# **PUBLIC DISCLOSURE COPY**

990-T

# **Exempt Organization Business Income Tax Return** (and proxy tax under section 6033(e))

2023, and ending 06/30 20 24

OMB No. 1545-0047

		For cal	endar year 2023 or other tax year beginning $\underbrace{07/01}_{}$ , 2023, and ending $\underbrace{06/30}_{}$ , 20	24		<b>2025</b>
	nent of the Treasury Revenue Service	Do n	Go to www.irs.gov/Form990T for instructions and the latest information. ot enter SSN numbers on this form as it may be made public if your organization is a 501(c	:)(3).	Оре	en to Public Inspection for 501(c)(3) Organizations Only
_	Check box if address changed.	Print	Name of organization ( Check box if name changed and see instructions.)  COMBINED JEWISH PHILANTHROPIES OF GREATER BOSTON, INC.	D Emp	-	ridentification number 4-2103559
<b>√</b> 5	npt under section 01( C ) ( 3 ) 08(e)	or Type	KRAFT FAMILY BUILDING, 126 HIGH ST			emption number uctions)
4	_	C Bool	City or town, state or province, country, and ZIP or foreign postal code  BOSTON, MA 02110  value of all assets at end of year	F 🔲		ck box if mended return.
G Ch	neck organizatio	n type		e coll	ege	/university
	J	٠,٠	6417(d)(1)(A) Applicable entity			
H Ch	neck if filing only	/ to cla	m ☐ Credit from Form 8941 ☐ Refund shown on Form 2439 ☐ Elective paym	nent a	mou	nt from Form 3800
I Ch	neck if a 501(c)(	3) orgaı	nization filing a consolidated return with a 501(c)(2) titleholding corporation .			🗆
			ched Schedules A (Form 990-T)			
	-		the corporation a subsidiary in an affiliated group or a parent-subsidiary controlle	d gro	up?	☐ Yes     ✓ No
	· · · · · · · · · · · · · · · · · · ·		and identifying number of the parent corporation			
			(SEE STATEMENT) Telephone number		(61	17) 457-8500
Part			ed Business Taxable Income			
1		ed busir	ness taxable income computed from all unrelated trades or businesses (see instruction	ıs) 📙	1	1,053,907
2	Reserved			·	2	
3	Add lines 1 an			·	3	1,053,907
4			ons (see instructions for limitation rules)		4	105,391
5			ess taxable income before net operating losses. Subtract line 4 from line 3 .		5	948,516
6			erating loss. See instructions		6	0
7	Subtract line 6		usiness taxable income before specific deduction and section 199A deductio	n.	_	040.540
•				.  -	7	948,516
8	•		enerally \$1,000, but see instructions for exceptions)		8	1,000
9			deduction. See instructions		9 10	1,000
10 11	Unrelated bu		dd lines 8 and 9		10	1,000
					11	947,516
Part						
1	=		le as corporations. Multiply Part I, line 11, by 21% (0.21)		1	198,978
2	Part I, line 11,	from:	ust rates. See instructions for tax computation. Income tax on the amount o ☐ Tax rate schedule or ☐ Schedule D (Form 1041)		2	
3	=		ctions	.	3	0
4			ee instructions	.  -	4_	0
5	Alternative mir			· -	5	0
6			at facility income. See instructions		6	0
7 Port	Tax and		ough 6 to line 1 or 2, whichever applies	•	7	198,978
1a				0		
b	-	-		0		
C		•	dit. Attach Form 3800 (see instructions)	_		
d			ninimum tax (attach Form 8801 or 8827)			
e	-	-	nes 1a through 1d	10	9	8,065
2			Part II, line 7	2	_	190,913
3a	Amount due fr		' I I			· · · · · · · · · · · · · · · · · · ·
b	Amount due fr					
C	Amount due fr					
d	Amount due fr					
е	Other amounts	s due (s	see instructions)	0		
f			dd lines 3a through 3e	3	f	0
4	Total tax. Add	lines 2	2 and 3f (see instructions).   Check if includes tax previously deferred under			
	section 1294	1. Enter	tax amount here	0 4	.	190,913
5	Current net 96	55 tax li	ability paid from Form 965-A, Part II, column (k)	5	;   <sup>-</sup>	0

Part	III Tax and Payments (continued)	Maryo s		100	7			
6a	Payments: Preceding year's overpayment credited to the current year	6a		0				
b	Current year's estimated tax payments. Check if section 643(g) election							
	applies	6b	15	0,000				
C	Tax deposited with Form 8868	6c	3	0,000				
d	Foreign organizations: Tax paid or withheld at source (see instructions) .	6d		0				
е	Backup withholding (see instructions)	6e		0				
f	Credit for small employer health insurance premiums (attach Form 8941) .	6f		0	18.0			
g	Elective payment election amount from Form 3800			0	1000			
h	Payment from Form 2439	6h		0				
į	Credit from Form 4136	6i		0				
j	Other (see instructions)	6j		0				
7	Total payments. Add lines 6a through 6j				7		180	0,000
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached .				8			0
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount of				9		10	,913
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amou	int ove	•	- 8	10			0
11 Part	Enter the amount of line 10 you want: Credited to 2024 estimated tax  IV Statements Regarding Certain Activities and Other Informati		Refun		11		_	_
						15	'es	No
1	At any time during the 2023 calendar year, did the organization have an interover a financial account (bank, securities, or other) in a foreign country? If "\)	rest in Voc. " t	or a signature	or ot	ner auth	ority L	69	NO
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes,"							
	here	Onto	and marrie or c		oigii oot	.,,,,,		1
2	During the tax year, did the organization receive a distribution from, or was it the gi	rantor	of or transfero	r to a	foreign tr	ust?	_	1
	If "Yes," see instructions for other forms the organization may have to file.		or, or transferor	10, 4	ioroigii ti	uo		
3	Enter the amount of tax-exempt interest received or accrued during the tax y	ear	\$		11	.430		
4	Enter available pre-2018 NOL carryovers here \$ 0. Do not in	clude	any post-201	7 NO	L carryo	ver		
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover show	n here	by any dedu	ction	reported	d on		
	Part I, line 6.					- 10		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available po							
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line	17, fo	r the tax year.	See i	nstructio	ns.		1000
	Business Activity Code	Availa	able post-2017	7 NOL	. carryov	er		
	901101 \$				9,847	,030		
	\$							
	\$							30.3
	<u> </u>							
6a	Reserved for future use							
ь	Reserved for future use							
Part								
Provid	e any additional information. See instructions.							
	Linday panalties of paritys. I declare that I have examined this voture including accompanies	- h - d - d -			the best	-f l		
	Under penalties of perjury, I declare that I have examined this return, including accompanying so belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on a	ll inform	s and statements, ation of which pre	and to parer h	as any kno	ormy know owledge.	vieagi	and
Sign	(// > 0/2,00						.1.2	
Here	Kinos Or Keilly CAFO					RS discuss reparer sho		
	Signature of officer Date Title					ctions)?		
	Print/Type preparer's name Preparer's signature		Date	Olivi	(. D ·/	PTIN		=
Paid	JENNIEER BURKE JENNIEER BURKE		04/28/2025		k ∐ if mployed	P013	4222	4
Prepa	arer Simils pame CROWELLE			Firm's		35-0921		
Use (	Firm's address 225 WEST WACKER DRIVE, SUITE 2600, CHICAGO, IL 60606-	1224		Phone		312) 899		0
	1 220.000 1			1 AUTE		Eorm 991		

