

## PUBLIC DISCLOSURE COPY

Form **990-T****Exempt Organization Business Income Tax Return**  
**(and proxy tax under section 6033(e))**

OMB No. 1545-0047

**2021**Department of the Treasury  
Internal Revenue ServiceFor calendar year 2021 or other tax year beginning 07/01, 2021, and ending 06/30, 20 22▶ 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**A** ☐ Check box if  
address changed.**B** Exempt under section☒ 501( **C** ) ( **3** )☐ 408(e) ☐ 220(e)☐ 408A ☐ 530(a)☐ 529(a) ☐ 529A**Print  
or  
Type**Name 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 02110****C** Book value of all assets at end of year . . . . . ▶ **2,042,708,435****D** Employer identification number  
**04-2103559****E** Group exemption number  
(see instructions)**F** ☐ Check box if  
an amended return.**G** Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust**H** Check if filing only to ▶ ☐ Claim credit from Form 8941 ☐ Claim a refund shown on Form 2439**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation . . . . . ▶ ☐**J** Enter the number of attached Schedules A (Form 990-T) . . . . . ▶ **2****K** 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 ▶**L** The books are in care of ▶ (SEE STATEMENT) Telephone number ▶ (617) 457-8500**Part I Total Unrelated Business Taxable Income**

<b>1</b>	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) . . . . .	<b>1</b>	<b>29,601</b>
<b>2</b>	Reserved . . . . .	<b>2</b>	
<b>3</b>	Add lines 1 and 2 . . . . .	<b>3</b>	<b>29,601</b>
<b>4</b>	Charitable contributions (see instructions for limitation rules) . . . . .	<b>4</b>	<b>2,960</b>
<b>5</b>	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 . . . . .	<b>5</b>	<b>26,641</b>
<b>6</b>	Deduction for net operating loss. See instructions . . . . .	<b>6</b>	<b>0</b>
<b>7</b>	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 . . . . .	<b>7</b>	<b>26,641</b>
<b>8</b>	Specific deduction (generally \$1,000, but see instructions for exceptions) . . . . .	<b>8</b>	<b>1,000</b>
<b>9</b>	<b>Trusts.</b> Section 199A deduction. See instructions . . . . .	<b>9</b>	<b>0</b>
<b>10</b>	<b>Total deductions.</b> Add lines 8 and 9 . . . . .	<b>10</b>	<b>1,000</b>
<b>11</b>	<b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero . . . . .	<b>11</b>	<b>25,641</b>

**Part II Tax Computation**

<b>1</b>	<b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) . . . . . ▶	<b>1</b>	<b>5,385</b>
<b>2</b>	<b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) . . . . . ▶	<b>2</b>	
<b>3</b>	<b>Proxy tax.</b> See instructions . . . . . ▶	<b>3</b>	<b>0</b>
<b>4</b>	Other tax amounts. See instructions . . . . .	<b>4</b>	<b>0</b>
<b>5</b>	Alternative minimum tax (trusts only) . . . . .	<b>5</b>	<b>0</b>
<b>6</b>	<b>Tax on noncompliant facility income.</b> See instructions . . . . .	<b>6</b>	<b>0</b>
<b>7</b>	<b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies . . . . .	<b>7</b>	<b>5,385</b>

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11291J

Form **990-T** (2021)

**Part III Tax and Payments**

<b>1a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>1a</b>	0	
<b>b</b>	Other credits (see instructions)	<b>1b</b>	0	
<b>c</b>	General business credit. Attach Form 3800 (see instructions)	<b>1c</b>	5,196	
<b>d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>1d</b>		
<b>e</b>	<b>Total credits.</b> Add lines 1a through 1d	<b>1e</b>	5,196	
<b>2</b>	Subtract line 1e from Part II, line 7	<b>2</b>	189	
<b>3</b>	Other amounts due. 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 statement)	<b>3</b>	0	
<b>4</b>	<b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	<b>4</b>	189	
<b>5</b>	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	<b>5</b>	0	
<b>6a</b>	Payments: A 2020 overpayment credited to 2021	<b>6a</b>	53,513	
<b>b</b>	2021 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	<b>6b</b>	0	
<b>c</b>	Tax deposited with Form 8868	<b>6c</b>	0	
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>6d</b>	0	
<b>e</b>	Backup withholding (see instructions)	<b>6e</b>	0	
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941)	<b>6f</b>	0	
<b>g</b>	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other	<b>6g</b>	0	
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6g	<b>7</b>	53,513	
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>8</b>	0	
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	<b>9</b>	0	
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	<b>10</b>	53,324	
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2022 estimated tax</b> <b>Refunded</b>	<b>11</b>	0	

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

<b>1</b>	At any time during the 2021 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>2</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>3</b>	Enter the amount of tax-exempt interest received or accrued during the tax year		
<b>4</b>	Enter available pre-2018 NOL carryovers here		
<b>5</b>	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
	901101	\$ 10,172,450	
<b>6a</b>	Did the organization change its method of accounting? (see instructions)		
<b>b</b>	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 11228? If "No," explain in Part V.		

