

## PUBLIC DISCLOSURE COPY

Form **990-T**Department of the Treasury  
Internal Revenue Service**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))For calendar year 2018 or other tax year beginning 07/01, 2018, and ending 06/30, 20 19.▶ Go to [www.irs.gov/Form990T](http://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).

OMB No. 1545-0087

**2018**Open to Public Inspection for  
501(c)(3) Organizations OnlyA ☐ Check box if  
address changed

B Exempt under section

☒ 501( C )( 3 )☐ 408(e) ☐ 220(e)☐ 408A ☐ 530(a)☐ 529(a)C Book value of all assets  
at end of year1,722,662,336Print  
or  
TypeName of organization ( ☐ Check box if name changed and see instructions.)COMBINED JEWISH PHILANTHROPIES OF GREATER BOSTON, INC.

Number, street, and room or suite no. If a P.O. box, see instructions.

KRAFT FAMILY BUILDING, 126 HIGH ST

City or town, state or province, country, and ZIP or foreign postal code

BOSTON, MA 02110D Employer identification number  
(Employees' trust, see instructions.)04-2103559E Unrelated business activity code  
(See instructions.)523000

F Group exemption number (See instructions.) ▶

G Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Enter the number of the organization's unrelated trades or businesses. ▶ 3 Describe the only (or first) unrelated trade or business here ▶ INVESTMENT IN JCEP. If only one, complete Parts I–V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III–V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . ▶ ☐ Yes ☒ No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ DAVID STRONG, CFOTelephone number ▶ (617) 457-8500**Part I Unrelated Trade or Business Income**

	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales <u>0</u>			
b Less returns and allowances <u>0</u>			
c Balance ▶	1c <u>0</u>		
2 Cost of goods sold (Schedule A, line 7) . . . . .	2 <u>0</u>		
3 Gross profit. Subtract line 2 from line 1c . . . . .	3 <u>0</u>		0
4a Capital gain net income (attach Schedule D) . . . . .	4a <u>532,411</u>		532,411
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b <u>0</u>		0
c Capital loss deduction for trusts . . . . .	4c <u>0</u>		0
5 Income (loss) from a partnership or an S corporation (attach statement)	5 <u>(5,326,832)</u>		(5,326,832)
6 Rent income (Schedule C) . . . . .	6 <u>0</u>	0	0
7 Unrelated debt-financed income (Schedule E) . . . . .	7 <u>0</u>	0	0
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8 <u>0</u>	0	0
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9 <u>0</u>	0	0
10 Exploited exempt activity income (Schedule I) . . . . .	10 <u>0</u>	0	0
11 Advertising income (Schedule J) . . . . .	11 <u>0</u>	0	0
12 Other income (See instructions; attach schedule) . . . . .	12 <u>0</u>		0
13 Total. Combine lines 3 through 12 . . . . .	13 <u>(4,794,421)</u>	0	(4,794,421)

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

14 Compensation of officers, directors, and trustees (Schedule K) . . . . .	14 <u>0</u>
15 Salaries and wages . . . . .	15 <u>0</u>
16 Repairs and maintenance . . . . .	16 <u>0</u>
17 Bad debts . . . . .	17 <u>0</u>
18 Interest (attach schedule) (see instructions) . . . . .	18 <u>9,395</u>
19 Taxes and licenses . . . . .	19 <u>42,459</u>
20 Charitable contributions (See instructions for limitation rules) . . . . .	20 <u>0</u>
21 Depreciation (attach Form 4562) . . . . .	21 <u>0</u>
22 Less depreciation claimed on Schedule A and elsewhere on return . . . . .	22a <u>0</u>
23 Depletion . . . . .	23 <u>1,232</u>
24 Contributions to deferred compensation plans . . . . .	24 <u>0</u>
25 Employee benefit programs . . . . .	25 <u>0</u>
26 Excess exempt expenses (Schedule I) . . . . .	26 <u>0</u>
27 Excess readership costs (Schedule J) . . . . .	27 <u>0</u>
28 Other deductions (attach schedule) . . . . .	28 <u>115,232</u>
29 Total deductions. Add lines 14 through 28 . . . . .	29 <u>168,318</u>
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30 <u>(4,962,739)</u>
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31 <u></u>
32 Unrelated business taxable income. Subtract line 31 from line 30 . . . . .	32 <u>(4,962,739)</u>

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11291J

Form **990-T** (2018)

**Part III Total Unrelated Business Taxable Income**

<b>33</b>	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	<b>33</b>	22,404
<b>34</b>	Amounts paid for disallowed fringes	<b>34</b>	0
<b>35</b>	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	<b>35</b>	0
<b>36</b>	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	<b>36</b>	22,404
<b>37</b>	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	<b>37</b>	1,000
<b>38</b>	<b>Unrelated business taxable income.</b> Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	<b>38</b>	21,404

**Part IV Tax Computation**

<b>39</b>	<b>Organizations Taxable as Corporations.</b> Multiply line 38 by 21% (0.21)	<b>39</b>	4,495
<b>40</b>	<b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	<b>40</b>	
<b>41</b>	<b>Proxy tax.</b> See instructions	<b>41</b>	
<b>42</b>	Alternative minimum tax (trusts only)	<b>42</b>	
<b>43</b>	<b>Tax on Noncompliant Facility Income.</b> See instructions	<b>43</b>	
<b>44</b>	<b>Total.</b> Add lines 41, 42, and 43 to line 39 or 40, whichever applies	<b>44</b>	4,495

