)

TOTAL OTHER NOTES AND LOANS RECEIVABLE, NET \$ 62,073,945

FORM 990 - GENERAL EXPLANATION ATTACHMENT
=====

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES
FORM 990, PART V-A, LINE 75B

THE UNIVERSITY PAID COMPENSATION AND BENEFITS OF \$4,856,104 TO THE SOCIETY OF JESUS, THE FOUNDERS OF BOSTON COLLEGE, FOR INSTRUCTIONAL, ADMINISTRATIVE AND INSTITUTIONAL SERVICES, AS WELL FOR SERVICES RENDERED BY THE UNIVERSITY'S JESUIT OFFICERS. TRUSTEES ARE NOT COMPENSATED.

TRUSTEE PETER S. LYNCH IS ASSOCIATED WITH FIDELITY MANAGEMENT AND RESEARCH COMPANY (FMR CORP.). FMR CORP. OWNS BOSTONCOACH, WITH WHOM BOSTON COLLEGE CONTRACTS FOR BUS OPERATION SERVICES. BOSTONCOACH IS LISTED ON SCHEDULE A, PART II-B.

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES
=====

DESCRIPTION -----	AMOUNT -----
NET DECREASE IN UNREALIZED APPRECIATION	81,213,341.
CUMMULATIVE EFFECT OF CHANGE IN ACCOUNTING PRINCIPLE	457,026.

TOTAL	81,670,367.
	=====

FORM 990, PART III - OTHER PROGRAM SERVICES (LINE E)

=====

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
-----	-----	-----
EXPENDITURES FOR PUBLIC SERVICE AND STUDENT AGENCIES AND OTHER MISCELLANEOUS PROGRAM EXPENSES		5,516,597.

TOTALS		5,516,597.
		=====

FORM 990, PART IV - RECEIVABLES DUE FROM OFFICERS, ETC.

=====

BORROWER: MARY LOU DELONG, VICE PRESIDENT
ORIGINAL AMOUNT: 450,000.
INTEREST RATE: 4.610000
DATE OF NOTE: 04/01/2004
MATURITY DATE: 04/01/2015
REPAYMENT TERMS: ANNUAL INTEREST PAYMENT DUE ON DECEMBER 31
SECURITY PROVIDED: FIRST MORTGAGE
PURPOSE OF LOAN: MORTGAGE

BEGINNING BALANCE DUE 450,000.
ENDING BALANCE DUE 450,000.

BORROWER: PATRICK KEATING, EXECUTIVE VP
ORIGINAL AMOUNT: 292,500.
DATE OF NOTE: 08/02/2001
REPAYMENT TERMS: DUE UPON SALE, END OF EMPLOYMENT, DEATH OR 30 YRS
SECURITY PROVIDED: SHARED APPRECIATION SECOND MORTGAGE LOAN
PURPOSE OF LOAN: MORTGAGE

BEGINNING BALANCE DUE 292,500.
ENDING BALANCE DUE 292,500.

BORROWER: JAMES J. HUSSON, VP UNI ADVANCEMENT
ORIGINAL AMOUNT: 500,000.
DATE OF NOTE: 08/27/2002
REPAYMENT TERMS: DUE UPON SALE, END OF EMPLOYMENT, DEATH OR 30 YRS
SECURITY PROVIDED: SHARED APPRECIATION SECOND MORTGAGE LOAN
PURPOSE OF LOAN: MORTGAGE

BEGINNING BALANCE DUE 500,000.
ENDING BALANCE DUE 500,000.

BORROWER: CUTBERTO GARZA, PROVOST & DEAN OF FAC
 ORIGINAL AMOUNT: 1,000,000.
 DATE OF NOTE: 11/30/2005
 REPAYMENT TERMS: DUE UPON SALE, END OF EMPLOYMENT, DEATH OR 30 YRS
 SECURITY PROVIDED: SHARED APPRECIATION SECOND MORTGAGE LOAN
 PURPOSE OF LOAN: MORTGAGE

BEGINNING BALANCE DUE	1,019,448.
ENDING BALANCE DUE	1,019,448.