#### **SCHEDULE A** (Form 990-T)

# **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A Name of the organization

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

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

B Employer identification number

COME	DINED JEWISH PHILANTHROPIES OF GREATER BOSTON, INC.				04-2	103559	,	
<b>C</b> Un	related business activity code (see instructions)		901101	<b>D</b> Seq	luence:	1	of <sup>2</sup>	
E De:	scribe the unrelated trade or business INVESTMENT ACTIVITIES							
Par	Unrelated Trade or Business Income		(A) Income	(E	3) Expenses		(C) Net	
1a	Gross receipts or sales 0							
b	Less returns and allowances 0 <b>c</b> Balance	1c		0				
2	Cost of goods sold (Part III, line 8)	2		0				
3	Gross profit. Subtract line 2 from line 1c	3		0				0
4a	Capital gain net income (attach Schedule D (Form 1041 or							
	Form 1120)). See instructions	4a	1,740,87	o o			1,740,87	70
b	Net gain (loss) (Form 4797) (attach Form 4797). See							
	instructions	4b		0				0
С	Capital loss deduction for trusts	4c		0				0
5	Income (loss) from a partnership or an S corporation (attach							
	statement)	5	3,486,45	51			3,486,4	51
6	Rent income (Part IV)	6		0		0		0
7	Unrelated debt-financed income (Part V)	7		0		0		0
8	Interest, annuities, royalties, and rents from a controlled							
	organization (Part VI)	8		0		0		0
9	Investment income of section 501(c)(7), (9), or (17)							
	organizations (Part VII)	9		0		0		0
10	Exploited exempt activity income (Part VIII)	10		0		0		0
11	Advertising income (Part IX)	11		0		0		0
12	Other income (see instructions; attach statement)	12		0				0
13	Total. Combine lines 3 through 12	13	5,227,32			0	5,227,32	21
Par	<b>Deductions Not Taken Elsewhere.</b> See instruction directly connected with the unrelated business inco		limitations on d	eductio	ns. Deduct	ions r	nust be	
1	Compensation of officers, directors, and trustees (Part X)				1			0
2	Salaries and wages				2			0
3	Repairs and maintenance					_		0
4	Bad debts					_		0
5	Interest (attach statement). See instructions					_	295,13	_
6	Taxes and licenses				6		124,79	94
7	Depreciation (attach Form 4562). See instructions				0			
8	Less depreciation claimed in Part III and elsewhere on return .				0 <b>8</b> b	_		0
9	Depletion					_		0
10	Contributions to deferred compensation plans							0
11	Employee benefit programs							0
12	Excess exempt expenses (Part VIII)							0
13	Excess readership costs (Part IX)							0
14	Other deductions (attach statement)						30,97	
15 16	<b>Total deductions.</b> Add lines 1 through 14	 n Çıl	otract line 15 from	 Partli	15	<del>'</del> —	450,89	98
10	column (C)					,	A 776 A	၁၁
17	• •				10		4,776,42	
17 18	Deduction for net operating loss. See instructions					_	3,821,10 955,28	_
	perwork Reduction Act Notice, see instructions.		at. No. 74036O				955,20 (Form 990-T) 20	
i oi Pa	iperwork neudolion Act Nolice, see ilistructions.	Ua	at. 190. 14030U		Scn	cuule A	. (เ-บเกเ ซซบ-1) 20	123

Schedule A (Form 990-T) 2023

	thod of inventory valu			
Inventory at beginning of year				0
				0
			· · · · <del>  ·  </del>	0
· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	0
				0
				0
				0
				0
				Yes ✓ No
•		-		
A 🗆	•	Check ii a duai-us	se. See mstructions.	
	Δ	R	C	
Rent received or accrued	7			
but not more than 50%)				
From real and personal property (if the				
percentage of rent for personal property exceeds				
50% or if the rent is based on profit or income) .				
Total rents received or accrued by property.				
Add lines 2a and 2b, columns A through D				
Tatal wants was sixed an assumed Add line Os as low	as Atherson D. Cataril	ana analan Danti I	inn C. and June (A)	0
Total rents received or accrued. Add line 2c, colum	ns A through D. Enter r	iere and on Part I, I	ine 6, column (A)	
Deductions directly connected with the income				_
in lines 2a and 2b (attach statement)				
<b>Total deductions</b> . Add line 4. columns A through	D Enter here and or	Dort Llina 6 aalı	ımn (B)	0
		i Pari I. line o. colu		
		reart i, line 6, coic		
V Unrelated Debt-Financed Income (se	e instructions)			
Unrelated Debt-Financed Income (se Description of debt-financed property (street add	e instructions)			ions.
Unrelated Debt-Financed Income (se Description of debt-financed property (street add	e instructions)			ions.
Unrelated Debt-Financed Income (see Description of debt-financed property (street add A	e instructions)			ions.
Unrelated Debt-Financed Income (see Description of debt-financed property (street add A	e instructions)			ions.
Unrelated Debt-Financed Income (see Description of debt-financed property (street add A	e instructions) Iress, city, state, ZIP o	code). Check if a d	ual-use. See instructi	
Description of debt-financed property (street add A	e instructions)			ions.
Description of debt-financed property (street add A	e instructions) Iress, city, state, ZIP o	code). Check if a d	ual-use. See instructi	
Description of debt-financed Income (see Description of debt-financed property (street add A	e instructions) Iress, city, state, ZIP o	code). Check if a d	ual-use. See instructi	
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Description of debt-financed Income (see Description of debt-financed property (street add A	e instructions) Iress, city, state, ZIP o	code). Check if a d	ual-use. See instructi	
Description of debt-financed Income (see Description of debt-financed property (street add A	e instructions)  Iress, city, state, ZIP o	B B	ual-use. See instructi	D
Description of debt-financed Income (see Description of debt-financed property (street add A	e instructions)  Iress, city, state, ZIP o	B  B  %	c C	D %
Description of debt-financed Income (see Description of debt-financed property (street add A	e instructions)  Iress, city, state, ZIP o	B  B  %	c C	D
Description of debt-financed Income (see Description of debt-financed property (street add A	e instructions)  Iress, city, state, ZIP o	B  B  %	c C	D %
Description of debt-financed property (street add A	e instructions)  Iress, city, state, ZIP of the state of	B  % on Part I, line 7, c	C C olumn (A)	D %
	Cost of labor	Cost of labor	Cost of labor	Cost of labor