**Part V Tax and Payments**

<b>45a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>45a</b>	
<b>b</b>	Other credits (see instructions)	<b>45b</b>	
<b>c</b>	General business credit. Attach Form 3800 (see instructions)	<b>45c</b>	2,030
<b>d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>45d</b>	
<b>e</b>	<b>Total credits.</b> Add lines 45a through 45d	<b>45e</b>	2,030
<b>46</b>	Subtract line 45e from line 44	<b>46</b>	2,465
<b>47</b>	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	<b>47</b>	0
<b>48</b>	<b>Total tax.</b> Add lines 46 and 47 (see instructions)	<b>48</b>	2,465
<b>49</b>	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	<b>49</b>	
<b>50a</b>	Payments: A 2017 overpayment credited to 2018	<b>50a</b>	22,390
<b>b</b>	2018 estimated tax payments	<b>50b</b>	219,783
<b>c</b>	Tax deposited with Form 8868	<b>50c</b>	
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>50d</b>	
<b>e</b>	Backup withholding (see instructions)	<b>50e</b>	
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941)	<b>50f</b>	
<b>g</b>	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other 0 Total	<b>50g</b>	0
<b>51</b>	<b>Total payments.</b> Add lines 50a through 50g	<b>51</b>	242,173
<b>52</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>52</b>	
<b>53</b>	<b>Tax due.</b> If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	<b>53</b>	0
<b>54</b>	<b>Overpayment.</b> If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	<b>54</b>	239,708
<b>55</b>	Enter the amount of line 54 you want: <b>Credited to 2019 estimated tax</b> 50,000 <b>Refunded</b>	<b>55</b>	189,708

**Part VI Statements Regarding Certain Activities and Other Information** (see instructions)

<b>56</b>	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
<b>57</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		
<b>58</b>	Enter the amount of tax-exempt interest received or accrued during the tax year \$ 0		

**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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer

Date

CFO  
TitleMay the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No**Paid Preparer Use Only**

Print/Type preparer's name

NICOLE BENCIK

Preparer's signature

*Nicole Bencik*

Date

4/30/2020

Check ☐ if self-employed

PTIN

P00756195

Firm's name

CROWE LLP

Firm's EIN

35-0921680

Firm's address

225 WEST WACKER DRIVE, SUITE 2600, CHICAGO, IL 60606-1224

Phone no.

(312) 899-7000

Form **990-T** (2018)

**Application for Automatic Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**  
 ► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number, see instructions
<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>COMBINED JEWISH PHILANTHROPIES OF GREATER BOSTON, INC.</b>	Employer identification number (EIN) or <b>04-2103559</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>KRAFT FAMILY BUILDING, 126 HIGH ST</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BOSTON, MA 02110</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . **0 7**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	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

- The books are in the care of ► **DAVID STRONG, CFO**

Telephone No. ► **(617) 457-8500** Fax No. ► **(617) 988-6262**

- 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.

- 1** I request an automatic 6-month extension of time until **05/15**, 20 **20**, 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 **07/01**, 20 **18**, and ending **06/30**, 20 **19**.

- 2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$ <b>56,745</b>
<b>b</b> If this application is for Forms 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.	<b>3b</b>	\$ <b>242,173</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$ <b>0</b>

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**Schedule A—Cost of Goods Sold.** Enter method of inventory valuation ►

<b>1</b>	Inventory at beginning of year	<b>1</b>	0	<b>6</b>	Inventory at end of year . . . . .	<b>6</b>	0
<b>2</b>	Purchases . . . . .	<b>2</b>	0	<b>7</b>	<b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 . . . . .	<b>7</b>	0
<b>3</b>	Cost of labor . . . . .	<b>3</b>	0	<b>8</b>	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? . . . . .	<b>Yes</b>	<b>No</b>
<b>4a</b>	Additional section 263A costs (attach schedule) . . . . .	<b>4a</b>	0				
<b>b</b>	Other costs (attach schedule)	<b>4b</b>	0				
<b>5</b>	<b>Total.</b> Add lines 1 through 4b	<b>5</b>	0				✓

**Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

<b>1.</b> Description of property		
(1)		
(2)		
(3)		
(4)		
<b>2.</b> Rent received or accrued		
<b>(a)</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	<b>(b)</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	<b>3(a)</b> Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0	Total
	0	<b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) ► 0
<b>(c) Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . . ► 0		

**Schedule E—Unrelated Debt-Financed Income** (see instructions)

<b>1.</b> Description of debt-financed property		<b>2.</b> Gross income from or allocable to debt-financed property	<b>3.</b> Deductions directly connected with or allocable to debt-financed property	
			<b>(a)</b> Straight line depreciation (attach schedule)	<b>(b)</b> Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
<b>4.</b> Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	<b>5.</b> Average adjusted basis of or allocable to debt-financed property (attach schedule)	<b>6.</b> Column 4 divided by column 5	<b>7.</b> Gross income reportable (column 2 × column 6)	<b>8.</b> Allocable deductions (column 6 × total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
<b>Totals</b> . . . . . ►			0	0
<b>Total dividends-received deductions</b> included in column 8 . . . . . ►				0

**Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
<b>Totals</b>			0	0

**Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
<b>Totals</b>	0			0

**Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
<b>Totals</b>	0	0				0

**Schedule J—Advertising Income** (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5))	0	0	0			0

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> . . . . . ▶	0	0				0
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
<b>Totals, Part II (lines 1–5)</b> . . . . . ▶	0	0				0

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

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) CHARLIE GLASSENBERG	ASSISTANT SECRETARY	30 %	60,693
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 . . . . . ▶			0

Form **990-T** (2018)

**SCHEDULE M**  
**(Form 990-T)**

**Unrelated Business Taxable Income for**  
**Unrelated Trade or Business**

OMB No. 1545-0687

**2018**

Department of the Treasury  
Internal Revenue Service

For calendar year 2018 or other tax year beginning 07/01, 2018, and ending 06/30, 20 19.

► Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

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

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

Name of the organization

COMBINED JEWISH PHILANTHROPIES OF GREATER BOSTON, INC.