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	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	Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JENNIFER BURKE	JENNIFER BURKE	04/20/2023		P01342224
	Firm's name	Firm's EIN			
	CROWE LLP	35-0921680			
	Firm's address	Phone no.			
	225 WEST WACKER DRIVE, SUITE 2600, CHICAGO, IL 60606-1224	(312) 899-7000			

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

Department of the Treasury  
Internal Revenue Service

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

► 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. 1545-0047

**2021**

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

<b>A</b> Name of the organization <u>COMBINED JEWISH PHILANTHROPIES OF GREATER BOSTON, INC.</u>	<b>B</b> Employer identification number <u>04-2103559</u>
<b>C</b> Unrelated business activity code (see instructions) ► <u>901101</u>	<b>D</b> Sequence: <u>1</u> of <u>2</u>

**E** Describe the unrelated trade or business ► INVESTMENT ACTIVITIES

<b>Part I</b> <b>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 (Part III, line 8)		<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 Sch D (Form 1041 or Form 1120)). See instructions		<u>1,019,125</u>		<u>1,019,125</u>
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions		<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>(3,225,086)</u>		<u>(3,225,086)</u>
<b>6</b> Rent income (Part IV)		<u>0</u>	<u>0</u>	<u>0</u>
<b>7</b> Unrelated debt-financed income (Part V)		<u>0</u>	<u>0</u>	<u>0</u>
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)		<u>0</u>	<u>0</u>	<u>0</u>
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		<u>0</u>	<u>0</u>	<u>0</u>
<b>10</b> Exploited exempt activity income (Part VIII)		<u>0</u>	<u>0</u>	<u>0</u>
<b>11</b> Advertising income (Part IX)		<u>0</u>	<u>0</u>	<u>0</u>
<b>12</b> Other income (see instructions; attach statement)		<u>0</u>		<u>0</u>
<b>13</b> <b>Total.</b> Combine lines 3 through 12		<u>(2,205,961)</u>	<u>0</u>	<u>(2,205,961)</u>

<b>Part II</b> <b>Deductions Not Taken Elsewhere</b> See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income				
<b>1</b> Compensation of officers, directors, and trustees (Part X)			<b>1</b>	<u>0</u>
<b>2</b> Salaries and wages			<b>2</b>	<u>0</u>
<b>3</b> Repairs and maintenance			<b>3</b>	<u>0</u>
<b>4</b> Bad debts			<b>4</b>	<u>0</u>
<b>5</b> Interest (attach statement). See instructions			<b>5</b>	<u>6,150</u>
<b>6</b> Taxes and licenses			<b>6</b>	<u>71,522</u>
<b>7</b> Depreciation (attach Form 4562). See instructions	<b>7</b>	<u>0</u>		
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>	<u>0</u>	<b>8b</b>	<u>0</u>
<b>9</b> Depletion			<b>9</b>	<u>0</u>
<b>10</b> Contributions to deferred compensation plans			<b>10</b>	<u>0</u>
<b>11</b> Employee benefit programs			<b>11</b>	<u>0</u>
<b>12</b> Excess exempt expenses (Part VIII)			<b>12</b>	<u>0</u>
<b>13</b> Excess readership costs (Part IX)			<b>13</b>	<u>0</u>
<b>14</b> Other deductions (attach statement)			<b>14</b>	<u>27,405</u>
<b>15</b> <b>Total deductions.</b> Add lines 1 through 14			<b>15</b>	<u>105,077</u>
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)			<b>16</b>	<u>(2,311,038)</u>
<b>17</b> Deduction for net operating loss. See instructions			<b>17</b>	<u>0</u>
<b>18</b> <b>Unrelated business taxable income.</b> Subtract line 17 from line 16			<b>18</b>	<u>(2,311,038)</u>

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 740360

Schedule A (Form 990-T) 2021

**Part III Cost of Goods Sold**

Enter method of inventory valuation ►

<b>1</b>	Inventory at beginning of year . . . . .	<b>1</b>	0
<b>2</b>	Purchases . . . . .	<b>2</b>	0
<b>3</b>	Cost of labor . . . . .	<b>3</b>	0
<b>4</b>	Additional section 263A costs (attach statement) . . . . .	<b>4</b>	0
<b>5</b>	Other costs (attach statement) . . . . .	<b>5</b>	0
<b>6</b>	<b>Total.</b> Add lines 1 through 5 . . . . .	<b>6</b>	0
<b>7</b>	Inventory at end of year . . . . .	<b>7</b>	0
<b>8</b>	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 . . . . .	<b>8</b>	0
<b>9</b>	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