Sched	ule A (Form 990-T) 2023						Page 3
Par	t VI Interest, Annuit	ties, Royaltie	es, and Rents	s Fro		<b>ganizations</b> (see instru	ictions)
					Exempt Co	ntrolled Organizations	
I		2. Employer identification number	3. Net unrelated income (loss) (see instructions)		Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)							
(2)							
(3)							
(4)							
	7. Taxable income	inco	t unrelated me (loss) estructions)	9	Total of specified payments made	10. Part of column 9 that is included in the controlling organization's	11. Deductions directly connected with income in column 10
(1)							
(2)							
(3)							
(4)							
Tota	als					Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
		ome of a Sec	ction 501(c)(	7). (9	), or (17) Organiza	ation (see instructions)	_
	1. Description of income		int of income	c	3. Deductions directly connected attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)							
(2)							
(3)							
(4)							
	d-	Enter here	nts in column 2. e and on Part I, column (A).				Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Tota		· ·	0	The	ara Adriantialia ar Ira		0
Feir			ncome, Othe	rin	an Advertising in	come (see instructions	5)
1	Description of exploited		a trada ar bu-:	2000	Enter here and are	lort L line 10 column (A)	
2						art I, line 10, column (A)	2
3	line 10, column (B)						3
4	lines 5 through 7						4
5	Gross income from act	-					5
6	Expenses attributable t						6
7	Excess exempt expens 4. Enter here and on Pa					than the amount on line	7

Schedule A (Form 990-T) 2023

Schedule A (Form 990-T) 2023 Page **4** 

Part	IX Advertising Income						
1	Name(s) of periodical(s). Check box if re	porting tv	vo or more periodio	als on a consol	idated basis.		
	A 🗆						
	В 🗌						
	c 🗆						
	D 🗌						
Enter	amounts for each periodical listed above	in the cor	responding columr	١.			
			Α	В	С	D	
2	Gross advertising income						
а	Add columns A through D. Enter here ar	nd on Par	t I, line 11, column	(A)			0
3	Direct advertising costs by periodical	[					
а	Add columns A through D. Enter here ar	nd on Par	t I, line 11, column	(B)			0
4	Advertising gain (loss). Subtract line 3 ft 2. For any column in line 4 showing complete lines 5 through 8. For any coline 4 showing a loss or zero, do not colines 5 through 7, and enter -0- on line 8	a gain, lumn in omplete					
5	Readership costs						
6	Circulation income						
7	Excess readership costs. If line 6 is le						
	line 5, subtract line 6 from line 5. If line 5						
	than line 6, enter -0	L					
8	Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7	gain on					
а	Add line 8, columns A through D. Ent	er the gr					
	Part II, line 13	<u> </u>	· · · · · · ·			·	0
Par	Compensation of Officers, Di	rectors,	and Irustees (S	ee instructions	i I		
	1. Name		<b>2.</b> Title		3. Percentage of time devoted to business	<ol> <li>Compensation attributable to unrelated business</li> </ol>	
(1)					%		
(2)					%		
(3)					%		
(4)					%		
	I. Enter here and on Part II, line 1 .						0
Part	Supplemental Information (se	e instruc	ctions)				

# SCHEDULE A (Form 990-T)

# **Unrelated Business Taxable Income From an Unrelated Trade or Business**

OMB No. 1545-0047

B Employer identification number

04-2103559

Department of the Treasury Internal Revenue Service

A Name of the organization

COMBINED JEWISH PHILANTHROPIES OF GREATER BOSTON, INC.

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

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

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

<b>C</b> Uni	related business activity code (see instructions)		540000	D	Sequence:	2	of	2
E Des	scribe the unrelated trade or business ADMINISTRATIVE SERVIC	ES FO	OR JCEP					
Par	Unrelated Trade or Business Income		(A) Income		(B) Expense	es	(C) N	let
1a b 2 3 4a	Gross receipts or sales  Less returns and allowances  Cost of goods sold (Part III, line 8)	1c 2 3		0 0				0
b	Form 1120)). See instructions	4a		0				0
с 5	instructions	4b 4c		0				0
6 7	Rent income (Part IV)	5 6 7		0 0		0		0 0
8 9	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		0		0		0
10	organizations (Part VII)	9		0		0		0
11 12 13	Advertising income (Part IX)	11 12 13	697,00 697,00	_		0		697,000 697,000
Par			limitations on de	edu	ıctions. Dec	duction	ns must k	ре
1 2 3 4	Compensation of officers, directors, and trustees (Part X) Salaries and wages					1 2 3 4		133,815 308,760 0
5 6 7	Interest (attach statement). See instructions					5 6		45,619
8 9 10	Less depreciation claimed in Part III and elsewhere on return . Depletion					9		0 0
11 12 13	Employee benefit programs					11 12 13		40,177 0 0
14 15 16	Other deductions (attach statement)	 n. Sul		Pa	 rt I, line 13,	14 15		70,007 598,378 98,622
17 18 For Pa	Deduction for net operating loss. See instructions	 e 16				17 18	ıle A (Form 9	98,622

Schedule A (Form 990-T) 2023

	e A (1 01111 990-1) 2020				Fage <b>Z</b>
Part	Cost of Goods Sold Enter me				
1	Inventory at beginning of year				0
2	Purchases				0
3	Cost of labor				0
4	Additional section 263A costs (attach statement)				0
5	Other costs (attach statement)				0
6	<b>Total.</b> Add lines 1 through 5				0
7 8	Inventory at end of year				0
9	Do the rules of section 263A (with respect to prope				
	N Rent Income (From Real Property an				103 🕟 110
1	Description of property (property street address,		_ •		
	A 🗆	•			
	В 🗌				
	C 🗆				
	D 🗌			,	
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the				
D	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income) .				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
•	T				
3	Total rents received or accrued. Add line 2c, column	ns A through D. Enter	nere and on Part I,	line 6, column (A)	0
4	Deductions directly connected with the income				
	in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through	n D. Enter here and c	n Part I. line 6. colu	umn (B)	0
Par					
Fair 1	Description of debt-financed property (street add		anda) Chank if a c	lual uso Socinatrua	tions
'	A	iless, City, State, Zir	code). Grieck ii a c	iuai-use. See ilistiuc	tions.
	в 🗆 ———				
	c □				
	D [				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
a	Straight line depreciation (attach statement) .				
b	Other deductions (attach statement) Total deductions (add lines 3a and 3b,				
С	columns A through D)				
4	Amount of average acquisition debt on or allocable				
-	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
-	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6		• •		
ο		igh D) Enter here en	d on Part Llino 7	column (A)	0
8	Total gross income (add line 7, columns A throu	igii טן. בוונפו nere an 	u on Fart I, line /, (	Joiumm (A)	0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter h	ere and on Part I, lir	ne 7, column (B)	0
11	Total dividends — received deductions include	_	•	• , ,	0