Employer identification number

04-2103559

Unrelated business activity code (see instructions) ► 523900

Describe the unrelated trade or business ► PARTNERSHIP INVESTMENTS

<b>Part I Unrelated Trade or Business Income</b>				(A) Income	(B) Expenses	(C) Net
<b>1a</b>	Gross receipts or sales	<u>0</u>				
<b>b</b>	Less returns and allowances	<u>0</u>				
<b>c</b>	Balance ►					
<b>1c</b>				<u>0</u>		
<b>2</b>	Cost of goods sold (Schedule A, line 7)			<u>0</u>		
<b>3</b>	Gross profit. Subtract line 2 from line 1c			<u>0</u>		<u>0</u>
<b>4a</b>	Capital gain net income (attach Schedule D)			<u>0</u>		<u>0</u>
<b>b</b>	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			<u>0</u>		<u>0</u>
<b>4b</b>				<u>0</u>		<u>0</u>
<b>c</b>	Capital loss deduction for trusts			<u>0</u>		<u>0</u>
<b>4c</b>				<u>0</u>		<u>0</u>
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement)			<u>22,344</u>		<u>22,344</u>
<b>6</b>	Rent income (Schedule C)			<u>0</u>	<u>0</u>	<u>0</u>
<b>7</b>	Unrelated debt-financed income (Schedule E)			<u>0</u>	<u>0</u>	<u>0</u>
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)			<u>0</u>	<u>0</u>	<u>0</u>
<b>9</b>	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			<u>0</u>	<u>0</u>	<u>0</u>
<b>10</b>	Exploited exempt activity income (Schedule I)			<u>0</u>	<u>0</u>	<u>0</u>
<b>11</b>	Advertising income (Schedule J)			<u>0</u>	<u>0</u>	<u>0</u>
<b>12</b>	Other income (See instructions; attach schedule)			<u>0</u>		<u>0</u>
<b>13</b>	<b>Total.</b> Combine lines 3 through 12			<u>22,344</u>	<u>0</u>	<u>22,344</u>

<b>Part II Deductions Not Taken Elsewhere</b> (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
<b>14</b>	Compensation of officers, directors, and trustees (Schedule K)		<u>0</u>
<b>15</b>	Salaries and wages		<u>0</u>
<b>16</b>	Repairs and maintenance		<u>0</u>
<b>17</b>	Bad debts		<u>0</u>
<b>18</b>	Interest (attach schedule) (see instructions)		<u>0</u>
<b>19</b>	Taxes and licenses		<u>176</u>
<b>20</b>	Charitable contributions (See instructions for limitation rules)		<u>2,047</u>
<b>21</b>	Depreciation (attach Form 4562)	<u>21</u>	<u>0</u>
<b>22</b>	Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	<u>0</u>
<b>23</b>	Depletion		<u>0</u>
<b>24</b>	Contributions to deferred compensation plans		<u>0</u>
<b>25</b>	Employee benefit programs		<u>0</u>
<b>26</b>	Excess exempt expenses (Schedule I)		<u>0</u>
<b>27</b>	Excess readership costs (Schedule J)		<u>0</u>
<b>28</b>	Other deductions (attach schedule)		<u>1,700</u>
<b>29</b>	<b>Total deductions.</b> Add lines 14 through 28		<u>3,923</u>
<b>30</b>	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		<u>18,421</u>
<b>31</b>	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		<u>0</u>
<b>32</b>	Unrelated business taxable income. Subtract line 31 from line 30		<u>18,421</u>

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 71329Y

Schedule M (Form 990-T) 2018



**SCHEDULE M**  
**(Form 990-T)**

**Unrelated Business Taxable Income for**  
**Unrelated Trade or Business**

OMB No. 1545-0687

**2018**

Department of the Treasury  
Internal Revenue Service

For calendar year 2018 or other tax year beginning 07/01, 2018, and ending 06/30, 20 19.

► Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

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

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

Name of the organization

COMBINED JEWISH PHILANTHROPIES OF GREATER BOSTON, INC.

Employer identification number

04-2103559

Unrelated business activity code (see instructions) ► 541200

Describe the unrelated trade or business ► ADMINISTRATIVE SERVICES FOR JCEP

<b>Part I Unrelated Trade or Business Income</b>				(A) Income	(B) Expenses	(C) Net
<b>1a</b>	Gross receipts or sales	<u>0</u>				
<b>b</b>	Less returns and allowances	<u>0</u>				
<b>c</b>	Balance ►					
<b>1c</b>				<u>0</u>		
<b>2</b>	Cost of goods sold (Schedule A, line 7)			<u>0</u>		
<b>3</b>	Gross profit. Subtract line 2 from line 1c			<u>0</u>		<u>0</u>
<b>4a</b>	Capital gain net income (attach Schedule D)			<u>0</u>		<u>0</u>
<b>b</b>	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			<u>0</u>		<u>0</u>
<b>4b</b>				<u>0</u>		<u>0</u>
<b>c</b>	Capital loss deduction for trusts			<u>0</u>		<u>0</u>
<b>4c</b>				<u>0</u>		<u>0</u>
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement)			<u>0</u>		<u>0</u>
<b>6</b>	Rent income (Schedule C)			<u>0</u>	<u>0</u>	<u>0</u>
<b>7</b>	Unrelated debt-financed income (Schedule E)			<u>0</u>	<u>0</u>	<u>0</u>
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)			<u>0</u>	<u>0</u>	<u>0</u>
<b>9</b>	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			<u>0</u>	<u>0</u>	<u>0</u>
<b>10</b>	Exploited exempt activity income (Schedule I)			<u>0</u>	<u>0</u>	<u>0</u>
<b>11</b>	Advertising income (Schedule J)			<u>0</u>	<u>0</u>	<u>0</u>
<b>12</b>	Other income (See instructions; attach schedule)			<u>596,000</u>		<u>596,000</u>
<b>13</b>	<b>Total.</b> Combine lines 3 through 12			<u>596,000</u>	<u>0</u>	<u>596,000</u>

<b>Part II Deductions Not Taken Elsewhere</b> (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
<b>14</b>	Compensation of officers, directors, and trustees (Schedule K)		<u>60,693</u>
<b>15</b>	Salaries and wages		<u>343,476</u>
<b>16</b>	Repairs and maintenance		<u>0</u>
<b>17</b>	Bad debts		<u>0</u>
<b>18</b>	Interest (attach schedule) (see instructions)		<u>0</u>
<b>19</b>	Taxes and licenses		<u>26,176</u>
<b>20</b>	Charitable contributions (See instructions for limitation rules)		<u>442</u>
<b>21</b>	Depreciation (attach Form 4562)	<u>21</u>	<u>0</u>
<b>22</b>	Less depreciation claimed on Schedule A and elsewhere on return	<u>22a</u>	<u>0</u>
<b>22b</b>			<u>0</u>
<b>23</b>	Depletion		<u>0</u>
<b>24</b>	Contributions to deferred compensation plans		<u>0</u>
<b>25</b>	Employee benefit programs		<u>94,403</u>
<b>26</b>	Excess exempt expenses (Schedule I)		<u>0</u>
<b>27</b>	Excess readership costs (Schedule J)		<u>0</u>
<b>28</b>	Other deductions (attach schedule)		<u>66,827</u>
<b>29</b>	<b>Total deductions.</b> Add lines 14 through 28		<u>592,017</u>
<b>30</b>	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		<u>3,983</u>
<b>31</b>	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		<u>0</u>
<b>32</b>	Unrelated business taxable income. Subtract line 31 from line 30		<u>3,983</u>

