PUBLIC DISCLOSURE COPY

OMB No. 1545-0687 **Exempt Organization Business Income Tax Return** 990-T (and proxy tax under section 6033(e)) For calendar year 2016 or other tax year beginning 07/01 , 2016, and ending 06/30 , 20 17 ▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t. Department of the Treasury Internal Revenue Service ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Check box if address changed D Employer identification number (Employees' trust, see instructions.) COMBINED JEWISH PHILANTHROPIES OF GREATER BOSTON INC **B** Exempt under section Print **☑** 501(**C**)(**3**) Number, street, and room or suite no. If a P.O. box, see instructions. 04-2103559 or E Unrelated business activity codes KRAFT FAMILY BUILDING, 126 HIGH ST 408(e) 220(e) Type (See instructions.) ☐ 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code 529(a) BOSTON, MA 02110 523000 561000 C Book value of all assets at end of year F Group exemption number (See instructions.) ▶ ☐ 501(c) trust ☐ 401(a) trust Other trust 1,434,409,835 **G** Check organization type ► ✓ 501(c) corporation Describe the organization's primary unrelated business activity.

ADMINISTRATIVE SUPPORT & PARTNERSHIP INVESTMENT During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . > \bigcup Yes \bigcup No If "Yes," enter the name and identifying number of the parent corporation. The books are in care of ▶ DAVID STRONG Telephone number ▶ (617) 457-8500 Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net Gross receipts or sales 0 Less returns and allowances c Balance ▶ 0 1c 2 2 0 Cost of goods sold (Schedule A, line 7) . 3 Gross profit. Subtract line 2 from line 1c. 3 0 Capital gain net income (attach Schedule D) 4a 262,192 262.192 Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b 0 0 0 0 4c 5 Income (loss) from partnerships and S corporations (attach statement) 5 (480.384)(480.384)6 6 0 0 7 Unrelated debt-financed income (Schedule E) . . 7 0 0 0 8 8 0 0 0 Interest, annuities, royalties, and rents from controlled organizations (Schedule F) 0 0 9 0 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 0 0 10 Exploited exempt activity income (Schedule I) 10 0 11 Advertising income (Schedule J) 11 0 0 12 Other income (See instructions; attach schedule) 12 515,000 515,000 296,808 13 0 296,808 13 **Total.** Combine lines 3 through 12 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 86.286 15 263,393 15 Salaries and wages 16 Repairs and maintenance 16 0 17 17 Bad debts 0 18 Interest (attach schedule) 18 0 19 Taxes and licenses 19 34,587 20 20 0 Charitable contributions (See instructions for limitation rules) . 21 21 22 22b Less depreciation claimed on Schedule A and elsewhere on return Λ 0 23 23 24 24 0 Contributions to deferred compensation plans 25 Employee benefit programs 25 87.646 26 26 Excess exempt expenses (Schedule I) 27 Excess readership costs (Schedule J) 27 28 28 Other deductions (attach schedule) 104,396 29 29 Total deductions. Add lines 14 through 28 576,308 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 (279,500)31 31 0 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 . . . 32 (279,500)33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) 33 0

Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32,

1

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enter the smaller of zero or line 32 For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11291J

2016 Return COMBINED JEWISH PHILANTHROPIES OF

GREATER BOSTON INC- 04-2103559

(279,500) Form **990-T** (2016)

34

Form 990-T (2016)