Sched	ule A (Form 990-T) 2023						Page 3
Par	t VI Interest, Annuit	ties, Royaltie	es, and Rents	s Fro		<b>ganizations</b> (see instru	ictions)
					Exempt Co	ntrolled Organizations	
I		2. Employer identification number	3. Net unrelated income (loss) (see instructions)		Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)							
(2)							
(3)							
(4)							
	7. Taxable income	inco	t unrelated me (loss) estructions)	9	Total of specified payments made	10. Part of column 9 that is included in the controlling organization's	11. Deductions directly connected with income in column 10
(1)							
(2)							
(3)							
(4)							
Tota	als					Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
		ome of a Sec	ction 501(c)(	7). (9	), or (17) Organiza	ation (see instructions)	_
	1. Description of income		int of income	c	3. Deductions directly connected attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)							
(2)							
(3)							
(4)							
	d-	Enter here	nts in column 2. e and on Part I, column (A).				Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Tota		· ·	0	The	ara Adriantialia ar Ira		0
Feir			ncome, Othe	rin	an Advertising in	come (see instructions	5)
1	Description of exploited		a trada ar bu-:	2000	Enter here and are	lort L line 10 column (A)	
2						art I, line 10, column (A)	2
3	line 10, column (B)						3
4	lines 5 through 7						4
5	Gross income from act	-					5
6	Expenses attributable t						6
7	Excess exempt expens 4. Enter here and on Pa					than the amount on line	7

Schedule A (Form 990-T) 2023

Schedule A (Form 990-T) 2023 Page **4** 

Par	IX Advertising Income					
1	Name(s) of periodical(s). Check box if re	eporting t	wo or more periodic	als on a consoli	dated basis.	
	A 🗆					
	В 🗆					
	c 🗆					
_	D					
∟nter	amounts for each periodical listed above	in the co				
0	Cross advertising income		Α	В	С	D
2	Gross advertising income					
а	Add columns A through D. Enter here a	nd on Pa	rt I, line 11, column	(A)		0
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here a	nd on Pa	rt I, line 11, column	(B)		0
4	Advertising gain (loss). Subtract line 3 f 2. For any column in line 4 showing complete lines 5 through 8. For any coline 4 showing a loss or zero, do not colines 5 through 7, and enter -0- on line 8	a gain, olumn in omplete				
5 6 7	Readership costs	 ess than 5 is less				
8	Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7	as a gain on				
а	Add line 8, columns A through D. En Part II, line 13					
Par		irectors	<b>, and Trustees</b> (se	ee instructions	)	
	1. Name		<b>2.</b> Title		3. Percentage of time devoted to business	<ol> <li>Compensation attributable to unrelated business</li> </ol>
(1) C	HARLIE GLASSENBERG	ASSISTA	NT SECRETARY		30 %	133,815
(2)					%	
(3)					%	
(4)					%	
	al. Enter here and on Part II, line 1.					133,815
Par	Supplemental Information (se	ee instru	ctions)			

Form 990T	Additional Information
Return Reference - Identifier	Explanation
BOOK CARE - NAME AND ADDRESS	THOMAS M OREILLY CAFO, KRAFT FAMILY BUILDING, 126 HIGH ST, BOSTON, MA 02110

# Form 990T Part I, Line 4

Charitable Contributions

Year Generated	Amount Generated	Amount Used in Prior Years	Amount Used in Current Year	Amount Converted to NOL	Amount Remaining	Contribution Carryover Expires
2018	170,404,678	2,489			170,402,189	2023
2019	192,609,741	78,442			192,531,299	2024
2020	139,037,824	336			139,037,488	2025
2021	176,325,477	2,960			176,322,517	2026
2022	172,983,277	75,446		292,940	172,614,891	2027
2023	322,315,444		105,391	382,276	321,827,777	2028
Totals	1,173,676,441	159,673	105,391	675,216	1,172,736,161	

Form 990T Part III, Line 6b	Estimated Tax Payments	
	Date	Amount
03/15/2024		140,000
06/15/2024		10,000
	Totals	150,000

# Schedule A - Part I, Line 5

Income (loss) from Partnership and S Corporations

Name of Partnership	Share of gross income	Share of deductions	Gain or loss
INVESTMENT ACTIVITIES			
(1) INCOME (LOSS) FROM QUALIFIED PARTNERSHIP INTERESTS	3,794,062	307,611	3,486,451
Total	3,794,062	307,611	3,486,451

Schedule A - Part I, Line 12	Other Income

Description		Amount
ADMINISTRATIVE SERVICES FOR JCEP		
(1) ACCOUNTING FEES FROM JCEP		697,000
	Total for Schedule A - Part I, Line 12	697,000

Schedule A - Part II, Line 5	Interest	
	Description	Amount
INVESTMENT ACTIVITIES		
(1) INTEREST EXPENSE		295,134
	Total for Schedule A - Part II, Line 5	295,134

Sched	، جاريا	Δ _	Part I	П	ine 6	

Taxes and Licenses

Description	Amount
INVESTMENT ACTIVITIES	
(1) FOREIGN TAXES	3,352
(2) STATE TAXES	121,442
Total	124,794
ADMINISTRATIVE SERVICES FOR JCEP	
(1) PAYROLL TAXES	36,856
(2) STATE TAXES	8,763
Total	45,619

# Schedule A - Part II, Line 14

Other Deductions

Description	Amount
INVESTMENT ACTIVITIES	
(1) PROFESSIONAL FEES	30,970
ADMINISTRATIVE SERVICES FOR JCEP	
(1) PROFESSIONAL FEES	2,910
(2) SUPPLIES & POSTAGE JCEP	1,816
(3) OCCUPANCY & ADMINISTRATION JCEP	65,281
Total	70,007