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 71329Y

Schedule M (Form 990-T) 2018



Name of Partnership	EIN	UBI
<b>INVESTMENT IN JCEP</b>		
(1) JEWISH COMMUNITY ENDOWMENT POOL, LLP	04-3460734	-5,326,832
<b>PARTNERSHIP INVESTMENTS</b>		
(1) HIGHFIELDS CAPITAL IV LP	11-3841276	-85
(2) NORTHLAND TATSTONE PARTNERS LLC	20-4872240	434
(3) TATSTONE INVESTORS L.P.	20-4873752	22,056
(4) WOODSIDE CAPITAL PARTNERS V QP, LLC	26-2170325	-9
(5) WOODSIDE CAPITAL PARTNERS V QP, LLC (SRRCT)	26-2170325	-52
<b>Total for Part I, Line 5</b>		<b>-5,304,488</b>

Description	Amount
<b>ADMINISTRATIVE SERVICES FOR JCEP</b>	
(1) ACCOUNTING FEES FROM JCEP	596,000
<b>Total for Part I, Line 12</b>	<b>596,000</b>

Description	Amount
<b>INVESTMENT IN JCEP</b>	
(1) BUSINESS INTEREST EXPENSE	9,395
<b>Total for Part II, Line 18</b>	<b>9,395</b>

Description	Amount
<b>INVESTMENT IN JCEP</b>	
(1) FOREIGN TAX DEDUCTION	83
(2) STATE TAXES	42,376
<b>Total</b>	<b>42,459</b>
<b>PARTNERSHIP INVESTMENTS</b>	
(3) STATE TAXES	176
<b>ADMINISTRATIVE SERVICES FOR JCEP</b>	
(4) PAYROLL TAXES	26,176

Year Generated	Amount Generated	Amount Used in Prior Years	Amount Used in Current Year	Amount Converted to NOL	Amount Remaining	Contribution Carryover Expires
2014	148,964,217	86,876			148,877,341	2019
2015	129,137,315	0			129,137,315	2020
2016	135,124,652				135,124,652	2021
2017	136,707,197	29,193			136,678,004	2022
2018	170,404,678		2,489		170,402,189	2023
<b>Totals</b>	<b>720,338,059</b>	<b>116,069</b>	<b>2,489</b>	<b>0</b>	<b>720,219,501</b>	

Description	Amount
<b>INVESTMENT IN JCEP</b>	
(1) JEWISH COMMUNITY ENDOWMENT POOL, LLP 043460734	92,862
(2) PROFESSIONAL FEES	22,370
<b>Total</b>	<b>115,232</b>
<b>PARTNERSHIP INVESTMENTS</b>	
(3) PROFESSIONAL FEES	1,700
<b>ADMINISTRATIVE SERVICES FOR JCEP</b>	
(4) SUPPLIES & POSTAGE JCEP	3,924
(5) OCCUPANCY & ADMINISTRATION JCEP	61,703
(6) PROFESSIONAL FEES	1,200
<b>Total</b>	<b>66,827</b>

Form 990T Part II, Line 31 -  
Summary

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
2018	4,962,739				4,962,739
<b>Totals</b>	<b>4,962,739</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4,962,739</b>



Date	Amount
03/15/2019	164,783
06/15/2019	55,000
<b>Totals</b>	<b>219,783</b>

**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](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2018**

Name <b>COMBINED JEWISH PHILANTHROPIES OF GREATER BOSTON, INC.</b>	Employer identification number <b>04-2103559</b>
-----------------------------------------------------------------------	-----------------------------------------------------

**Part I Short-Term Capital Gains and Losses** (See instructions.)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . . . .				<b>0</b>
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .				<b>0</b>
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				<b>0</b>
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .	<b>262,195</b>	<b>0</b>	<b>0</b>	<b>262,195</b>
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .			<b>4</b>	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .			<b>5</b>	
<b>6</b> Unused capital loss carryover (attach computation) . . . . .			<b>6</b>	<b>( 0 )</b>
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h . . . . .			<b>7</b>	<b>262,195</b>

**Part II Long-Term Capital Gains and Losses** (See instructions.)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . . . .				<b>0</b>
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				<b>0</b>
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				<b>0</b>
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .	<b>87,947</b>	<b>0</b>	<b>0</b>	<b>87,947</b>
<b>11</b> Enter gain from Form 4797, line 7 or 9 . . . . .			<b>11</b>	<b>182,269</b>
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .			<b>12</b>	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .			<b>13</b>	
<b>14</b> Capital gain distributions (see instructions) . . . . .			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h . . . . .			<b>15</b>	<b>270,216</b>

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) . . . . .	<b>16</b>	<b>262,195</b>
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) . . . . .	<b>17</b>	<b>270,216</b>
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns . . . . .	<b>18</b>	<b>532,411</b>

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

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

Cat. No. 11460M

Schedule D (Form 1120) 2018

**Sales and Other Dispositions of Capital Assets**

► Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.  
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Social security number or taxpayer identification number

COMBINED JEWISH PHILANTHROPIES OF GREATER BOSTON, INC.

04-2103559

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.

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

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

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

- ☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)  
☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS  
☒ (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	SHORT-TERM GAIN/LOSS FROM INVESTMENTS	VARIOUS	VARIOUS	262,195				262,195
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ►				262,195	0		0	262,195

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

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

Cat. No. 37768Z

Form **8949** (2018)

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

COMBINED JEWISH PHILANTHROPIES OF GREATER BOSTON, INC.

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.

- ☐ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☒ **(F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	LONG-TERM GAIN/LOSS FROM INVESTMENTS	VARIOUS	VARIOUS	87,947				87,947
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) ►				87,947	0		0	87,947

**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.

Department of the Treasury  
Internal Revenue Service (99)

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

**2018**  
 Attachment  
 Sequence No. **22**

Name(s) shown on return

COMBINED JEWISH PHILANTHROPIES OF GREATER BOSTON, INC.