BORROWER: DAVID BURGESS, PROFESSOR/FMR ACADEMIC VP
 ORIGINAL AMOUNT: 381,330.
 DATE OF NOTE: 07/31/1998
 REPAYMENT TERMS: DUE UPON SALE, END OF EMPLOYMENT, DEATH OR 30 YRS
 SECURITY PROVIDED: ZERO INTEREST SECOND MORTGAGE LOAN
 PURPOSE OF LOAN: MORTGAGE

BEGINNING BALANCE DUE	381,330.
ENDING BALANCE DUE	381,330.

TOTAL BEGINNING RECEIVABLES DUE FROM OFFICERS, ETC.	2,643,278.
	=====

TOTAL ENDING RECEIVABLES DUE FROM OFFICERS, ETC.	2,643,278.
	=====

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
MONEY MARKET, EQUITY AND FIXED INCOME SECURITIES	1,105,317,072.	1,033,301,337.
TOTALS	1,105,317,072.	1,033,301,337.

FORM 990, PART IV - INVESTMENTS - OTHER SECURITIES

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
ALTERNATIVE INVESTMENTS	721,462,323.	860,566,392.
TOTALS	721,462,323.	860,566,392.

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
RETAINED LIFE ESTATE AT FMV	430,000.	430,000.
TOTALS	----- 430,000. =====	----- 430,000. =====

FORM 990, PART IV - TAX-EXEMPT BOND LIABILITIES

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
MHEFA REVENUE BONDS, BOSTON		
COLLEGE ISSUE, SERIES K	67,168,096.	30,733,102.
MHEFA REVENUE BONDS, BOSTON		
COLLEGE ISSUE, SERIES L	109,664,744.	108,639,768.
MHEFA REVENUE BONDS, BOSTON		
COLLEGE ISSUE, SERIES M		
TRANCHE I AND II	145,000,000.	145,383,674.
MHEFA REVENUE BONDS, BOSTON		
COLLEGE ISSUE, SERIES N	111,600,476.	106,319,597.
MHEFA REVENUE BONDS, BOSTON		
COLLEGE ISSUE, SERIES O	6,500,000.	2,500,000.
MHEFA CAPITAL ASSET PROGRAM		
LOAN, SERIES E	42,000,000.	NONE
MHEFA CAPITAL ASSET PROGRAM		
LOAN, SERIES D	28,980,427.	27,837,134.
MHEFA CAPITAL ASSET PROGRAM		
LOAN, SERIES C	2,038,566.	1,292,723.
US DEPT OF EDUCATION, TRUSTEES OF BOSTON COLLEGE		
LIBRARY BLDG BONDS OF 1983	9,025,000.	8,610,000.
US DEPT OF EDUCATION, COLLEGE		
HOUSING PROGRAM LOAN		

FORM 990, PART IV - TAX-EXEMPT BOND LIABILITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
AGREEMENT	1,728,454.	1,593,657.
HEFA SERIES P	NONE	180,837,309.
TOTALS	523,705,763.	613,746,964.

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

LENDER: PAUL MARIANI
 ORIGINAL AMOUNT: 60,000.
 DATE OF NOTE: 06/01/2001
 MATURITY DATE: 05/31/2008
 REPAYMENT TERMS: ANNUAL INSTALLMENTS
 SECURITY PROVIDED: UNSECURED
 PURPOSE OF LOAN: ACQUISITION OF SPECIAL COLLECTIONS
 DESCRIPTION AND FMV OF CONSIDERATION: RARE BOOK COLLECTION

BEGINNING BALANCE DUE 10,000.
 ENDING BALANCE DUE NONE

LENDER: SECOND LIFE BOOKS INC.
 ORIGINAL AMOUNT: 225,000.
 DATE OF NOTE: 06/01/2002
 MATURITY DATE: 05/31/2008
 REPAYMENT TERMS: ANNUAL INSTALLMENTS
 SECURITY PROVIDED: UNSECURED
 PURPOSE OF LOAN: ACQUISITION OF SPECIAL COLLECTIONS
 DESCRIPTION AND FMV OF CONSIDERATION: RARE BOOK COLLECTION