# Schedule A - Part II, Line 17

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining			
INVESTMENT ACTIVITI	INVESTMENT ACTIVITIES							
2018	4,962,739	340,257	4,782,507	473,172	47,317			
2019	4,663,819	334,797		3,347,966	1,650,650			
2020	2,399,001				2,399,001			
2021	2,311,038				2,311,038			
Totals	14,336,597	675,054	4,782,507	3,821,138	6,408,006			

#### SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

### **Capital Gains and Losses**

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

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

OMB No. 1545-0123

2023

Employer identification number COMBINED JEWISH PHILANTHROPIES OF GREATER BOSTON, INC. 04-2103559 Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? . ☐ Yes ☐ No If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less See instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) (d) (e) or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part I, line 2, column (d) and combine This form may be easier to complete if you round off cents to (or other basis) (sales price) column (g) the result with column (a) whole dollars 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, 0 leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 0 with **Box A** checked 2 Totals for all transactions reported on Form(s) 8949 0 with **Box B** checked Totals for all transactions reported on Form(s) 8949 0 0 0 280.031 with Box C checked Short-term capital gain from installment sales from Form 6252, line 26 or 37. 4 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 **6** Unused capital loss carryover (attach computation) 6 0) 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h 280,031 Long-Term Capital Gains and Losses—Assets Held More Than One Year See instructions for how to figure the amounts to enter on the (g) Adjustments to gain (h) Gain or (loss) (d) lines below or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part II, line 2, column (d) and combine This form may be easier to complete if you round off cents to (or other basis) (sales price) column (a) the result with column (a) whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, 0 leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 0 with **Box D** checked Totals for all transactions reported on Form(s) 8949 0 with **Box E** checked Totals for all transactions reported on Form(s) 8949 0 0 0 with **Box F** checked 645,191 815,648 Enter gain from Form 4797, line 7 or 9 11 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37. 12 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 Capital gain distributions (see instructions) 14 1,460,839 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 Summary of Parts I and II Part III 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 280.031 1,460,839 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 1,740,870 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns . 18 **Note:** If losses exceed gains, see Capital Losses in the instructions.

# 8949 Form

### **Sales and Other Dispositions of Capital Assets**

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. 12A

Department of the Treasury Internal Revenue Service

Name(s) shown on return COMBINED JEWISH PHILANTHROPIES OF GREATER BOSTON, INC.

Social security number or taxpayer identification number

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

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

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

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

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

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

✓ (C) Short-term transactions	s not reported	i to you on F	orm 1099-B				
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the <b>Note</b> below	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
FROM SCHEDULE K-1 (FORM 1065)						0	280,911
FORM 6781, PART I						0	(990)
						0	(880)
2 Totals. Add the amounts in column negative amounts). Enter each tot Schedule D, line 1b (if Box A above above is checked) or line 3 (if Box	al here and inc e is checked), <b>lir</b>	lude on your ne 2 (if Box B	0	0		0	280.031

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

Form 8949 (2023) Attachment Sequence No. **12A** Page **2** 

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side COMBINED JEWISH PHILANTHROPIES OF GREATER BOSTON, INC.

Social security number or taxpayer identification number 04-2103559

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

#### Part II

**Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

✓	(F)	Long-term	transactions	not reported	to you on	Form 1099-E
---	-----	-----------	--------------	--------------	-----------	-------------

(F) Long-term transactions	not reported	to you on i c	1111 1099-D				
1 (a) Description of property	<b>(b)</b> Date acquired	(c) Date sold or		(e) Cost or other basis See the <b>Note</b> below	Adjustment, in If you enter an enter a co See the sep	Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
FROM SCHEDULE K-1 (FORM 1065)						0	646,511
FORM 6781, PART I						0	(1,320)
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	l here and incl is checked), <b>lir</b>	lude on your le 9 (if Box E	0	0		0	645,191

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

Form **8949** (2023)

**General Business Credit** 

Go to www.irs.gov/Form3800 for instructions and the latest information.

OMB No. 1545-0895 Attachment Sequence No. **22** 

Identifying number

Name(s) shown on return

Department of the Treasury You must include all pages of Form 3800 with your return. Internal Revenue Service

COMBINED JEWISH PHILANTHROPIES OF GREATER BOSTON, INC. 04-2103559 Corporate Alternative Minimum Tax (CAMT) and Base Erosion Anti-Abuse Tax (BEAT). Are you both (a) an "applicable corporation" within the meaning of section 59(k)(1) for the CAMT, and (b) an "applicable taxpayer" within the meaning of Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT) Part I Go to Part III before Parts I and II. See instructions. Non-passive credits from Part III, line 2: combine column (e) with non-passive amounts from column 1 0 2 Passive credits from Part III, line 2: combine column (f) with passive amounts 3 Enter the applicable passive activity credits allowed for 2023. See instructions . . . 3 7.188 4 Carryforward of general business credit to 2023. See instructions for statement to attach 4 0 Check this box if the carryforward was changed or revised from the original reported amount . Carryback of general business credit from 2024. See instructions 5 Add lines 1, 3, 4, and 5 6 7,188 . . . . . . . . . <u>. . . . . .</u> Part II **Allowable Credit** Regular tax before credits: • Individuals. Enter the sum of the amounts from Form 1040, 1040-SR, or 1040-NR, line 16; and Schedule 2 (Form 1040), line 2. • Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 1; or the applicable line of your return. 7 198,978 • Estates and trusts. Enter the sum of the amounts from Form 1041. Schedule G, lines 1a and 1b, plus any Form 8978 amount included on line 1d; or the amount from the applicable line of your return. Alternative minimum tax: • Individuals. Enter the amount from Form 6251, line 11. • Corporations. Enter the amount from Form 4626, Part II, line 13. 8 • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54. 198,978 Add lines 7 and 8 . 9 10a 10a Certain allowable credits (see instructions) . 10b 10c Add lines 10a and 10b 0 11 Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16 11 198,978 12 **Net regular tax.** Subtract line 10c from line 7. If zero or less, enter -0-. . . 12 198,978 13 Enter 25% (0.25) of the excess, if any, of line 12 (line 11 for corporations) over \$25,000. See instructions 13 43,494 Tentative minimum tax: 14 • Individuals. Enter the amount from Form 6251, line 9. • Corporations. Enter -0-. 0 Estates and trusts. Enter the amount from Schedule I (Form 1041), line 52. 15 Enter the greater of line 13 or line 14 . . . 15 43,494 155,484 16 Subtract line 15 from line 11. If zero or less, enter -0-16 Enter the **smaller** of line 6 or line 16 . . . . . . 7.188 17 17 C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 12392F

Form **3800** (2023)