Identifying number

04-2103559

**Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)**

(See instructions and complete Part(s) III before Parts I and II.)

<b>1</b>	General business credit from line 2 of all Parts III with box A checked . . . . .	<b>1</b>	0
<b>2</b>	Passive activity credits from line 2 of all Parts III with box B checked <b>2</b> 436		
<b>3</b>	Enter the applicable passive activity credits allowed for 2018. See instructions . . . . .	<b>3</b>	436
<b>4</b>	Carryforward of general business credit to 2018. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach . . . . .	<b>4</b>	0
<b>5</b>	Carryback of general business credit from 2019. Enter the amount from line 2 of Part III with box D checked. See instructions . . . . .	<b>5</b>	0
<b>6</b>	Add lines 1, 3, 4, and 5 . . . . .	<b>6</b>	436

**Part II Allowable Credit**

<b>7</b>	Regular tax before credits: • Individuals. Enter the sum of the amounts from Form 1040, line 11a, and Schedule 2 (Form 1040), line 46, or the sum of the amounts from Form 1040NR, lines 42 and 44 • Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return . . . . . • Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b; or the amount from the applicable line of your return . . . . .	<b>7</b>	4,495
<b>8</b>	Alternative minimum tax: • Individuals. Enter the amount from Form 6251, line 11 . . . . . • Corporations. Enter -0- . . . . . • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56 . . . . .	<b>8</b>	0
<b>9</b>	Add lines 7 and 8 . . . . .	<b>9</b>	4,495
<b>10a</b>	Foreign tax credit . . . . .	<b>10a</b>	
<b>b</b>	Certain allowable credits (see instructions) . . . . .	<b>10b</b>	
<b>c</b>	Add lines 10a and 10b . . . . .	<b>10c</b>	0
<b>11</b>	<b>Net income tax.</b> Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16	<b>11</b>	4,495
<b>12</b>	<b>Net regular tax.</b> Subtract line 10c from line 7. If zero or less, enter -0- <b>12</b> 4,495		
<b>13</b>	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000. See instructions . . . . . <b>13</b> 0		
<b>14</b>	Tentative minimum tax: • Individuals. Enter the amount from Form 6251, line 9 . . . . . • Corporations. Enter -0- . . . . . • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54 . . . . .	<b>14</b>	0
<b>15</b>	Enter the greater of line 13 or line 14 . . . . .	<b>15</b>	0
<b>16</b>	Subtract line 15 from line 11. If zero or less, enter -0- . . . . .	<b>16</b>	4,495
<b>17</b>	Enter the <b>smaller</b> of line 6 or line 16 . . . . .	<b>17</b>	436
<b>C corporations:</b> 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** (2018)

**Part II Allowable Credit** (continued)**Note:** If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26.

<b>18</b>	Multiply line 14 by 75% (0.75). See instructions . . . . .	<b>18</b>	0
<b>19</b>	Enter the greater of line 13 or line 18 . . . . .	<b>19</b>	0
<b>20</b>	Subtract line 19 from line 11. If zero or less, enter -0- . . . . .	<b>20</b>	4,495
<b>21</b>	Subtract line 17 from line 20. If zero or less, enter -0- . . . . .	<b>21</b>	4,059
<b>22</b>	Combine the amounts from line 3 of all Parts III with box A, C, or D checked . . . . .	<b>22</b>	0
<b>23</b>	Passive activity credit from line 3 of all Parts III with box B checked <b>23</b>		0
<b>24</b>	Enter the applicable passive activity credit allowed for 2018. See instructions . . . . .	<b>24</b>	
<b>25</b>	Add lines 22 and 24 . . . . .	<b>25</b>	0
<b>26</b>	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25 . . . . .	<b>26</b>	0
<b>27</b>	Subtract line 13 from line 11. If zero or less, enter -0- . . . . .	<b>27</b>	4,495
<b>28</b>	Add lines 17 and 26 . . . . .	<b>28</b>	436
<b>29</b>	Subtract line 28 from line 27. If zero or less, enter -0- . . . . .	<b>29</b>	4,059
<b>30</b>	Enter the general business credit from line 5 of all Parts III with box A checked . . . . .	<b>30</b>	0
<b>31</b>	Reserved . . . . .	<b>31</b>	
<b>32</b>	Passive activity credits from line 5 of all Parts III with box B checked <b>32</b>		1,594
<b>33</b>	Enter the applicable passive activity credits allowed for 2018. See instructions . . . . .	<b>33</b>	1,594
<b>34</b>	Carryforward of business credit to 2018. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach . . . . .	<b>34</b>	0
<b>35</b>	Carryback of business credit from 2019. Enter the amount from line 5 of Part III with box D checked. See instructions . . . . .	<b>35</b>	0
<b>36</b>	Add lines 30, 33, 34, and 35 . . . . .	<b>36</b>	1,594
<b>37</b>	Enter the <b>smaller</b> of line 29 or line 36 . . . . .	<b>37</b>	1,594
<b>38</b>	<b>Credit allowed for the current year.</b> 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 style="list-style-type: none"> <li>• Individuals. Schedule 3 (Form 1040), line 54, or Form 1040NR, line 51 . . . . .</li> <li>• Corporations. Form 1120, Schedule J, Part I, line 5c . . . . .</li> <li>• Estates and trusts. Form 1041, Schedule G, line 2b . . . . .</li> </ul>	<b>38</b>	2,030

Form **3800** (2018)

Name(s) shown on return

Identifying number

COMBINED JEWISH PHILANTHROPIES OF GREATER BOSTON, INC.