BEGINNING BALANCE DUE 39,375.
 ENDING BALANCE DUE NONE

LENDER: EMERALD ISLE BOOKS LTD
 ORIGINAL AMOUNT: 150,000.
 DATE OF NOTE: 06/01/2004
 MATURITY DATE: 05/31/2007
 REPAYMENT TERMS: ANNUAL INSTALLMENTS
 SECURITY PROVIDED: UNSECURED
 PURPOSE OF LOAN: ACQUISITION OF SPECIAL COLLECTIONS
 DESCRIPTION AND FMV OF CONSIDERATION: RARE BOOK COLLECTION

BEGINNING BALANCE DUE 150,000.
 ENDING BALANCE DUE 20,000.

LENDER: BOBBIE HANVEY
 ORIGINAL AMOUNT: 196,000.
 DATE OF NOTE: 01/01/2008
 MATURITY DATE: 09/15/2011
 REPAYMENT TERMS: ANNUAL INSTALLMENTS
 SECURITY PROVIDED: UNSECURED
 PURPOSE OF LOAN: ACQUISITION OF SPECIAL COLLECTIONS
 DESCRIPTION AND FMV OF CONSIDERATION: RARE BOOK COLLECTION

BEGINNING BALANCE DUE	NONE
ENDING BALANCE DUE	196,000.

LENDER: EMERALD ISLAND BOOKS LIMITED
 ORIGINAL AMOUNT: 75,661.
 DATE OF NOTE: 09/20/2007
 MATURITY DATE: 09/20/2008
 REPAYMENT TERMS: ANNUAL INSTALLMENTS
 SECURITY PROVIDED: UNSECURED
 PURPOSE OF LOAN: ACQUISITION OF SPECIAL COLLECTIONS
 DESCRIPTION AND FMV OF CONSIDERATION: RARE BOOK COLLECTION

BEGINNING BALANCE DUE	NONE
ENDING BALANCE DUE	62,000.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	199,375.
	=====

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	278,000.
	=====

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
DEPOSITS PAYABLE	44,951,179.	28,521,040.
US GOVERNMENT LOAN ADVANCES	35,541,105.	34,215,811.
TOTALS	80,492,284.	62,736,851.

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

=====

DESCRIPTION	AMOUNT
-----	-----
STUDENT AID	-110,042,587.
INVESTMENT FEES	-13,584,221.
-----	-----
TOTAL	-123,626,808.
	=====

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS

=====

DESCRIPTION -----	AMOUNT -----
AGENCY FUNDS FUNDRAISING EVENTS DIRECT EXPENSES	2,748,558. -676,454. -----
TOTAL	2,072,104. =====

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

DESCRIPTION

AMOUNT

FUNDRAISING EVENT

676,454.

TOTAL

676,454.
=====

FORM 990, PART IV-B - OTHER EXPENSES ON RETURN BUT NOT ON BOOKS

DESCRIPTION

AMOUNT

AGENCY FUNDS

2,748,558.

STUDENT AID

110,042,587.

TOTAL

112,791,145.

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES
=====

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
WILLIAM P LEAHY S J C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467 SEE STATEMENT 42	PRESIDENT 40.00	NONE	NONE	NONE
JOSEPH P DUFFY S J C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467 SEE STATEMENT 42	UNIVERSITY SECRETARY 40.00	NONE	NONE	NONE
PATRICK J KEATING C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	EXECUTIVE VP 40.00	411,167.	32,750.	NONE
JOSEPH A APPLEYARD S J C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467 SEE STATEMENT 42	VP MISSION/MINISTRY 40.00	NONE	NONE	NONE
MARY LOU DELONG C/O BOSTON COLLEGE	VICE PRESIDENT 40.00	200,500.	33,917.	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES
=====