Part	,		
Note:	If you are not required to report any amounts on line 22 or line 24 below, skip lines 18 through 25 and en	ter -0- c	n line 26.
18	Multiply line 14 by 75% (0.75). See instructions	18	0
19	Enter the greater of line 13 or line 18	19	43,494
20	Subtract line 19 from line 11. If zero or less, enter -0	20	155,484
21	Subtract line 17 from line 20. If zero or less, enter -0	21	148,296
22	Combine the amounts from line 3 of Part III, column (e), with the sum of the non-passive activity credit amounts in Part IV, line 3, column (e) plus column (f)	22	0
23	Passive activity credit from line 3 of Part III, column (f) plus the sum of the passive activity credit amounts in Part IV, line 3, column (e) plus column (f) .		
24	Enter the applicable passive activity credit allowed for 2023. See instructions	24	
25	Add lines 22 and 24	25	0
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	0
27	Subtract line 13 from line 11. If zero or less, enter -0	27	155,484
28	Add lines 17 and 26	28	7,188
29	Subtract line 28 from line 27. If zero or less, enter -0	29	148,296
30	Enter the general business credit from line 5 of Part III: combine column (e) with non-passive amounts in column (g). See instructions	30	0
31	Reserved	31	
32	Passive activity credits from line 5 of Part III: combine column (f) with passive amounts in column (g). See instructions		
33	Enter the applicable passive activity credits allowed for 2023. See instructions	33	877
34	Carryforward of business credit to 2023. Enter the amount from line 5 of Part IV, column (f), and line 6 of Part IV, column (g). See instructions for statement to attach	34	0
	Check this box if the carryforward was changed or revised from the original reported amount $$ . $$		
35	Carryback of business credit from 2024. Enter the amount from line 5 of Part IV, column (e). See instructions	35	0
36	Add lines 30, 33, 34, and 35	36	877
37	Enter the <b>smaller</b> of line 29 or line 36	37	877
38	Credit allowed for the current year. Add lines 28 and 37.  Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36; see instructions) as indicated below or on the applicable line of your return.		
	<ul> <li>Individuals. Schedule 3 (Form 1040), line 6a.</li> <li>Corporations. Form 1120, Schedule J, Part I, line 5c.</li> <li>Estates and trusts. Form 1041, Schedule G, line 2b.</li> </ul>	38	8,065

Part III Current Year General Business Credits (GBCs) (see instructions). If there is more than one credit amount to report on lines 1a through 1zz, line 3, or lines 4a through 4z, enter the number of items you have for that line in column (c) and complete Part V.

	(a) Current year credits from:	(b) Elective payment or transfer registration number	(c) #	(d) Pass-through or transfer credit entity EIN	(e) Credits from non-passive activities	(f) Credits from passive activities	(g) Credit transfer election amount (enter amounts transferred out as a negative amount)	(h) Gross elective payment election amount	(i)  Net elective payment election amount	(j) Combine columns (e), (f), and (g), less column (i)
1a	Form 3468, Part II									
b	Form 7207									
С	Form 6765		1	04-3460734		7,188				7,188
d	Form 3468, Part III									
е	Form 8826									
f	Form 8835, Part II									
g	Form 7210									
h	Form 8820									
i	Form 8874									
j	Form 8881, Part I									
k	Form 8882									
I	Form 8864 (diesel)									
m	Form 8896									
n	Form 8906									
0	Form 3468, Part IV									
р	Form 8908									
q	Reserved (45Z)									
r	Form 8910									
s	Form 8911, Part II									
t	Form 8830									
u	Form 7213, Part II									
V	Form 3468, Part V									
W	Form 8932									
X	Form 8933									
У	Form 8936, Part II									
Z	Reserved									
aa	Form 8936, Part V									
	Form 8904									
	Form 7213, Part I									
dd	Form 8881, Part II									
ee	Form 8881, Part III									
	Form 8864, line 8									
	Reserved (1gg)									
hh	Reserved (1hh)									
ii	Reserved (1ii)									
jj	Reserved (1jj)									
	Other credits									
2	Add lines 1a through 1zz		1			7,188				7,188

Part III Current Year General Business Credits (GBCs) (see instructions). If there is more than one credit amount to report on lines 1a through 1zz, line 3, or lines 4a through 4z, enter the number of items you have for that line in column (c) and complete Part V. (continued)

	(a) Current year credits from:	(b) Elective payment or transfer registration number	(c) #	(d) Pass-through or transfer credit entity EIN	(a)	(f)	(g) Credit transfer election amount (enter amounts transferred out as a negative amount)	(h) Gross elective payment election amount	(i) Net elective payment election amount	(j) Combine columns (e), (f), and (g), less column (i)
3	Form 8844									
4	Specified credits:									
а	Form 3468, Part VI									
b	Form 5884									
С	Form 6478									
d	Form 8586		1	04-3460734		120				120
е	Form 8835, Part II									
f	Form 8846		1	04-3460734		757				757
g	Form 8900									
h										
i	Form 6765 ESB credit									
j	Form 8994									
k	Form 3468, Part VII									
I	Reserved (4I)									
m	Reserved (4m)									
Z	Other specified credits									
5	Add lines 4a through 4z					877				877
6	Add lines 2, 3, and 5		1			8,065				8,065

Form **3800** (2023)

# Part IV Carryovers of General Business Credits (GBCs) or Eligible Small Business Credits (ESBCs)

(see instructions)

	(see instructions)					ı	(m)
	(a) Credits carried over to tax year 2023	(b) Check if non- passive	(c) Year	(d) Pass-through entity EIN	(e) Credit carrybacks to current year	(f) Carryforwards (excluding ESBCs)	(g) Eligible small business credit (ESBC) carryforwards
1a	Form 3468, Part II (coal, gasification)						
b	Form 7207 (manufacturing production)						
С	Form 6765 (research)						
d	Form 3468, Part III (advanced energy)						
е	Form 8826 (disabled access)						
f	Form 8835, Part II (renewable electricity)						
g	Form 7210 (clean hydrogen)						
h	Form 8820 (orphan drug)						
i	Form 8874 (new markets)						
j	Form 8881, Part I (pension plan startup)						
k	Form 8882 (employer-provided childcare)						
- 1	Form 8864 (biodiesel and renewable diesel)						
m	Form 8896 (low sulfur diesel fuel)						
n	Form 8906 (distilled spirits)						
0	Form 3468, Part IV (advanced manufacturing)						
р	Form 8908 (energy-efficient home)						
a a	Reserved						
r	Form 8910 (alternative motor vehicle)						
s	Form 8911, Part II (alternative fuel refueling)						
t	Form 8830 (enhanced oil recovery)						
u	Form 7213, Part II (zero-emission nuclear production) .						
v	Form 3468, Part V (reserved)						
w	Form 8932 (differential wage)						
X	Form 8933 (carbon oxide sequestration)						
v	Form 8936, Part II (clean vehicle)						
z	Reserved						
	Form 8936, Part V (commercial clean vehicle)						
	Form 8904 (oil and gas production)						
	Form 7213, Part I (advanced nuclear production)						
	Form 8881, Part II (pension auto enrollment)						
	Form 8881, Part III (military spouse)						
	Form 8864 (sustainable aviation fuel mixture)						
	Reserved						
	Reserved						
	Reserved						
	Reserved						
	Other						
2	Credits for which only carryforwards are allowed:					l	
а	Form 5884-A (employee retention)						
b	Form 8586 (low-income housing) (pre-2008)						
С	Form 8845 (Indian employment)						
d	Form 8907 (nonconventional source fuel)						
е	Form 8909 (energy efficient appliance)						
f	Form 8923 (mine rescue team training)						
g	Form 8834 (qualified plug-in electric vehicle)						
h	Form 8931 (agricultural chemicals security)						
i	Form 1065-B (GBCs from electing partnership)						
j	Form 5884 (work opportunity) (pre-2007)						
k	Form 6478 (alcohol fuel) (pre-2005)						
	Form 8846 (employer taxes) (pre-2007)						
							3800 (0000)