	. (,					. 490	_
Part I		ax Computation					
35		zations Taxable as Corporations. See instructions for tax computation.	Controlled grou	ıp			
		ers (sections 1561 and 1563) check here Gee instructions and:					
а		our share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets	(in that order):				
	(1) \$	(2) (\$					
b	Enter o	rganization's share of: (1) Additional 5% tax (not more than \$11,750)					
	(2) Add	itional 3% tax (not more than \$100,000)					
С		tax on the amount on line 34		▶ 35c		0	
36		Taxable at Trust Rates. See instructions for tax computation.		n			
	the am	ount on line 34 from: Tax rate schedule or Schedule D (Form 1041) .	🕨	▶ 36			_
37	Proxy t	tax. See instructions		▶ 37			
38	Alterna	tive minimum tax \ldots		38			_
39	Tax on	Non-Compliant Facility Income. See instructions		39			
40		Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40		0	
Part I		ax and Payments					
41a		tax credit (corporations attach Form 1118; trusts attach Form 1116) . 41a	1				
b		redits (see instructions)					
С		I business credit. Attach Form 3800 (see instructions) 41c					
d		or prior year minimum tax (attach Form 8801 or 8827) 41d					
е		redits. Add lines 41a through 41d		41e		0	
42		ct line 41e from line 40		42		0	_
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .					0	_
44		ax. Add lines 42 and 43		44		0	_
45a	-	nts: A 2015 overpayment credited to 2016					
b		stimated tax payments					
С		posited with Form 8868					
d	_	organizations: Tax paid or withheld at source (see instructions) . 45d					
е	-	withholding (see instructions)					
f		for small employer health insurance premiums (Attach Form 8941) . 45f					
g		redits and payments:					
	Form						
	_	ayments. Add lines 45a through 45g		46	1	1,278	_
47		ted tax penalty (see instructions). Check if Form 2220 is attached		47			_
48		e. If line 46 is less than the total of lines 44 and 47, enter amount owed		48		0	_
49	-	ayment. If line 46 is larger than the total of lines 44 and 47, enter amount over	•	49	1	1,278	_
50		e amount of line 49 you want: Credited to 2017 estimated tax 1,278	Refunded	50		0	_
Part		tatements Regarding Certain Activities and Other Information (se			1	Yes No	_
51		time during the 2016 calendar year, did the organization have an interest in				103 140	
		financial account (bank, securities, or other) in a foreign country? If YES, th I Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter t					
	here ►	•	ne name or me	loreign c	Outliny	·	
52		he tax year, did the organization receive a distribution from, or was it the grantor of, o	or transforor to	foreign tru			_
32	•	see instructions for other forms the organization may have to file.	or transferor to, a	ioreign tru	Str.	-	
53		ne amount of tax-exempt interest received or accrued during the tax year	¢		0		
		penalties of perjury, I declare that I have examined this return, including accompanying schedules and s	\$ statements, and to the	e best of my	-	and belief, it	is
Sign		orrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which pre		dge.	e IRS discus	-	_
Here		SVP & CFO		with th	e preparer s	shown below	/
		ure of officer Date Title		(see ins	structions)? [☑Yes □ No	'
De:-J	<u> </u>	Print/Type preparer's name Preparer's signature	Date] ,, PTI	N	=
Paid		NICOLE BENCIK	5-2-2018	Check self-employ	, IL DC	0756195	
Prepa		Firm's name ► CROWE HORWATH LLP	1	Firm's EIN	05.0	921680	-
Use (Only	Firm's address > 225 WEST WACKER DRIVE, SUITE 2600, CHICAGO, IL 60606-12	24	Phone no.		399-7000	_
					\ - · - / ·		

Form **990-T** (2016)

Form 9	90-T (2016)									Page 3
Sche	dule A-Cost of Good	ls Sold. Er	nter method of	f invento	ry va	luation >				
1	Inventory at beginning of	f year	1	0	6	Inventory a	at end of year	6	0	
2	Purchases	-	2	0	7	-	goods sold. Subtract			
3	Cost of labor		3	0			line 5. Enter here and			
4a	Additional section 263/	A costs				in Part I, Iir	ne 2	7	o	
	(attach schedule)		4a	0	8	Do the rul	es of section 263A (wit	h resr	pect to Yes	No
b	Other costs (attach sche	edule)	4b	0		property p	roduced or acquired for	resale	e) apply	
5	Total. Add lines 1 through		5	0		to the orga	inization?			
Sche	dule C-Rent Income		al Property a	nd Pers	onal	Property I	Leased With Real Pro	perty	<u>/)</u>	
(see	instructions)									
1. Desc	ription of property									
(1)										
(2)										
(3)										
(4)										
		2. Rent receiv	ed or accrued							
	om personal property (if the perce personal property is more than 10 more than 50%)		(b) From real percentage of re 50% or if the re	ent for perso	nal pro	perty exceeds	3(a) Deductions directly in columns 2(a) and			ne
(1)										
(2)										
(3)										
(4)										
Total		0	Total				0		-	
(c) Tot	tal income. Add totals of col	umns 2(a) an	d 2(b) Enter				(b) Total deductions. Enter here and on page	1		
	nd on page 1, Part I, line 6, co						0 Part I, line 6, column (B)			0
	dule E-Unrelated De			ee instruc	tions	s)	, ,			
				2. Gr	oss ind	come from or	3. Deductions directly cor debt-finance			to
	 Description of debt 	t-financed prop	perty	alloca		debt-financed	(a) Straight line depreciation		b) Other deduction	าร
					pro	perty	(attach schedule)		(attach schedule)	
(1)										
(2)										
(3)										
(4)										
	Amount of average acquisition debt on or Illocable to debt-financed oroperty (attach schedule)	of or debt-fin	ge adjusted basis allocable to anced property ch schedule)		4 di	olumn vided Iumn 5	7. Gross income reportable (column 2 × column 6)	-	Allocable deduction 6 × total of col 3(a) and 3(b))	
(1)						%				
(2)						%				
(3)						%				
(4)						%				
	·						Enter here and on page 1, Part I, line 7, column (A).		r here and on pa I, line 7, columr	
Totals							0			0
	dividends-received deduction	ons included	in column 8 .							0