**1** Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

**A** ☐ \_\_\_\_\_

**B** ☐ \_\_\_\_\_

**C** ☐ \_\_\_\_\_

**D** ☐ \_\_\_\_\_

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<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>c</b> Total rents received or accrued by property. Add lines 2a and 2b, columns A through D . . . . .				
<b>3</b> Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ►				0
<b>4</b> Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) . . . . .				
<b>5</b> <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) . . . . .				0

**Part V Unrelated Debt-Financed Income** (see instructions)

**1** Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

**A** ☐ \_\_\_\_\_

**B** ☐ \_\_\_\_\_

**C** ☐ \_\_\_\_\_

**D** ☐ \_\_\_\_\_

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<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 statement) . . . . .				
<b>b</b> Other deductions (attach statement) . . . . .				
<b>c</b> Total deductions (add lines 3a and 3b, columns A through D) . . . . .				
<b>4</b> Amount of average acquisition debt on or allocable to debt-financed property (attach statement) . . . . .				
<b>5</b> Average adjusted basis of or allocable to debt-financed property (attach statement) . . . . .				
<b>6</b> Divide line 4 by line 5 . . . . .	%	%	%	%
<b>7</b> Gross income reportable. Multiply line 2 by line 6				
<b>8</b> <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) . . . . .				0
<b>9</b> Allocable deductions. Multiply line 3c by line 6				
<b>10</b> <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ►				0
<b>11</b> <b>Total dividends - received deductions</b> included in line 10 . . . . .				0

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1. Name of controlled organization		Exempt Controlled Organizations			
		2. Employer identification number	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
(1)					
(2)					
(3)					
(4)					

  

7. Taxable income		Nonexempt Controlled Organizations		
		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
(1)				
(2)				
(3)				
(4)				

  

Totals				11. Deductions directly connected with income in column 10
				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)
				0 0

**Part VII 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 statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
				Add amounts in column 5. Enter here and on Part I, line 9, column (B)
				0 0

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity:	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

Schedule A (Form 990-T) 2021

## Part IX Advertising Income

**1** Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

<b>A</b>	<input type="checkbox"/>
<b>B</b>	<input type="checkbox"/>
<b>C</b>	<input type="checkbox"/>
<b>D</b>	<input type="checkbox"/>

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
<b>2</b> Gross advertising income . . . . .				
<b>a</b> Add columns A through D. Enter here and on Part I, line 11, column (A) . . . . .				0
<b>3</b> Direct advertising costs by periodical . . . . .				
<b>a</b> Add columns A through D. Enter here and on Part I, line 11, column (B) . . . . .				0
<b>4</b> Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 . . . . .				
<b>5</b> Readership costs . . . . .				
<b>6</b> Circulation income . . . . .				
<b>7</b> Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero . . . . .				
<b>8</b> Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 . . . . .				
<b>a</b> Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 . . . . .				0

## Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on Part II, line 1 . . . . . ►			0

## Part XI Supplemental Information (see instructions)

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

Department of the Treasury  
Internal Revenue Service

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

► Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
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OMB No. 1545-0047

**2021**

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

<b>A</b> Name of the organization COMBINED JEWISH PHILANTHROPIES OF GREATER BOSTON, INC.	<b>B</b> Employer identification number 04-2103559
<b>C</b> Unrelated business activity code (see instructions) ► 540000	<b>D</b> Sequence: 2 of 2

**E** Describe the unrelated trade or business ► ADMINISTRATIVE SERVICES FOR JCEP

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales	0			
<b>b</b> Less returns and allowances	0			
<b>c</b> Balance ►				
<b>1c</b>	0			
<b>2</b> Cost of goods sold (Part III, line 8)		0		
<b>3</b> Gross profit. Subtract line 2 from line 1c		0		0
<b>4a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions		0		0
<b>4a</b>	0			0
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions		0		0
<b>4b</b>	0			0
<b>c</b> Capital loss deduction for trusts		0		0
<b>4c</b>	0			0
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)		0		0
<b>5</b>	0			0
<b>6</b> Rent income (Part IV)		0	0	0
<b>6</b>	0		0	0
<b>7</b> Unrelated debt-financed income (Part V)		0	0	0
<b>7</b>	0		0	0
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)		0	0	0
<b>8</b>	0		0	0
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		0	0	0
<b>9</b>	0		0	0
<b>10</b> Exploited exempt activity income (Part VIII)		0	0	0
<b>10</b>	0		0	0
<b>11</b> Advertising income (Part IX)		0	0	0
<b>11</b>	0		0	0
<b>12</b> Other income (see instructions; attach statement)		670,000		670,000
<b>12</b>	670,000			670,000
<b>13</b> Total. Combine lines 3 through 12		670,000	0	670,000
<b>13</b>	670,000		0	670,000