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467				
JAMES P MCINTYRE C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	SR VICE PRESIDENT 40.00	231,860.	35,424.	NONE
PETER C MCKENZIE C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	FINANCE VP/TREASURER 40.00	413,159.	36,580.	NONE
WILLIAM B NEENAN S J C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467 SEE STATEMENT 42	VP AND SPECIAL ASST 40.00	NONE	NONE	NONE
CUTBERTO GARZA C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	PROVOST/DEAN OF FAC 40.00	438,167.	32,750.	NONE
SHEILA S HORTON C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	INTERIM VP STUDENT AFFAIRS 40.00	162,028.	29,506.	NONE
LEO V SULLIVAN	VP HUMAN RESOURCES 40.00	242,510.	36,011.	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467				
THOMAS DEVINE C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	VP FACILITIES MGMT 40.00	236,105.	34,849.	NONE
MARIAN G MOORE C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	VP INF TECH SVCS 40.00	313,083.	24,878.	NONE
JAMES J HUSSON C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	VP UNIVERSITY ADV 40.00	324,942.	32,371.	NONE
THOMAS J KEADY C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	VP GVMT/COMMUNITY AF 40.00	218,335.	30,108.	NONE
PATRICK T STOKES C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	CHAIR 0.50	NONE	NONE	NONE
PAUL F HARMAN S J C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE	SECRETARY 0.50	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
CHESTNUT HILL, MA 02467				
GREGORY P BARBER C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	TRUSTEE 0.50	NONE	NONE	NONE
PETER W BELL C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467 PETER W. BELL PERFORMS PART-TIME FACULTY SERVICES FOR WHICH HE IS COMPENSATED.	TRUSTEE 0.50	2,500.	NONE	NONE
PATRICK CARNEY C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	TRUSTEE 0.50	NONE	NONE	NONE
CHARLES I CLOUGH JR C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	TRUSTEE 0.50	NONE	NONE	NONE
KATHLEEN A CORBET C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	TRUSTEE 0.50	NONE	NONE	NONE
ROBERT F COTTER	TRUSTEE 0.50	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467				
ROBERT M DEVLIN C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	TRUSTEE 0.50	NONE	NONE	NONE
FRANCIS A DOYLE C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	TRUSTEE 0.50	NONE	NONE	NONE
CYNTHIA LEE EGAN C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	TRUSTEE 0.50	NONE	NONE	NONE
MARIO J GABELLI C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	TRUSTEE 0.50	NONE	NONE	NONE
SUSAN MCMANAMA GIANINNO C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	TRUSTEE 0.50	NONE	NONE	NONE
MARY J STEELE GUILFOILE C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE	TRUSTEE 0.50	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
----- CHESTNUT HILL, MA 02467	-----	-----	-----	-----
KATHLEEN POWERS HALEY C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	TRUSTEE 0.50	NONE	NONE	NONE
ROBERT B LAWTON S J C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	TRUSTEE 0.50	NONE	NONE	NONE
PETER K MARKELL C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	TRUSTEE 0.50	NONE	NONE	NONE
KATHLEEN M MCGILLYCUDDY C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	TRUSTEE 0.50	NONE	NONE	NONE
R MICHAEL MURRAY JR C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	TRUSTEE 0.50	NONE	NONE	NONE
THOMAS P O NEILL III C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	TRUSTEE 0.50	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
BRIAN G PAULSON S J C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	TRUSTEE 0.50	NONE	NONE	NONE
SCOTT R PILARZ S J C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	TRUSTEE 0.50	NONE	NONE	NONE
SALLY ENGELHARD PINGREE C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	TRUSTEE 0.50	NONE	NONE	NONE
PAULA D POLITO C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	TRUSTEE 0.50	NONE	NONE	NONE
MICHAELA MURPHY HOAG C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	TRUSTEE 0.50	NONE	NONE	NONE
RICHARD F POWERS III C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	TRUSTEE 0.50	NONE	NONE	NONE
PIERRE RICHARD PROSPER	TRUSTEE 0.50	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467				
THOMAS F RYAN JR C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	TRUSTEE 0.50	NONE	NONE	NONE
NICHOLAS A SANNELLA C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	TRUSTEE 0.50	NONE	NONE	NONE
BRADLEY M SCHAEFFER S J C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	TRUSTEE 0.50	NONE	NONE	NONE
RICHARD F SYRON C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	TRUSTEE 0.50	NONE	NONE	NONE
BENAREE P WILEY C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	TRUSTEE 0.50	NONE	NONE	NONE
BLENDA J WILSON C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE	TRUSTEE 0.50	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
----- CHESTNUT HILL, MA 02467	-----	-----	-----	-----
JOHN F FISH C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	TRUSTEE 0.50	NONE	NONE	NONE
KEITH A FRANCIS C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	TRUSTEE 0.50	NONE	NONE	NONE
JOHN L LAMATTINA C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	TRUSTEE 0.50	NONE	NONE	NONE
ROBERT J MORRISSEY C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	TRUSTEE 0.50	NONE	NONE	NONE
SUSAN MARTINELLI SHEA C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	TRUSTEE 0.50	NONE	NONE	NONE
ROBERT L WINSTON C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	TRUSTEE 0.50	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
J DONALD MONAN S J C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467 SEE STATEMENT 42	UNIVERSITY CHANCELLOR 40.00	NONE	NONE	NONE
WILLIAM J GEARY C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	VICE CHAIR 0.50	NONE	NONE	NONE
DARCEL D CLARK C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	TRUSTEE 0.50	NONE	NONE	NONE
JOHN M CONNORS JR C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	TRUSTEE 0.50	NONE	NONE	NONE
PETER S LYNCH C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	TRUSTEE 0.50	NONE	NONE	NONE
DOUGLAS W MARCOUILLER SJ C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE	TRUSTEE 0.50	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