Form **990-T** (2016)

Form 990-T (2016) Page **4**

Schedule F-Interest, Ann	uities, Royalties,	and Ren	ts From	Controlled Org	janizations (se	e instru	ctions)	
		Exempt	Controlled	Organizations				
Name of controlled organization	2. Employer identification number		lated income instructions)	4. Total of specified payments made	included in the c	5. Part of column 4 that is included in the controlling organization's gross income		eductions directly ected with income in column 5
(1)								
(2)								
(3)								
(4)								
Nonexempt Controlled Organiz	zations							
7. Taxable Income	8. Net unrelated in (loss) (see instruct	1		otal of specified yments made	10. Part of column included in the corganization's grounds.	ontrolling	connec	eductions directly cted with income in column 10
(1)								
(2)								
(3)								
(4)								
Enter here and on page 1, Enter here and on					columns 6 and 11. here and on page 1, line 8, column (B).			
Totals				<u> </u>	<u> </u>		0	0
Schedule G-Investment I	ncome of a Sect	ion 501(zation (see inst	ructions		
1. Description of income	2. Amount o	f income	dire	Deductions ctly connected ach schedule)	4. Set-aside (attach schedu		and s	otal deductions et-asides (col. 3 olus col. 4)
(1)								
(2)								
(3)								
(4)								
	Enter here and Part I, line 9, o		,					re and on page 1, ne 9, column (B).
	r art i, iiile 3, c	` ,					ı aıtı, ıı	. ,
Totals			0 T!	A ale a a attinica a da		<u>.</u>	`	0
Schedule I—Exploited Exe	empt Activity inc				icome (see inst	ructions	5)	
1. Description of exploited activi	2. Gross unrelated ty business inco from trade of business	me conr pro	Expenses directly nected with duction of nrelated ess income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	attribu	penses table to lmn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)								
Totals	Enter here and page 1, Part line 10, col. (I, pag	here and on e 1, Part I, 10, col. (B).					Enter here and on page 1, Part II, line 26.
Schedule J-Advertising I	ncome (see instru							
	eriodicals Repor		Consoli	dated Basis				
1. Name of periodical	2. Gross advertising income	3	. Direct tising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income		dership osts	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)								
Totals (carry to Part II, line (5)) .	. ▶	0	0	0	0		0	0 form 990-T (2016)

Form 990-T (2016)

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II

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

Schedule K—Compensation of Officers, Directors, and Trustees (see ins

line 11, col. (A).

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1) DAVID STRONG	SR. VP & CFO	25 %	73,140
(2) PAULA BARTA	ASSISTANT SECRETARY	10 %	13,146
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		86,286	

0

Form **990-T** (2016)

0

Totals, Part II (lines 1-5)

Name of Partnership	EIN	UBI
AIM Activity		
(1) Jewish Community Endowment Pool, LLP	04-3460734	-480,543
(2) WOODSIDE CAPITAL PARTNERS V QP, LLC	26-2170325	23
(3) WOODSIDE CAPITAL PARTNERS V QP, LLC (SRRCT)	26-2170325	136
	Total for Part I, Line 5	-480,384

Other Income

Description	Amount
Accounting Services to JCEP	
(1) Accounting Fees from JCEP	515,000
Total for Part I, Line 12	515,000

Taxes and Licenses

Description	Amount
Accounting Services to JCEP	
(1) Payroll Taxes	22,095
(2) State Taxes	12,492
Total	34,587
Total for Part II, Line 19	34,587

Charitable Contributions

Year Generated	Amount Generated	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining	Contribution Carryover Expires
2014	148,964,217	86,876	0	148,877,341	2019
2015	129,137,315	0	0	129,137,315	2020
2016	135,124,652	0	0	135,124,652	2021
Totals	413,226,184	86,876	0	413,139,308	

Other Deductions

Description	Amount
Accounting Services to JCEP	
(1) Supplies & Postage JCEP	2,980
(2) Occupancy & Administration JCEP	47,285
Total	50,265
AIM Activity	
(3) Jewish Community Endowment Pool, LLP 043460734	51,081
(4) Professional Fees	3,050
Total	54,131
Total for Part II, Line 28	104,396

Net Operating Loss Deduction Carryforward Schedule

Year Generated	Amount Generated	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining	NOL Expires
2016	279,500	0	0	279,500	2036
Totals	279,500	0	0	279,500	

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.