Part II Deductions Not Taken Elsewhere		See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income	
<b>1</b> Compensation of officers, directors, and trustees (Part X)		<b>1</b>	63,925
<b>2</b> Salaries and wages		<b>2</b>	373,897
<b>3</b> Repairs and maintenance		<b>3</b>	0
<b>4</b> Bad debts		<b>4</b>	0
<b>5</b> Interest (attach statement). See instructions		<b>5</b>	0
<b>6</b> Taxes and licenses		<b>6</b>	31,617
<b>7</b> Depreciation (attach Form 4562). See instructions	7	0	
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	8a	0	
<b>9</b> Depletion		<b>9</b>	0
<b>10</b> Contributions to deferred compensation plans		<b>10</b>	0
<b>11</b> Employee benefit programs		<b>11</b>	95,384
<b>12</b> Excess exempt expenses (Part VIII)		<b>12</b>	0
<b>13</b> Excess readership costs (Part IX)		<b>13</b>	0
<b>14</b> Other deductions (attach statement)		<b>14</b>	75,576
<b>15</b> Total deductions. Add lines 1 through 14		<b>15</b>	640,399
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		<b>16</b>	29,601
<b>17</b> Deduction for net operating loss. See instructions		<b>17</b>	0
<b>18</b> Unrelated business taxable income. Subtract line 17 from line 16		<b>18</b>	29,601

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 740360

Schedule A (Form 990-T) 2021



**Part III Cost of Goods Sold**

Enter method of inventory valuation ►

<b>1</b>	Inventory at beginning of year . . . . .	<b>1</b>	0
<b>2</b>	Purchases . . . . .	<b>2</b>	0
<b>3</b>	Cost of labor . . . . .	<b>3</b>	0
<b>4</b>	Additional section 263A costs (attach statement) . . . . .	<b>4</b>	0
<b>5</b>	Other costs (attach statement) . . . . .	<b>5</b>	0
<b>6</b>	<b>Total.</b> Add lines 1 through 5 . . . . .	<b>6</b>	0
<b>7</b>	Inventory at end of year . . . . .	<b>7</b>	0
<b>8</b>	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 . . . . .	<b>8</b>	0
<b>9</b>	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

**1** Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

**A** ☐ \_\_\_\_\_

**B** ☐ \_\_\_\_\_

**C** ☐ \_\_\_\_\_

**D** ☐ \_\_\_\_\_

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<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>c</b> Total rents received or accrued by property. Add lines 2a and 2b, columns A through D . . . . .				
<b>3</b> Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ►				0
<b>4</b> Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) . . . . .				
<b>5</b> <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) . . . . .				0

**Part V Unrelated Debt-Financed Income** (see instructions)

**1** Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

**A** ☐ \_\_\_\_\_

**B** ☐ \_\_\_\_\_

**C** ☐ \_\_\_\_\_

**D** ☐ \_\_\_\_\_

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<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 statement) . . . . .				
<b>b</b> Other deductions (attach statement) . . . . .				
<b>c</b> Total deductions (add lines 3a and 3b, columns A through D) . . . . .				
<b>4</b> Amount of average acquisition debt on or allocable to debt-financed property (attach statement) . . . . .				
<b>5</b> Average adjusted basis of or allocable to debt-financed property (attach statement) . . . . .				
<b>6</b> Divide line 4 by line 5 . . . . .	%	%	%	%
<b>7</b> Gross income reportable. Multiply line 2 by line 6				
<b>8</b> <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) . . . . .				0
<b>9</b> Allocable deductions. Multiply line 3c by line 6				
<b>10</b> <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ►				0
<b>11</b> <b>Total dividends - received deductions</b> included in line 10 . . . . .				0



**Part VI 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)				

Totals

0

0

**Part VII 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 statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals	0			0

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity:	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

Schedule A (Form 990-T) 2021

## Part IX Advertising Income

**1** Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

**A** ☐

**B** ☐

C ☐

**D** ☐

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
<b>2</b> Gross advertising income . . . . .				
<b>a</b> Add columns A through D. Enter here and on Part I, line 11, column (A) . . . . .				0
<b>3</b> Direct advertising costs by periodical . . . . .				
<b>a</b> Add columns A through D. Enter here and on Part I, line 11, column (B) . . . . .				0
<b>4</b> Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 . . . . .				
<b>5</b> Readership costs . . . . .				
<b>6</b> Circulation income . . . . .				
<b>7</b> Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero . . . . .				
<b>8</b> Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 . . . . .				
<b>a</b> Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 . . . . .				0

## Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1) CHARLIE GLASSENBERG	ASSISTANT SECRETARY	30 %	63,925
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on Part II, line 1 . . . . . ►			63,925