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NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
CHESTNUT HILL, MA 02467				
DAVID P OCONNOR C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	TRUSTEE 0.50	NONE	NONE	NONE
	GRAND TOTALS	3,194,356.	359,144.	NONE
		=====	=====	=====

FORM 990, PART V-B - FORMER OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	LOANS AND ADVANCES	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
DAVID BURGESS C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	381,330.	261,202.	34,926.	NONE
JOHN J NEUHAUSER C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467		696,627.	6,915.	NONE
FRANCIS B CAMPANELLA C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUES CHESTNUT HILL, MA 02467		341,099.	36,505.	NONE
CHERYL L PRESLEY C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467		220,250.	21,916.	NONE
GRAND TOTALS	381,330.	1,519,178.	100,262.	NONE

FORM 990, PART VII - PROGRAM SERVICE REVENUE

=====

DESCRIPTION -----	BUSINESS CODE ----	AMOUNT -----	EXCLUSION CODE ----	AMOUNT -----	RELATED OR EXEMPT FUNCTION INCOME -----
TUITION AND FEES					425,480,245.
SALES/SVCS OF AUX ENTERPRISES			03	7,922,753.	136,543,021.
NON-GOVT GRANTS/ F&A RECOVERY					9,001,235.
OTHER MISC PROGRAM REVENUE					12,783,264.
TOTALS		-----		7,922,753.	583,807,765.
		=====		=====	=====

FORM 990, PART VII - OTHER REVENUE

=====

DESCRIPTION	BUSINESS CODE	AMOUNT	EXCLUSION CODE	AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
-----	----	-----	----	-----	-----
CHILD CARE			03	489,460.	
ROYALTIES			15	386,234.	
VENDING			03	496,659.	
EXTERNAL CATERING	722320	35,844.			
ADVERTISING	900004	258,384.			
CONFERENCE CENTER	721000	139,308.			
		-----		-----	-----
TOTALS		433,536.		1,372,353.	
		=====		=====	=====