Part IV Carryovers of General Business Credits (GBCs) or Eligible Small Business Credits (ESBCs)

(see instructions) (continued)

	(a) Credits carried over to tax year 2023	(b) Check if non- passive	<b>(c)</b> Year	(d) Pass-through entity EIN	(e) Credit carrybacks to current year	(f) Carryforwards (excluding ESBCs)	(g) Eligible small business credit (ESBC) carryforwards
m	Form 8900 (railroad track maintenance) (pre-2008)						
n	Trans-Alaska pipeline liability fund credit						
0	Form 5884-A, Section A (employers affected by Hurricane Katrina, Rita, or Wilma)						
р	Form 5884-A, Section B (Hurricane Katrina housing) .						
q	Form 5884-A, Section A (affected Midwestern disaster						
	area employers)						
r	Form 5884-A, Section B (employer housing)						
	Form 5884-B (new hire retention)						
t	Form 8847 (contributions to community development						
	corporations)						
u	Form 8861 (welfare to work)						
V	Form 8884 (New York Liberty Zone business employee)						
w	Form 8942 (therapeutic drug)						
уу	Other credits (see instructions)						
ZZ	Add lines 1a through 1zz and 2a through 2yy						
3	Form 8844 (empowerment zone)						
4	Specified credits:			T	Г	1	T
а	Form 3468, Part VI (energy)						
b	Form 5884 (work opportunity)						
С	Form 6478 (biofuel producer)						
d	Form 8586 (low-income housing) (post-2007)						
е	Form 8835 (renewable electricity)						
f	Form 8846 (employer taxes)						
g	Form 8900 (railroad track maintenance)						
h	Form 8941 (employer health insurance)						
!	Form 6765 ESB credit (research)						
J	Form 8994 (paid family and medical leave)						
k	Form 3468, Part VII (rehabilitation) (post-2007)						
1	Reserved (4I)						
	Reserved (4m)						
	Other specified credits						
5	Add lines 4a through 4z						
6	Add lines 2zz, 3, and 5						orm <b>3800</b> (2023)

Form **3800** (2023)

Part V Breakdown of Aggregate Amounts on Part III for Facility-by-Facility, Multiple Pass-Through Entities, etc. (see instructions) (e) (i) (d) (g) (h) (c) (b)
Elective payment or transfer Current year credits Carryover of passive (a) Current year credits Pass-through or Gross elective Net elective Line number from passive activity Credit transfer activity credit from non-passive payment election payment election transfer credit allowable in from Part III registration number before passive activity election amount activities amount amount entity EIN credit limitation current year 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38

Part VI			9	t <b>s in Part IV</b> (see			(g)
	(a) Line number from Part IV	(b) Check if non-passive	<b>(c)</b> Year	(d) Pass-through entity EIN	(e) Credit carrybacks to current year	<b>(f)</b> Carryforwards (excluding ESBCs)	Eligible small busines credit (ESBC) carryforwards
1							
2							
3							
4							
5							
6 7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19 20							
20							
22							
23							
24							
25							
26							
27							
28							
9							
<b>10</b>							
31							
2							
33							
34 35							
15 16							
88							
9							
10							
11							
12							
I3 [							
14							
l5 _							
6							
17							
18							
49 50							

Form **3800** (2023)

# Form **4797**

# **Sales of Business Property**

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2)) OMB No. 1545-0184

Attachment Sequence No. 27

Department of the Treasury Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(	s) shown on return					Identifying r	umbe	r
COME	BINED JEWISH PHILANTH	ROPIES OF GREA	TER BOSTON, INC	C.			04-210	3559
1a	Enter the gross proceed substitute statement) that				Form(s) 1099-B or		1a	
b	Enter the total amount of MACRS assets	of gain that you are	_	es 2, 10, and 24 du	•	positions of	1b	
С	Enter the total amount of assets	=	=	2 and 10 due to the			1c	
Part							sions	From Other
	Than Casualty o							
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or o basis, plu improvements expense of s	s and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
FROI	M SCHEDULE K-1			815,648				815,648
3	Gain, if any, from Form 46	684, line 39					3	
4	Section 1231 gain from in	nstallment sales fron	n Form 6252, line 2	26 or 37			4	
5	Section 1231 gain or (loss	s) from like-kind exc	hanges from Form	18824			5	
6	Gain, if any, from line 32,	from other than cas	sualty or theft				6	
7	Combine lines 2 through	6. Enter the gain or	(loss) here and on	the appropriate line	as follows		7	815,648
	Partnerships and S corpline 10, or Form 1120-S,				ons for Form 1065,	Schedule K,		
	Individuals, partners, S from line 7 on line 11 be 1231 losses, or they were Schedule D filed with you	low and skip lines to recaptured in an e	8 and 9. If line 7 is arlier year, enter th	s a gain and you did ne gain from line 7 as	dn't have any prior	year section		
8	Nonrecaptured net section	on 1231 losses from	prior years. See in	structions			8	
9	Subtract line 8 from line line 9 is more than zero, 6							
D 4	capital gain on the Sched				· · · · ·		9	
Part	Ordinary Gains Ordinary gains and losses				d 1 year or locals			
10	Ordinary gains and losses		les i i illiough to (	include property her	u i yeai oi iess).			
11	Loss, if any, from line 7						11	,
12	Gain, if any, from line 7 or						12	
13	Gain, if any, from line 31						13	0
14	Net gain or (loss) from Fo						14	0
15	Ordinary gain from install						15	
16	Ordinary gain or (loss) fro						16	
17	Combine lines 10 through	•	-				17	0
	· ·						.,,	
18	For all except individual r a and b below. For individual				ine of your return ai	na skip lines		
а	If the loss on line 11 include from income-producing pr	roperty on Schedule	A (Form 1040), line	e 16. (Do not include	any loss on property	y used as an	46	
	employee.) Identify as from						18a	
b	Redetermine the gain or (Form 1040), Part I, line 4	<u> </u>	<u> </u>	<u> </u>			18b	
D-	nonwork Boduction Act N				O-+ N- 100001			Earm 4797 (2022