**Part XI** Supplemental Information (see instructions)

Return Reference - Identifier	Explanation
BOOK CARE - NAME AND ADDRESS	DAVID S NOYMER INTERIM CFO, 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
2016	135,124,652	0			135,124,652	2021
2017	136,707,197	0		57,142	136,650,055	2022
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	0	2,960		176,322,517	2026
<b>Totals</b>	<b>950,209,569</b>	<b>81,267</b>	<b>2,960</b>	<b>57,142</b>	<b>950,068,200</b>	

Name of Partnership	Share of gross income	Share of deductions	Gain or loss
<b>INVESTMENT ACTIVITIES</b>			
(1) INCOME (LOSS) FROM QUALIFIED PARTNERSHIP INTERESTS	(3,066,839)	158,247	(3,225,086)
<b>Total</b>	<b>(3,066,839)</b>	<b>158,247</b>	<b>(3,225,086)</b>

Description	Amount
<b>ADMINISTRATIVE SERVICES FOR JCEP</b>	
(1) ACCOUNTING FEES FROM JCEP	670,000
<b>Total for Schedule A - Part I, Line 12</b>	<b>670,000</b>

Description	Amount
<b>INVESTMENT ACTIVITIES</b>	
(1) INTEREST EXPENSE	6,150
<b>Total for Schedule A - Part II, Line 5</b>	<b>6,150</b>



Description	Amount
<b>INVESTMENT ACTIVITIES</b>	
(1) FOREIGN TAXES	13,068
(2) STATE TAXES	58,454
<b>Total</b>	<b>71,522</b>
<b>ADMINISTRATIVE SERVICES FOR JCEP</b>	
(1) PAYROLL TAXES	28,871
(2) STATE TAXES	2,746
<b>Total</b>	<b>31,617</b>

Description	Amount
<b>INVESTMENT ACTIVITIES</b>	
(1) PROFESSIONAL FEES	27,405
<b>ADMINISTRATIVE SERVICES FOR JCEP</b>	
(1) PROFESSIONAL FEES	2,675
(2) SUPPLIES & POSTAGE JCEP	2,456
(3) OCCUPANCY & ADMINISTRATION JCEP	70,445
<b>Total</b>	<b>75,576</b>

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining
<b>INVESTMENT ACTIVITIES</b>					
2018	4,962,739		1,853,109		3,109,630
2019	4,663,819		0		4,663,819
2020	2,399,001		0		2,399,001
2021	2,311,038		0		2,311,038
<b>Totals</b>	<b>14,336,597</b>	<b>0</b>	<b>1,853,109</b>	<b>0</b>	<b>12,483,488</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

**2021**

Name <b>COMBINED JEWISH PHILANTHROPIES OF GREATER BOSTON, INC.</b>	Employer identification number <b>04-2103559</b>
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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 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 . . . . .				0
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .				0
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				0
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .	0	0	0	(252,440)
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .			4	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .			5	
<b>6</b> Unused capital loss carryover (attach computation) . . . . .			6	( 0 )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h . . . . .			7	(252,440)

**Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year**

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 . . . . .				0
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				0
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				0
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .	0	0	0	68,803
<b>11</b> Enter gain from Form 4797, line 7 or 9 . . . . .			11	1,202,762
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .			12	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .			13	
<b>14</b> Capital gain distributions (see instructions) . . . . .			14	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h . . . . .			15	1,271,565

**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>	0
<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>	1,019,125
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns . . . . .	<b>18</b>	1,019,125

**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) 2021

**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

COMBINED JEWISH PHILANTHROPIES OF GREATER BOSTON, INC.

Social security number or taxpayer identification number

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	
	FROM SCHEDULE K-1 (FORM 1065)						0	(252,440)
<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) ►				0	0		0	(252,440)

**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.

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.

- ☐ **(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	
	FROM SCHEDULE K-1 (FORM 1065)						0	68,803
<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) ►				0	0		0	68,803

**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.

**2021**  
Attachment  
Sequence No. **22**

Name(s) shown on return

Identifying number

COMBINED JEWISH PHILANTHROPIES OF GREATER BOSTON, INC.

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>	3,145
<b>3</b>	Enter the applicable passive activity credits allowed for 2021. See instructions . . . . .	<b>3</b>	3,145
<b>4</b>	Carryforward of general business credit to 2021. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach . . . . .	<b>4</b>	1,511
	Check this box if the carryforward was changed or revised from the original reported amount . . . . .		<input type="checkbox"/>
<b>5</b>	Carryback of general business credit from 2022. 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>	4,656