▶ Information about Schedule D (Form 1120) and its separate instructions is at www.irs.gov/form1120.

2016

OMB No. 1545-0123

Name
COMBINED JEWISH PHILANTHROPIES OF GREATER BOSTON INC

Employer identification number 04-2103559

CON	IBINED JEWISH PHILANTHROPIES OF GREATER BOST					04-2103559
Pai	t I Short-Term Capital Gains and Losses-	-Assets Held O	ne Year or Les	s		
	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) Adjustmen or loss from F 8949, Part I, li column (g)	orm(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					0
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked					0
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					0
3	Totals for all transactions reported on Form(s) 8949 with Box C checked	5,781				5,781
4	Short-term capital gain from installment sales from For	m 6252, line 26 or 3	37		. 4	
5	Short-term capital gain or (loss) from like-kind exchange	ges from Form 8824	·		. 5	
6	Unused capital loss carryover (attach computation)				. 6	(0)
7	Net short-term capital gain or (loss). Combine lines 1a				. 7	5,781
Par	t II Long-Term Capital Gains and Losses –	Assets Held Me	ore 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	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen or loss from F 8949, Part II, I column (g)	orm(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
	whole dollars. 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			Column (g)		o o
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					0
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					0
10	Totals for all transactions reported on Form(s) 8949 with Box F checked	(8,535)				(8,535)
11	Enter gain from Form 4797, line 7 or 9				. 11	264,946
12	Long-term capital gain from installment sales from Fore	. 12				
13	Long-term capital gain or (loss) from like-kind exchang	. 13				
14	Capital gain distributions (see instructions)				. 14	
15 Par	Net long-term capital gain or (loss). Combine lines 8a to tell Summary of Parts I and II	hrough 14 in colum	nh		. 15	256,411
16	Enter excess of net short-term capital gain (line 7) over	net long-term capi	tal loss (line 15)		. 16	5,781
	Net capital gain. Enter excess of net long-term capital and lines 16 and 17. Enter here and on Form 1120, p	- :				256,411
10	the corporation has qualified timber gain, also complet Note: If losses exceed gains, see Capital losses in	e Part IV	e proper line on o		. 18	262,192

2016 Return COMBINED JEWISH PHILANTHROPIES OF GREATER BOSTON INC- 04-2103559

Sales and Other Dispositions of Capital Assets

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

▶ Information about Form 8949 and its separate instructions is at www.irs.gov/form8949. ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Sequence No. 12A

Name(s) shown on return

COMBINED JEWISH PHILANTHROPIES OF GREATER BOSTON INC

Social security number or taxpayer identification number

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

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

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

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

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

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

✓ (C) Short-term transactions	s not reported	l to you on F	orm 1099-B				
(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 Note below and see <i>Column</i> (e) in the separate instructions	Adjustment, i If you enter an enter a c See the sep	(h) Gain or (loss). Subtract column (e)	
					(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
PARTNERSHIP FLOW- THROUGH INVESTMENTS			5,781				5,781
2 Totals. Add the amounts in column negative amounts). Enter each tot Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box	al here and incle is checked), lin	ude on your le 2 (if Box B	5,781	0		0	5,781

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.

5/2/2018 12:01:13 PM

Form 8949 (2016) Attachment Sequence No. 12A Page 2

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

Social security number or taxpayer identification number 04-2103559

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

Part II

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

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

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

 (D) Long-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 								
(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 Note below and see <i>Column</i> (e) in the separate instructions	Adjustment, if If you enter an enter a co	(h) Gain or (loss). Subtract column (e)		
					(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)	
PARTNERSHIP FLOW- THROUGH INVESTMENTS			(8,535)				(8,535)	
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 8b (if Box D above	here and includ	e on your						

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.

(8,535)

0

Form **8949** (2016)

(8,535)

above is checked), or line 10 (if Box F above is checked) ▶

4797

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2)

Attach to your tax return.

OMB No. 1545-0184

Attachment Sequence No. 27

Department of the Treasury Internal Revenue Service

▶ Information about Form 4797 and its separate instructions is at www.irs.gov/form4797.