Form 4797 (2023) Page **2** 

	(see instructions)					(b) Date acqu	irod	(c) Date sold
19	(a) Description of section 1245, 1250, 1252, 1254, or 125		(mo., day, )		(mo., day, yr.)			
Α								
<u>B</u>								
<u>C</u>								
D				1				
	These columns relate to the properties on lines 19A through 19D	)_	Property A	Property	В	Property	С	Property D
20	Gross sales price (Note: See line 1a before completing.) .	20						
21	Cost or other basis plus expense of sale	21						
22	Depreciation (or depletion) allowed or allowable	22						
23	Adjusted basis. Subtract line 22 from line 21	23						
24	Total gain. Subtract line 23 from line 20	24						
25	If section 1245 property:							
а	Depreciation allowed or allowable from line 22	25a						
b	Enter the <b>smaller</b> of line 24 or 25a	25b						
26	If section 1250 property: If straight line depreciation was used,							
	enter -0- on line 26g, except for a corporation subject to section 291.							
a	Additional depreciation after 1975. See instructions .	26a						
b	Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions	26b						
С	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
d	Additional depreciation after 1969 and before 1976 .	26d						
е	Enter the <b>smaller</b> of line 26c or 26d	26e						
f	Section 291 amount (corporations only)	26f						
g	Add lines 26b, 26e, and 26f	26g						
27	If section 1252 property: Skip this section if you didn't							
	dispose of farmland or if this form is being completed							
	for a partnership.							
a	Soil, water, and land clearing expenses	27a						
b	Line 27a multiplied by applicable percentage. See instructions	27b						
<u>C</u>	Enter the <b>smaller</b> of line 24 or 27b	27c				-		
28	If section 1254 property:							
а	Intangible drilling and development costs, expenditures							
	for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a						
b	Enter the <b>smaller</b> of line 24 or 28a	28b						
29	If section 1255 property:							
а	Applicable percentage of payments excluded from							
	income under section 126. See instructions	29a						
<u>b</u>	Enter the <b>smaller</b> of line 24 or 29a. See instructions .	29b						
Sun	nmary of Part III Gains. Complete property colun	nns A	through D through	gh line 29b b	efore	e going to lin	e 30.	
30	Total gains for all properties. Add property columns A thro	•					30	0
31	Add property columns A through D, lines 25b, 26g, 27c, 2						31	0
32	Subtract line 31 from line 30. Enter the portion from casuather than casualty or theft on Form 4797, line 6	<u></u>				<u> </u>	32	0
Pa	TIV Recapture Amounts Under Sections 17 (see instructions)	9 and	l 280F(b)(2) Wh	en Busines	ss Us	se Drops to	50%	or Less
	,					(a) Section	on	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable	in prior	vears		33			` '\-'
34					34			
35	Recapture amount. Subtract line 34 from line 33. See the				35		0	0

Form **4797** (2023)

# Form **6781**

Gains and Losses From Section 1256 Contracts and Straddles

Department of the Treasury Internal Revenue Service Attach to your tax return.

Go to www.irs.gov/Form6781 for the latest information.

OMB No. 1545-0644

2023
Attachment
Sequence No. 82

Name(s) shown on tax return Identifying number COMBINED JEWISH PHILANTHROPIES OF GREATER BOSTON, INC. 04-2103559 Check all applicable boxes. A ☐ Mixed straddle election **C** Mixed straddle account election See instructions. **B** Straddle-by-straddle identification election **D** ☐ Net section 1256 contracts loss election **Section 1256 Contracts Marked to Market** Part I (a) Identification of account (b) (Loss) (c) Gain SECTION 1256 CONTRACTS AND STRADDLES FROM INVESTMENTS 2,200 Add the amounts on line 1 in columns (b) and (c) . . . . . . Net gain or (loss). Combine line 2, columns (b) and (c) . . . . . . . . 3 3 (2.200)4 Form 1099-B adjustments. See instructions and attach statement . . . 4 5 5 (2,200)Note: If line 5 shows a net gain, skip line 6 and enter the gain on line 7. Partnerships and S corporations, see instructions. 6 If you have a net section 1256 contracts loss and checked box D above, enter the amount of loss to 6 be carried back. Enter the loss as a positive number. If you didn't check box D, enter -0- . . . . . 0 7 7 (2.200)Short-term capital gain or (loss). Multiply line 7 by 40% (0.40). Enter here and include on line 4 of 8 8 (880)Long-term capital gain or (loss). Multiply line 7 by 60% (0.60). Enter here and include on line 11 of (1.320)Gains and Losses From Straddles. Attach a separate statement listing each straddle and its components. Part II Section A-Losses From Straddles (f) Loss. (a) Description of property (b) Date (c) Date (d) Gross (e) Cost or (h) Recognized loss. (g) If column (e) is entered into closed out sales price other basis Unrecognized If column (f) is more than (d). or acquired or sold plus expense gain on more than (g), enter difference. of sale offsetting enter difference. Otherwise. Otherwise, enter -0-. positions enter -0-. 10 Enter the short-term portion of losses from line 10, column (h), here and include on line 4 of Schedule 11a Enter the long-term portion of losses from line 10, column (h), here and include on line 11 of Schedule 11b Section B-Gains From Straddles (f) Gain. (c) Date (a) Description of property (b) Date (d) Gross (e) Cost or If column (d) is entered into closed out sales price other basis more than (e), or acquired or sold plus expense enter difference. of sale Otherwise, enter -0-. 12 Enter the short-term portion of gains from line 12, column (f), here and include on line 4 of Schedule D 13a 13a Enter the long-term portion of gains from line 12, column (f), here and include on line 11 of Schedule 13b Unrecognized Gains From Positions Held on Last Day of Tax Year. Memo entry only (see instructions) Part III (e) Unrecognized (a) Description of property (b) Date (c) Fair market (d) Cost or gain. If column (c) other basis acquired value on last is more than (d). business day as adjusted enter difference. of tax year Otherwise, enter -0-. 14