**Part II Allowable Credit**

<b>7</b>	Regular tax before credits:		
	<ul style="list-style-type: none"> <li>Individuals. Enter the sum of the amounts from Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2 . . . . .</li> <li>Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return . . . . .</li> <li>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 . . . . .</li> </ul>	<b>7</b>	5,385
<b>8</b>	Alternative minimum tax:		
	<ul style="list-style-type: none"> <li>Individuals. Enter the amount from Form 6251, line 11 . . . . .</li> <li>Corporations. Enter -0- . . . . .</li> <li>Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54 . . . . .</li> </ul>	<b>8</b>	0
<b>9</b>	Add lines 7 and 8 . . . . .	<b>9</b>	5,385
<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>	5,385
<b>12</b>	<b>Net regular tax.</b> Subtract line 10c from line 7. If zero or less, enter -0- . . . . .	<b>12</b>	5,385
<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:		
	<ul style="list-style-type: none"> <li>Individuals. Enter the amount from Form 6251, line 9 . . . . .</li> <li>Corporations. Enter -0- . . . . .</li> <li>Estates and trusts. Enter the amount from Schedule I (Form 1041), line 52 . . . . .</li> </ul>	<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>	5,385
<b>17</b>	Enter the <b>smaller</b> of line 6 or line 16 . . . . .	<b>17</b>	4,656
	<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** (2021)



**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>	5,385
<b>21</b>	Subtract line 17 from line 20. If zero or less, enter -0- . . . . .	<b>21</b>	729
<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 2021. 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>	5,385
<b>28</b>	Add lines 17 and 26 . . . . .	<b>28</b>	4,656
<b>29</b>	Subtract line 28 from line 27. If zero or less, enter -0- . . . . .	<b>29</b>	729
<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>	381
<b>33</b>	Enter the applicable passive activity credits allowed for 2021. See instructions . . . . .	<b>33</b>	381
<b>34</b>	Carryforward of business credit to 2021. 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 . . . . . Check this box if the carryforward was changed or revised from the original reported amount . . . . . <input type="checkbox"/>	<b>34</b>	159
<b>35</b>	Carryback of business credit from 2022. 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>	540
<b>37</b>	Enter the <b>smaller</b> of line 29 or line 36 . . . . .	<b>37</b>	540
<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 6 . . . . .</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>	5,196

Form **3800** (2021)

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) Enter EIN if claiming the credit from a pass-through entity.	(c) Enter the appropriate amount.
<b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.			
<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 698
<b>d</b>	Low-income housing (carryforward only) (see instructions) . . . . .	<b>1d</b>	
<b>e</b>	Disabled access (Form 8826)*. . . . .	<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 and auto-enrollment (Form 8881) . . . . .	<b>1j</b>	
<b>k</b>	Employer-provided child care facilities and services (Form 8882)* . . . . .	<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>	04-3460734 2,447
<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 . . . . .	<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 (carryforward only) . . . . .	<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>	3,145
<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) . . . . .	<b>4d</b>	04-3460734 113
<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 268
<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>	
<b>5</b>	Add lines 4a through 4z and enter here and on the applicable line of Part II . . . . .	<b>5</b>	381
<b>6</b>	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II . . . . .	<b>6</b>	3,526

\* See instructions for limitation on this credit.

Form **3800** (2021)

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) Enter EIN if claiming the credit from a pass-through entity.	(c) Enter the appropriate amount.
<b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.			
<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>	
<b>d</b>	Low-income housing (carryforward only) (see instructions) . . . . .	<b>1d</b>	
<b>e</b>	Disabled access (Form 8826)*. . . . .	<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 and auto-enrollment (Form 8881) . . . . .	<b>1j</b>	
<b>k</b>	Employer-provided child care facilities and services (Form 8882)* . . . . .	<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>	04-3460734 1,511
<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 . . . . .	<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 (carryforward only) . . . . .	<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>	1,511
<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) . . . . .	<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 159
<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>	
<b>5</b>	Add lines 4a through 4z and enter here and on the applicable line of Part II . . . . .	<b>5</b>	159
<b>6</b>	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II . . . . .	<b>6</b>	1,670

\* See instructions for limitation on this credit.

Form **3800** (2021)

Year Generated	Amount Generated	Amount Used in Year Generated	Amount Carried Forward	Type of Credit	Amount Used in Current Year	Amount Remaining	Credit Expires
2020	584	425	-	Employer Social Security and Medicare Taxes	159	-	2040
2020	1,511	-	-	Federal Energy Efficient Home Credit	1,511	-	2040
2021	113	-	-		113	-	2041
2021	698	-	-	Increasing Research Activities	698	-	2041
2021	268	-	-	Employer Social Security and Medicare Taxes	268	-	2041
2021	2,447	-	-	Federal Energy Efficient Home Credit	2,447	-	2041
<b>Totals</b>	<b>5,621</b>	<b>425</b>	<b>-</b>	<b>-</b>	<b>5,196</b>	<b>-</b>	

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

**2021**Attachment  
Sequence No. **27**

Name(s) shown on return

COMBINED JEWISH PHILANTHROPIES OF GREATER BOSTON, INC.

Identifying number

04-2103559

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions . . . . .
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets. . . . .
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets . . . . .

**1a****1b****1c****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)

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 other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	FROM SCHEDULE K-1			1,202,762			1,202,762

- 3** Gain, if any, from Form 4684, line 39 . . . . .
- 4** Section 1231 gain from installment sales from Form 6252, line 26 or 37 . . . . .
- 5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824. . . . .
- 6** Gain, if any, from line 32, from other than casualty or theft . . . . .
- 7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows . . . . .

**3****4****5****6****7**

1,202,762

**Partnerships and S corporations.** Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.**Individuals, partners, S corporation shareholders, and all others.** 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.

- 8** Nonrecaptured net section 1231 losses from prior years. See instructions . . . . .
- 9** 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. . . . .

**8****9****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):


- 11** Loss, if any, from line 7 . . . . .
- 12** Gain, if any, from line 7 or amount from line 8, if applicable . . . . .
- 13** Gain, if any, from line 31 . . . . .
- 14** Net gain or (loss) from Form 4684, lines 31 and 38a . . . . .
- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36 . . . . .
- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824 . . . . .
- 17** Combine lines 10 through 16. . . . .
- 18** 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.

**11****12****13**

0

**14****15****16****17**

0

**a** 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 . . . . .**18a****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), Part I, line 4 . . . . .**18b**

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 130861

Form **4797** (2021)

**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 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	<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

# Limitation on Business Interest Expense Under Section 163(j)

▶ Attach to your tax return.

OMB No. 1545-0123

▶ Go to [www.irs.gov/Form8990](http://www.irs.gov/Form8990) for instructions and the latest information.

Taxpayer name(s) shown on tax return

COMBINED JEWISH PHILANTHROPIES OF GREATER BOSTON, INC.

Identification number

04-2103559

If Form 8990 relates to an information return for a foreign entity (for example, Form 5471), enter:

Name of foreign entity ▶

Employer identification number, if any ▶

Reference ID number ▶

## Part I Computation of Allowable Business Interest Expense

Part I is completed by all taxpayers subject to section 163(j). Schedule A and Schedule B need to be completed before Part I when the taxpayer is a partner or shareholder of a pass-through entity subject to section 163(j).

### Section I - Business Interest Expense

1	Current year business interest expense (not including floor plan financing interest expense), before the section 163(j) limitation . . . . .	1	6,150.00	
2	Disallowed business interest expense carryforwards from prior years. (Does not apply to a partnership) . . . . .	2		
3	Partner's excess business interest expense treated as paid or accrued in current year (Schedule A, line 44, column (h)). . . . .	3		
4	Floor plan financing interest expense. See instructions . . . . .	4		
5	<b>Total business interest expense.</b> Add lines 1 through 4. . . . . ▶	5		6,150.00

### Section II - Adjusted Taxable Income

#### Taxable Income

6	<b>Taxable income.</b> See instructions . . . . .	6	-2,218,436.00
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#### Additions (adjustments to be made if amounts are taken into account on line 6)

7	Any item of loss or deduction that is not properly allocable to a trade or business of the taxpayer. See instructions . . . . .	7		
8	Any business interest expense not from a pass-through entity. See instructions . . . . .	8		
9	Amount of any net operating loss deduction under section 172 . . . . .	9		
10	Amount of any qualified business income deduction allowed under section 199A . . . . .	10		
11	Deduction allowable for depreciation, amortization, or depletion attributable to a trade or business. See instructions. . . . .	11		
12	Amount of any loss or deduction items from a pass-through entity. See instructions. . . . .	12		
13	Other additions. See instructions. . . . .	13		
14	Total current year partner's excess taxable income (Schedule A, line 44, column (f)) . . . . .	14	1,451,377.00	
15	Total current year S corporation shareholder's excess taxable income (Schedule B, line 46, column (c)) . . . . .	15		
16	<b>Total.</b> Add lines 7 through 15 . . . . . ▶	16		1,451,377.00

#### Reductions (adjustments to be made if amounts are taken into account on line 6)

17	Any item of income or gain that is not properly allocable to a trade or business of the taxpayer. See instructions . . . . .	17	( )	
18	Any business interest income not from a pass-through entity. See instructions . . . . .	18	( )	
19	Amount of any income or gain items from a pass-through entity. See instructions. . . . .	19	( )	
20	Other reductions. See instructions . . . . .	20	( )	
21	<b>Total.</b> Combine lines 17 through 20 . . . . . ▶	21	( )	
22	<b>Adjusted taxable income.</b> Combine lines 6, 16, and 21. (If zero or less, enter -0-. ) . . . . . ▶	22		

For Paperwork Reduction Act Notice, see the instructions.