Identifying number Name(s) shown on return COMBINED JEWISH PHILANTHROPIES OF GREATER BOSTON INC 04-2103559 Enter the gross proceeds from sales or exchanges reported to you for 2016 on Form(s) 1099-B or 1099-S (or 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) (e) Depreciation (f) Cost or other (g) Gain or (loss) (d) Gross 2 (a) Description (b) Date acquired (c) Date sold allowed or basis, plus Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) sales price allowable since improvements and sum of (d) and (e) acquisition expense of sale **VARIOUS** PARTNERSHIP FLOW THROUGH **VARIOUS** 264,946 264,946 Gain, if any, from Form 4684, line 39 $\,\cdot\,$ Section 1231 gain from installment sales from Form 6252, line 26 or 37. 4 4 5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 . 5

Partnerships (except electing large partnerships) and S corporations. 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. 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. Nonrecaptured net section 1231 losses from prior years. See instructions .

Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: .

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 conital gain on the Cabadula D filed with your return. Con instructions

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Gain, if any, from line 32, from other than casualty or theft

	capital gain on the ochedule	D liled With your	return. See matruc					9	204,540
Par	t II Ordinary Gains a	and Losses (s	ee instructions	s)					
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.							11	()
12	Gain, if any, from line 7 or a	mount from line 8,	if applicable .					12	
13	Gain, if any, from line 31							13	
14	Net gain or (loss) from Form							14	
15	Ordinary gain from installme							15	
16	Ordinary gain or (loss) from	like-kind exchange	es from Form 8824	l				16	
17	Combine lines 10 through 1							17	0
18									
а	If the loss on line 11 includes	a loss from Form	4684, line 35, colur	nn (b)(ii), enter that p	oart of the lo	ss here. E	nter the part		
	of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property						L.,		
	used as an employee on Sche	edule A (Form 1040), line 23. Identify a	s from "Form 4797,	line 18a." Se	ee instruct	ions	18a	
b	b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14						18b		

For Paperwork Reduction Act Notice, see separate instructions.

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Pa	Gain From Disposition of Property Und (see instructions)	ler Se	ctions 1245, 12	250, 1252, 1	254,	and 1255		
19	(a) Description of section 1245, 1250, 1252, 1254, or 1255 property:					(b) Date acq (mo., day,		(c) Date sold (mo., day, yr.)
A								
B								
	-							
D	:			ı				
	These columns relate to the properties on lines 19A through 19D	.▶	Property A	Property	В	Property	С	Property D
20	Gross sales price (Note: See line 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	If section 1245 property:							
а	Depreciation allowed or allowable from line 22	25a					l	
b	Enter the smaller of line 24 or 25a							
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.							
а	Additional depreciation after 1975. See instructions .	26a						
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b						
С	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
d	Additional depreciation after 1969 and before 1976	26d						
	Enter the smaller of line 26c or 26d	26e						
f	Section 291 amount (corporations only)	26f						
g g	Add lines 26b, 26e, and 26f	26g						
27	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership).							
а	Soil, water, and land clearing expenses	27a						
	Line 27a multiplied by applicable percentage. See instructions	27b						
	Enter the smaller of line 24 or 27b	27c						
28	If section 1254 property:							
а	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See							
	instructions	28a						
b	Enter the smaller of line 24 or 28a	28b						
29 a	If section 1255 property: Applicable percentage of payments excluded from							
	income under section 126. See instructions	29a						
	Enter the smaller of line 24 or 29a. See instructions .	29b	thus cab D thus ca	ab line OOb b	ofo		20	
Sun	nmary of Part III Gains. Complete property colun	nns A	tnrougn D tnroug	gn line 29b b	etore	e going to iir	ie 30.	
30	Total gains for all properties. Add property columns A thro	ugh D,	line 24				30	(
31	Add property columns A through D, lines 25b, 26g, 27c, 27c, 26g, 27c, 26g, 27c, 27c, 26g, 27c, 27c, 27c, 27c, 27c, 27c, 27c, 27c	8b, and	29b. Enter here an	d on line 13 .			31	(
32	Subtract line 31 from line 30. Enter the portion from casu other than casualty or theft on Form 4797, line 6		theft on Form 4684				32	
Par	Recapture Amounts Under Sections 17 (see instructions)	9 and	l 280F(b)(2) Wh	en Busines	s Us	se Drops to	50%	or Less
						(a) Section 179	n	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable	in prior	years		33			
34	Recomputed depreciation. See instructions		-		34			

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Recapture amount. Subtract line 34 from line 33. See the instructions for where to report

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