04-2103559

**Part III General Business Credits or Eligible Small Business Credits** (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A** ☐ General Business Credit From a Non-Passive Activity      **E** ☐ Reserved  
**B** ☐ General Business Credit From a Passive Activity      **F** ☐ Reserved  
**C** ☐ General Business Credit Carryforwards      **G** ☐ Eligible Small Business Credit Carryforwards  
**D** ☐ General Business Credit Carrybacks      **H** ☐ Reserved

**I** If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III . . . . . ☐

(a) Description of credit		(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
<b>1a</b>	Investment (Form 3468, Part II only) (attach Form 3468) . . . . .	<b>1a</b>	0
<b>b</b>	Reserved . . . . .	<b>1b</b>	
<b>c</b>	Increasing research activities (Form 6765) . . . . .	<b>1c</b>	0
<b>d</b>	Low-income housing (Form 8586, Part I only) . . . . .	<b>1d</b>	0
<b>e</b>	Disabled access (Form 8826) (see instructions for limitation) . . . . .	<b>1e</b>	0
<b>f</b>	Renewable electricity, refined coal, and Indian coal production (Form 8835)	<b>1f</b>	0
<b>g</b>	Indian employment (Form 8845) . . . . .	<b>1g</b>	0
<b>h</b>	Orphan drug (Form 8820) . . . . .	<b>1h</b>	0
<b>i</b>	New markets (Form 8874) . . . . .	<b>1i</b>	0
<b>j</b>	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	<b>1j</b>	0
<b>k</b>	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation) . . . . .	<b>1k</b>	0
<b>l</b>	Biodiesel and renewable diesel fuels (attach Form 8864) . . . . .	<b>1l</b>	0
<b>m</b>	Low sulfur diesel fuel production (Form 8896) . . . . .	<b>1m</b>	0
<b>n</b>	Distilled spirits (Form 8906) . . . . .	<b>1n</b>	0
<b>o</b>	Nonconventional source fuel (carryforward only) . . . . .	<b>1o</b>	0
<b>p</b>	Energy efficient home (Form 8908) . . . . .	<b>1p</b>	0
<b>q</b>	Energy efficient appliance (carryforward only) . . . . .	<b>1q</b>	0
<b>r</b>	Alternative motor vehicle (Form 8910) . . . . .	<b>1r</b>	0
<b>s</b>	Alternative fuel vehicle refueling property (Form 8911) . . . . .	<b>1s</b>	0
<b>t</b>	Enhanced oil recovery credit (Form 8830) . . . . .	<b>1t</b>	0
<b>u</b>	Mine rescue team training (Form 8923) . . . . .	<b>1u</b>	0
<b>v</b>	Agricultural chemicals security (carryforward only) . . . . .	<b>1v</b>	0
<b>w</b>	Employer differential wage payments (Form 8932) . . . . .	<b>1w</b>	0
<b>x</b>	Carbon oxide sequestration (Form 8933) . . . . .	<b>1x</b>	0
<b>y</b>	Qualified plug-in electric drive motor vehicle (Form 8936) . . . . .	<b>1y</b>	0
<b>z</b>	Qualified plug-in electric vehicle (carryforward only) . . . . .	<b>1z</b>	0
<b>aa</b>	Employee retention (Form 5884-A) . . . . .	<b>1aa</b>	0
<b>bb</b>	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	<b>1bb</b>	0
<b>zz</b>	Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) . . . . .	<b>1zz</b>	0
<b>2</b>	Add lines 1a through 1zz and enter here and on the applicable line of Part I	<b>2</b>	0
<b>3</b>	Enter the amount from Form 8844 here and on the applicable line of Part II	<b>3</b>	0
<b>4a</b>	Investment (Form 3468, Part III) (attach Form 3468) . . . . .	<b>4a</b>	0
<b>b</b>	Work opportunity (Form 5884) . . . . .	<b>4b</b>	0
<b>c</b>	Biofuel producer (Form 6478) . . . . .	<b>4c</b>	0
<b>d</b>	Low-income housing (Form 8586, Part II) . . . . .	<b>4d</b>	0
<b>e</b>	Renewable electricity, refined coal, and Indian coal production (Form 8835)	<b>4e</b>	0
<b>f</b>	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	<b>4f</b>	0
<b>g</b>	Qualified railroad track maintenance (Form 8900) . . . . .	<b>4g</b>	0
<b>h</b>	Small employer health insurance premiums (Form 8941) . . . . .	<b>4h</b>	0
<b>i</b>	Increasing research activities (Form 6765) . . . . .	<b>4i</b>	0
<b>j</b>	Employer credit for paid family and medical leave (Form 8994) . . . . .	<b>4j</b>	0
<b>z</b>	Other . . . . .	<b>4z</b>	0
<b>5</b>	Add lines 4a through 4z and enter here and on the applicable line of Part II	<b>5</b>	0
<b>6</b>	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II . . . . .	<b>6</b>	0



Name(s) shown on return

Identifying number

COMBINED JEWISH PHILANTHROPIES OF GREATER BOSTON, INC.

04-2103559

**Part III General Business Credits or Eligible Small Business Credits** (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A** ☐ General Business Credit From a Non-Passive Activity      **E** ☐ Reserved  
**B** ☒ General Business Credit From a Passive Activity      **F** ☐ Reserved  
**C** ☐ General Business Credit Carryforwards      **G** ☐ Eligible Small Business Credit Carryforwards  
**D** ☐ General Business Credit Carrybacks      **H** ☐ Reserved