Form **8990** (Rev. 5-2020)



**Section III - Business Interest Income**

<b>23</b>	Current year business interest income. See instructions . . . . .	<b>23</b>			
<b>24</b>	Excess business interest income from pass-through entities (total of Schedule A, line 44, column (g), and Schedule B, line 46, column (d))	<b>24</b>	25,730.00		
<b>25</b>	<b>Total.</b> Add lines 23 and 24 . . . . .	<b>25</b>		25,730.00	

**Section IV - 163(j) Limitation Calculations****Limitation on Business Interest Expense**

<b>26</b>	Multiply adjusted taxable income (line 22) by the applicable percentage. See instructions . . . . .	<b>26</b>	0.00		
<b>27</b>	Business interest income (line 25) . . . . .	<b>27</b>	25,730.00		
<b>28</b>	Floor plan financing interest expense (line 4) . . . . .	<b>28</b>			
<b>29</b>	<b>Total.</b> Add lines 26, 27, and 28 . . . . .	<b>29</b>		25,730.00	

**Allowable Business Interest Expense**

<b>30</b>	<b>Total current year business interest expense deduction.</b> See instructions. . . . .	<b>30</b>		6,150.00	
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**Carryforward**

<b>31</b>	<b>Disallowed business interest expense.</b> Subtract line 29 from line 5. (If zero or less, enter -0-.) . . .	<b>31</b>			
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**Part II Partnership Pass-Through Items**

Part II is only completed by a partnership that is subject to section 163(j). The partnership items below are allocated to the partners and are not carried forward by the partnership. See the instructions for more information.

**Excess Business Interest Expense**

<b>32</b>	<b>Excess business interest expense.</b> Enter amount from line 31 . . . . .	<b>32</b>			
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**Excess Taxable Income** (If you entered an amount on line 32, skip lines 33 through 37.)

<b>33</b>	Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0-.) . . . . .	<b>33</b>			
<b>34</b>	Subtract line 33 from line 26. (If zero or less, enter -0-.) . . . . .	<b>34</b>			
<b>35</b>	Divide line 34 by line 26. Enter the result as a decimal. (If line 26 is zero, enter -0-.) . . . . .	<b>35</b>			
<b>36</b>	<b>Excess taxable income.</b> Multiply line 35 by line 22. . . . .	<b>36</b>			

**Excess Business Interest Income**

<b>37</b>	<b>Excess business interest income.</b> Subtract the sum of lines 1, 2, and 3 from line 25. (If zero or less, enter -0-.) . . . . .	<b>37</b>			
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**Part III S Corporation Pass-Through Items**

Part III is only completed by S corporations that are subject to section 163(j). The S corporation items below are allocated to the shareholders. See the instructions for more information.

**Excess Taxable Income**

<b>38</b>	Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0-.) . . . . .	<b>38</b>			
<b>39</b>	Subtract line 38 from line 26. (If zero or less, enter -0-.) . . . . .	<b>39</b>			
<b>40</b>	Divide line 39 by line 26. Enter the result as a decimal. (If line 26 is zero, enter -0-.) . . . . .	<b>40</b>			
<b>41</b>	<b>Excess taxable income.</b> Multiply line 40 by line 22. . . . .	<b>41</b>			

**Excess Business Interest Income**

<b>42</b>	<b>Excess business interest income.</b> Subtract the sum of lines 1, 2, and 3 from line 25. (If zero or less, enter -0-.) . . . . .	<b>42</b>			
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**SCHEDULE A**    **Summary of Partner's Section 163(j) Excess Items**

*Any taxpayer that owns an interest in a partnership subject to section 163(j) should complete Schedule A before completing Part I.*

(a) Name of partnership	(b) EIN	Excess Business Interest Expense			(f) Current year excess taxable income	(g) Current year excess business interest income	(h) Excess business interest expense treated as paid or accrued (see instructions)	(i) Current year excess business interest expense carryforward ((e) minus (h))
		(c) Current year	(d) Prior year carryforward	(e) Total ((c) plus (d))				
<b>43</b> BIP HOMEWOOD PARTNERS LP	81-1515225	0.00	0.00	0.00	1,374.00	0.00	0.00	0.00
BIP SPLIT RAIL PARTNERS LP	81-2069980	0.00	0.00	0.00	506,659.00	0.00	0.00	0.00
JEWISH COMMUNITY ENDOWMENT POOL, LLP	04-3460734	0.00	0.00	0.00	943,344.00	25,730.00	0.00	0.00
<b>44 Total</b> . . . . . ▶					1,451,377.00	25,730.00	0.00	

**SCHEDULE B**    **Summary of S Corporation Shareholder's Excess Taxable Income and Excess Business Interest Income**

*Any taxpayer that is required to complete Part I and is a shareholder in an S corporation that has excess taxable income or excess business interest income should complete Schedule B before completing Part I.*

(a) Name of S corporation	(b) EIN	(c) Current year excess taxable income	(d) Current year excess business interest income
<b>45</b> _____			
_____			
_____			
_____			
_____			
<b>46 Total</b> . . . . . ▶			