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
93A	THE INCOME REPORTED REPRESENTS PAYMENT OF TUITION AND FEES FOR EDUCATIONAL PROGRAMS.
93B	THE INCOME FROM THESE ACTIVITIES, WHICH CONTRIBUTE TO THE OVERALL EDUCATIONAL AND PHYSICAL WELL-BEING OF THE STUDENTS, REPRESENTS: HOUSING, FOOD, SALES OF TEXT BOOKS, OTHER EDUCATIONAL MATERIALS AND ATHLETIC PROGRAMS.
93C	THE INCOME REPORTED REPRESENTS GRANTS FROM NON-GOVERNMENTAL AGENCIES FOR SPONSORED RESEARCH AND TRAINING AND FACILITIES AND ADMINISTRATIVE COST RECOVERY ON SPONSORED ACTIVITIES.
93D	THE INCOME REPORTED REPRESENTS NON-TUITION STUDENT RELATED CHARGES INCURRED DURING THE COURSE OF A STUDENT'S PURSUIT OF HIS/HER EDUCATIONAL GOALS.
94	THESE ACTIVITIES, WHICH INCLUDE DUES FOR THE CENTER FOR CORPORATE CITIZENSHIP AND THE CENTER FOR WORK AND FAMILY, ENABLE THE UNIVERSITY TO PROVIDE EDUCATION TO THE MEMBERS OF THE CORPORATE COMMUNITY. ALSO INCLUDED ARE DUES FROM FACULTY AND STAFF FOR USE OF THE CAMPUS RECREATIONAL COMPLEX, ENHANCING THE WELL BEING OF EDUCATORS AND ADMINISTRATORS.
101	THESE SPECIAL EVENTS RAISE ENDOWMENT GIFTS TO THE UNIVERSITY. THE INCOME FROM THESE GIFTS IS USED TO PROVIDE SCHOLARSHIPS.

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCOUNT -----
ALBERT SKINNER C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	BASKETBALL COACH 40.00	2,048,248.	171,344.	NONE
THIS AMOUNT INCLUDES A ONE TIME SETTLEMENT PAYMENT FOR A SPLIT-DOLLAR LIFE INSURANCE POLICY THAT WAS IN PLACE FOR 10 YEARS.				
JEFFREY J JAGODZINSKI C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE BOSTON, MA 02467	FOOTBALL COACH 40.00	1,069,186.	31,604.	NONE
CATHY INGLESE C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	BASKETBALL COACH 40.00	575,846.	30,899.	NONE
ANDREW C BOYNTON C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	DEAN CSOM 40.00	433,124.	32,322.	NONE
EUGENE B DE FILIPPO C/O BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	ATHLETIC DIRECTOR 40.00	376,884.	36,996.	NONE
	TOTAL COMPENSATION	4,503,288. =====	303,165. =====	NONE =====

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.

NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
PRICEWATERHOUSECOOPERS LLP 125 HIGH STREET BOSTON, MA 02110	AUDITORS/CONSULTING	842,955.
HURON CONSULTING, LLC 135 S LASALLE STREET CHICAGO, IL 60674	CONSULTING	777,439.
DIMELLA SHAFFER ASSOC INC 281 SUMMER STREET BOSTON, MA 02210	ARCHITECT	845,420.
MIT PRIVATE EQUITY 238 MAIN STREET, SUITE 200 CAMBRIDGE, MA 02142	INVESTMENT MANAGER	984,858.
SEQUOIA CAPITAL 3000 SAND HILL ROAD 4-250 MENLO PARK, CA 94025	INVESTMENT MANAGER	881,965.

SEE STATEMENT 42 - PAYMENT TO SOCIETY OF JESUS

TOTAL COMPENSATION

4,332,637.

SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.
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NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
PHOENIX BAY STATE CONSTRUCTION CO INC 79 SHIRLEY STREET BOSTON, MA 02119	GENERAL CONTRACTORS	5,024,652.
LEE KENNEDY CO INC 122 QUINCY SHORE DRIVE QUINCY, MA 02171-2906	CONSTRUCTION	4,458,581.
FOLDERWAVE 238 LITTLETON ROAD WESTFORD, MA 01886	CONSTRUCTION	1,021,336.
WALSH BROTHERS INC 210 COMMERCIAL STREET BOSTON, MA 02109	CONTRACTOR	867,734.
BOSTON COACH 69 NORMAN STREET EVERETT, MA 02149	BUS CONTRACT	3,291,745.
	TOTAL COMPENSATION	----- 14,664,048. =====

SCHEDULE A, PART III - EXPLANATION FOR LINE 2B

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AMOUNTS ARE DISCLOSED ON FORM 990, LINE 50. SEE STATEMENTS 9 & 10

SCHEDULE A, PART III - EXPLANATION FOR LINE 2C
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THE UNIVERSITY PAID COMPENSATION AND BENEFITS OF \$4,856,104 TO THE SOCIETY OF JESUS, THE FOUNDERS OF BOSTON COLLEGE FOR INSTRUCTIONAL, ADMINISTRATIVE AND INSTITUTIONAL SERVICES, AS WELL AS FOR SERVICES RENDERED BY THE UNIVERSITY'S JESUIT OFFICERS. TRUSTEES ARE NOT COMPENSATED.