**I** If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III . . . . . ☐

(a) Description of credit		(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
<b>1a</b>	Investment (Form 3468, Part II only) (attach Form 3468) . . . . .	<b>1a</b>	0
<b>b</b>	Reserved . . . . .	<b>1b</b>	
<b>c</b>	Increasing research activities (Form 6765) . . . . .	<b>1c</b>	433
<b>d</b>	Low-income housing (Form 8586, Part I only) . . . . .	<b>1d</b>	3
<b>e</b>	Disabled access (Form 8826) (see instructions for limitation) . . . . .	<b>1e</b>	0
<b>f</b>	Renewable electricity, refined coal, and Indian coal production (Form 8835)	<b>1f</b>	0
<b>g</b>	Indian employment (Form 8845) . . . . .	<b>1g</b>	0
<b>h</b>	Orphan drug (Form 8820) . . . . .	<b>1h</b>	0
<b>i</b>	New markets (Form 8874) . . . . .	<b>1i</b>	0
<b>j</b>	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	<b>1j</b>	0
<b>k</b>	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation) . . . . .	<b>1k</b>	0
<b>l</b>	Biodiesel and renewable diesel fuels (attach Form 8864) . . . . .	<b>1l</b>	0
<b>m</b>	Low sulfur diesel fuel production (Form 8896) . . . . .	<b>1m</b>	0
<b>n</b>	Distilled spirits (Form 8906) . . . . .	<b>1n</b>	0
<b>o</b>	Nonconventional source fuel (carryforward only) . . . . .	<b>1o</b>	0
<b>p</b>	Energy efficient home (Form 8908) . . . . .	<b>1p</b>	0
<b>q</b>	Energy efficient appliance (carryforward only) . . . . .	<b>1q</b>	0
<b>r</b>	Alternative motor vehicle (Form 8910) . . . . .	<b>1r</b>	0
<b>s</b>	Alternative fuel vehicle refueling property (Form 8911) . . . . .	<b>1s</b>	0
<b>t</b>	Enhanced oil recovery credit (Form 8830) . . . . .	<b>1t</b>	0
<b>u</b>	Mine rescue team training (Form 8923) . . . . .	<b>1u</b>	0
<b>v</b>	Agricultural chemicals security (carryforward only) . . . . .	<b>1v</b>	0
<b>w</b>	Employer differential wage payments (Form 8932) . . . . .	<b>1w</b>	0
<b>x</b>	Carbon oxide sequestration (Form 8933) . . . . .	<b>1x</b>	0
<b>y</b>	Qualified plug-in electric drive motor vehicle (Form 8936) . . . . .	<b>1y</b>	0
<b>z</b>	Qualified plug-in electric vehicle (carryforward only) . . . . .	<b>1z</b>	0
<b>aa</b>	Employee retention (Form 5884-A) . . . . .	<b>1aa</b>	0
<b>bb</b>	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	<b>1bb</b>	0
<b>zz</b>	Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) . . . . .	<b>1zz</b>	0
<b>2</b>	Add lines 1a through 1zz and enter here and on the applicable line of Part I	<b>2</b>	436
<b>3</b>	Enter the amount from Form 8844 here and on the applicable line of Part II	<b>3</b>	0
<b>4a</b>	Investment (Form 3468, Part III) (attach Form 3468) . . . . .	<b>4a</b>	0
<b>b</b>	Work opportunity (Form 5884) . . . . .	<b>4b</b>	0
<b>c</b>	Biofuel producer (Form 6478) . . . . .	<b>4c</b>	0
<b>d</b>	Low-income housing (Form 8586, Part II) . . . . .	<b>4d</b>	0
<b>e</b>	Renewable electricity, refined coal, and Indian coal production (Form 8835)	<b>4e</b>	0
<b>f</b>	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	<b>4f</b>	1,552
<b>g</b>	Qualified railroad track maintenance (Form 8900) . . . . .	<b>4g</b>	0
<b>h</b>	Small employer health insurance premiums (Form 8941) . . . . .	<b>4h</b>	0
<b>i</b>	Increasing research activities (Form 6765) . . . . .	<b>4i</b>	0
<b>j</b>	Employer credit for paid family and medical leave (Form 8994) . . . . .	<b>4j</b>	0
<b>z</b>	Other . . . . .	<b>4z</b>	42
<b>5</b>	Add lines 4a through 4z and enter here and on the applicable line of Part II	<b>5</b>	1,594
<b>6</b>	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II . . . . .	<b>6</b>	2,030

Name(s) shown on return

Identifying number

COMBINED JEWISH PHILANTHROPIES OF GREATER BOSTON, INC.

04-2103559

**Part III General Business Credits or Eligible Small Business Credits** (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A** ☐ General Business Credit From a Non-Passive Activity      **E** ☐ Reserved  
**B** ☒ General Business Credit From a Passive Activity      **F** ☐ Reserved  
**C** ☐ General Business Credit Carryforwards      **G** ☐ Eligible Small Business Credit Carryforwards  
**D** ☐ General Business Credit Carrybacks      **H** ☐ Reserved

**I** If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III . . . . . ☐

(a) Description of credit		(b)	(c)
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		If claiming the credit from a pass-through entity, enter the EIN	Enter the appropriate amount
<b>1a</b>	Investment (Form 3468, Part II only) (attach Form 3468) . . . . .	<b>1a</b>	
<b>b</b>	Reserved . . . . .	<b>1b</b>	
<b>c</b>	Increasing research activities (Form 6765) . . . . .	<b>1c</b>	04-3460734 433
<b>d</b>	Low-income housing (Form 8586, Part I only) . . . . .	<b>1d</b>	04-3460734 3
<b>e</b>	Disabled access (Form 8826) (see instructions for limitation) . . . . .	<b>1e</b>	
<b>f</b>	Renewable electricity, refined coal, and Indian coal production (Form 8835)	<b>1f</b>	
<b>g</b>	Indian employment (Form 8845) . . . . .	<b>1g</b>	
<b>h</b>	Orphan drug (Form 8820) . . . . .	<b>1h</b>	
<b>i</b>	New markets (Form 8874) . . . . .	<b>1i</b>	
<b>j</b>	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	<b>1j</b>	
<b>k</b>	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation) . . . . .	<b>1k</b>	
<b>l</b>	Biodiesel and renewable diesel fuels (attach Form 8864) . . . . .	<b>1l</b>	
<b>m</b>	Low sulfur diesel fuel production (Form 8896) . . . . .	<b>1m</b>	
<b>n</b>	Distilled spirits (Form 8906) . . . . .	<b>1n</b>	
<b>o</b>	Nonconventional source fuel (carryforward only) . . . . .	<b>1o</b>	
<b>p</b>	Energy efficient home (Form 8908) . . . . .	<b>1p</b>	
<b>q</b>	Energy efficient appliance (carryforward only) . . . . .	<b>1q</b>	
<b>r</b>	Alternative motor vehicle (Form 8910) . . . . .	<b>1r</b>	
<b>s</b>	Alternative fuel vehicle refueling property (Form 8911) . . . . .	<b>1s</b>	
<b>t</b>	Enhanced oil recovery credit (Form 8830) . . . . .	<b>1t</b>	
<b>u</b>	Mine rescue team training (Form 8923) . . . . .	<b>1u</b>	
<b>v</b>	Agricultural chemicals security (carryforward only) . . . . .	<b>1v</b>	
<b>w</b>	Employer differential wage payments (Form 8932) . . . . .	<b>1w</b>	
<b>x</b>	Carbon oxide sequestration (Form 8933) . . . . .	<b>1x</b>	
<b>y</b>	Qualified plug-in electric drive motor vehicle (Form 8936) . . . . .	<b>1y</b>	
<b>z</b>	Qualified plug-in electric vehicle (carryforward only) . . . . .	<b>1z</b>	
<b>aa</b>	Employee retention (Form 5884-A) . . . . .	<b>1aa</b>	
<b>bb</b>	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	<b>1bb</b>	
<b>zz</b>	Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) . . . . .	<b>1zz</b>	
<b>2</b>	Add lines 1a through 1zz and enter here and on the applicable line of Part I	<b>2</b>	436
<b>3</b>	Enter the amount from Form 8844 here and on the applicable line of Part II	<b>3</b>	
<b>4a</b>	Investment (Form 3468, Part III) (attach Form 3468) . . . . .	<b>4a</b>	
<b>b</b>	Work opportunity (Form 5884) . . . . .	<b>4b</b>	
<b>c</b>	Biofuel producer (Form 6478) . . . . .	<b>4c</b>	
<b>d</b>	Low-income housing (Form 8586, Part II) . . . . .	<b>4d</b>	
<b>e</b>	Renewable electricity, refined coal, and Indian coal production (Form 8835)	<b>4e</b>	
<b>f</b>	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	<b>4f</b>	04-3460734 1,552
<b>g</b>	Qualified railroad track maintenance (Form 8900) . . . . .	<b>4g</b>	
<b>h</b>	Small employer health insurance premiums (Form 8941) . . . . .	<b>4h</b>	
<b>i</b>	Increasing research activities (Form 6765) . . . . .	<b>4i</b>	
<b>j</b>	Employer credit for paid family and medical leave (Form 8994) . . . . .	<b>4j</b>	
<b>z</b>	Other . . . . .	<b>4z</b>	04-3460734 42
<b>5</b>	Add lines 4a through 4z and enter here and on the applicable line of Part II	<b>5</b>	1,594
<b>6</b>	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	<b>6</b>	2,030

Form **3800** (2018)

Form **4797**Department of the Treasury  
Internal Revenue Service**Sales of Business Property**  
(Also Involuntary Conversions and Recapture Amounts  
Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

OMB No. 1545-0184

**2018**Attachment  
Sequence No. **27**

Name(s) shown on return

COMBINED JEWISH PHILANTHROPIES OF GREATER BOSTON, INC.

Identifying number

04-2103559

- 1** Enter the gross proceeds from sales or exchanges reported to you for 2018 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions . . . . .

**1****Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year** (see instructions)

<b>2</b>	<b>(a)</b> Description of property	<b>(b)</b> Date acquired (mo., day, yr.)	<b>(c)</b> Date sold (mo., day, yr.)	<b>(d)</b> Gross sales price	<b>(e)</b> Depreciation allowed or allowable since acquisition	<b>(f)</b> Cost or other basis, plus improvements and expense of sale	<b>(g)</b> Gain or (loss) Subtract (f) from the sum of (d) and (e)
	1231 GAIN OR LOSS FROM PASSTHROUGH	VARIOUS	VARIOUS	182,269			182,269
<b>3</b>	Gain, if any, from Form 4684, line 39 . . . . .						<b>3</b>
<b>4</b>	Section 1231 gain from installment sales from Form 6252, line 26 or 37 . . . . .						<b>4</b>
<b>5</b>	Section 1231 gain or (loss) from like-kind exchanges from Form 8824 . . . . .						<b>5</b>
<b>6</b>	Gain, if any, from line 32, from other than casualty or theft . . . . .						<b>6</b>
<b>7</b>	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows . . . . .						<b>7</b>
	<b>Partnerships and S corporations.</b> Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.						
	<b>Individuals, partners, S corporation shareholders, and all others.</b> If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.						
<b>8</b>	Nonrecaptured net section 1231 losses from prior years. See instructions . . . . .						<b>8</b>
<b>9</b>	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions . . . . .						<b>9</b>
							182,269

**Part II Ordinary Gains and Losses** (see instructions)

- 10**
- Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

<b>11</b>	Loss, if any, from line 7 . . . . .					<b>11</b> ( )
<b>12</b>	Gain, if any, from line 7 or amount from line 8, if applicable . . . . .					<b>12</b>
<b>13</b>	Gain, if any, from line 31 . . . . .					<b>13</b> 0
<b>14</b>	Net gain or (loss) from Form 4684, lines 31 and 38a . . . . .					<b>14</b>
<b>15</b>	Ordinary gain from installment sales from Form 6252, line 25 or 36 . . . . .					<b>15</b>
<b>16</b>	Ordinary gain or (loss) from like-kind exchanges from Form 8824 . . . . .					<b>16</b>
<b>17</b>	Combine lines 10 through 16 . . . . .					<b>17</b> 0
<b>18</b>	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.					
	<b>a</b> If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions . . . . .					<b>18a</b>
	<b>b</b> Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), line 14					<b>18b</b>

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 130861

Form **4797** (2018)

**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255**  
 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			

  

These columns relate to the properties on lines 19A through 19D. ▶		Property A	Property B	Property C	Property D
20	Gross sales price ( <b>Note:</b> See line 1 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	<b>If section 1245 property:</b>				
a	Depreciation allowed or allowable from line 22 . . . . .	25a			
b	Enter the <b>smaller</b> of line 24 or 25a. . . . .	25b			
26	<b>If section 1250 property:</b> 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			
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c			
d	Additional depreciation after 1969 and before 1976. . . . .	26d			
e	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	<b>If section 1252 property:</b> 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			
c	Enter the <b>smaller</b> of line 24 or 27b . . . . .	27c			
28	<b>If section 1254 property:</b>				
a	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	<b>If section 1255 property:</b>				
a	Applicable percentage of payments excluded from income under section 126. See instructions . . . . .	29a			
b	Enter the <b>smaller</b> of line 24 or 29a. See instructions . . . . .	29b			

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24 . . . . .	30	0
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 . . . . .	31	0
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6 . . . . .	32	0

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less**  
 (see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years. . . . .	33	
34 Recomputed depreciation. See instructions . . . . .	34	
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report . . . . .	35	0