CERTAIN TRUSTEES, LISTED BELOW, ARE AFFILIATED WITH VARIOUS COMPANIES THAT HAVE A BUSINESS RELATIONSHIP WITH THE ORGANIZATION. ALL TRANSACTIONS ARE MADE WITHIN THE NORMAL COURSE OF BUSINESS AND ARE CONDUCTED AT ARM'S LENGTH. INDIVIDUALS ARE NOT COMPENSATED FOR TRUSTEE SERVICES. THE TRUSTEE FINANCIAL AND AUDIT COMMITTEE, THE EXECUTIVE COMMITTEE, AND THE BOARD CHAIRMAN REVIEW ALL CONFLICTS FROM THE TRUSTEE CONFLICT OF INTEREST DISCLOSURE STATEMENT.

NAME	COMPANY	SERVICE PROVIDED
PETER W. BELL	HIGHLAND CAPITAL PARTNERS	INVESTMENT MANAGER
KATHLEEN A. CORBET	STANDARD AND POOR'S	CREDIT RATING AGENCY
MARIO J. GABELLI	GAMCO INVESTORS VAN BIEMA VALUE FUND	INVESTMENT MANAGER
PETER S. LYNCH	FMR CORP.	INVESTMENT MANAGER ACTUARIAL VALUATION BUS OPERATIONS ACTUARIAL VALUATION
ROBERT J. MORRISSEY	GAMCO INVESTORS	INVESTMENT MANAGER
JOHN L. LAMATTINA	PFIZER	RESEARCH CONTRACTS

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D
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SEE PART V, FORM 990 AND STATEMENT 42 FOR PAYMENT TO SOCIETY OF JESUS.
TRUSTEES ARE NOT COMPENSATED FOR THEIR SERVICE AS TRUSTEES.

THE SON OF AN OFFICER IS EMPLOYED BY BOSTON COLLEGE.

SCHEDULE A, PART III - EXPLANATION FOR LINE 3A
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MOST DISBURSEMENTS IN FURTHERANCE OF THE INSTITUTION'S EXEMPT PURPOSE ARE MADE DIRECTLY FOR SALARY AND SIMILAR EXPENSES INCURRED DIRECTLY IN THE ACTIVE CONDUCT OF THE ACTIVITIES CONSTITUTING THE EXEMPT PURPOSE OR FUNCTION FOR WHICH THE INSTITUTION IS ORGANIZED AND OPERATED. OTHERWISE, DISBURSEMENTS MADE IN FURTHERANCE OF THE INSTITUTION'S EXEMPT PROGRAMS ARE MADE IN ACCORDANCE WITH PROCEDURES OR SUBJECT TO CONDITIONS ESTABLISHED BY THE INSTITUTION'S GOVERNING BOARD, DESIGNED TO ENSURE THAT INDIVIDUALS AND ORGANIZATIONS RECEIVING DISBURSEMENTS ARE ADEQUATELY INVESTIGATED TO ENSURE THAT THEY ARE QUALIFYING RECIPIENTS. STUDENTS RECEIVING SCHOLARSHIPS AND FELLOWSHIPS ARE JUDGED WORTHY BY THE INSTITUTION'S ASSESSMENT ON THE BASIS OF ACADEMIC ACHIEVEMENT, FINANCIAL NEED, AND OTHER SIMILAR STANDARDS.

SCHEDULE A, PART V - EXPLANATION FOR LINE 34A

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THE UNIVERSITY PARTICIPATES IN SEOG, PERKINS, WORK-STUDY AND OTHER
GOVERNMENTAL TITLE IV PROGRAMS.

SCHEDULE A, PART VI-B - LOBBYING ACTIVITY EXPLANATION
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PAYMENTS FOR LOBBYING EXPENDITURES ARE MADE TO THE FOLLOWING:

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

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