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OMB No 1545-0047

Form **990-T****Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e)) *2006***2019**Department of the Treasury  
Internal Revenue Service

For calendar year 2019 or other tax year beginning 07/01, 2019, and ending 06/30, 2020

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

<b>A</b> Check box if address changed	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions )	<b>D Employer identification number</b> (Employees' trust, 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	
<b>B</b> Exempt under section		City or town, state or province, country, and ZIP or foreign postal code	<b>E Unrelated business activity code</b> (See instructions)
<input checked="" type="checkbox"/> 501(c) (3) <i>03</i>		BOSTON, MA 02110	
<input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)			
<input type="checkbox"/> 408A <input type="checkbox"/> 530(a)			
<b>C</b> Book value of all assets at end of year		<b>F</b> Group exemption number (See instructions.)	<b>902001</b>
1,695,752,334		<b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

**H** Enter the number of the organization's unrelated trades or businesses. 5 Describe the only (or first) unrelated trade or business here INVESTMENT IN JCEP. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

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.

The books are in care of DAVID H. STRONG, CFO Telephone number (617) 457-8500

**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			
<b>2</b> Cost of goods sold (Schedule A, line 7)			
<b>3</b> Gross profit. Subtract line 2 from line 1c			0
<b>4a</b> Capital gain net income (attach Schedule D)	417,215		417,215
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	0		0
<b>c</b> Capital loss deduction for trusts	0		0
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	(4,857,813)		(4,857,813)
<b>6</b> Rent income (Schedule C)	0	0	0
<b>7</b> Unrelated debt-financed income (Schedule E)	0	0	0
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	0	0	0
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	0	0	0
<b>10</b> Exploited exempt activity income (Schedule I)	0	0	0
<b>11</b> Advertising income (Schedule J)	0	0	0
<b>12</b> Other income (See instructions; attach schedule)	0		0
<b>13</b> Total. Combine lines 3 through 12	(4,440,598)	0	(4,440,598)

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

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)		<b>14</b>	0
<b>15</b> Salaries and wages		<b>15</b>	0
<b>16</b> Repairs and maintenance		<b>16</b>	0
<b>17</b> Bad debts		<b>17</b>	0
<b>18</b> Interest (attach schedule) (see instructions)		<b>18</b>	10,642
<b>19</b> Taxes and licenses		<b>19</b>	56,931
<b>20</b> Depreciation (attach Form 4562)	0		
<b>21</b> Less depreciation claimed on Schedule A and elsewhere on return	0	<b>21a</b>	0
<b>22</b> Depletion		<b>22</b>	314
<b>23</b> Contributions to deferred compensation plans		<b>23</b>	0
<b>24</b> Employee benefit programs		<b>24</b>	0
<b>25</b> Excess exempt expenses (Schedule I)		<b>25</b>	0
<b>26</b> Excess readership costs (Schedule J)		<b>26</b>	0
<b>27</b> Other deductions (attach schedule)		<b>27</b>	114,251
<b>28</b> Total deductions. Add lines 14 through 27		<b>28</b>	182,138
<b>29</b> Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		<b>29</b>	(4,622,736)
<b>30</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		<b>30</b>	0
<b>31</b> Unrelated business taxable income. Subtract line 30 from line 29		<b>31</b>	(4,622,736)

For Paperwork Reduction Act Notice, see instructions.

Cat No 11291J

Form **990-T** (2019)Combined Jewish Philanthropies of Greater Boston, Inc.  
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**Part III Total Unrelated Business Taxable Income**

<b>32</b>	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	<b>32</b>	841,562
<b>33</b>	Amounts paid for disallowed fringes	<b>33</b>	
<b>34</b>	Charitable contributions (see instructions for limitation rules)	<b>34</b>	78,442
<b>35</b>	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	<b>35</b>	763,120
<b>36</b>	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	<b>36</b>	57,142
<b>37</b>	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	<b>37</b>	705,978
<b>38</b>	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	<b>38</b>	1,000
<b>39</b>	<b>Unrelated business taxable income.</b> Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37.	<b>39</b>	704,978

**Part IV Tax Computation**

<b>40</b>	<b>Organizations Taxable as Corporations.</b> Multiply line 39 by 21% (0.21)	<b>40</b>	148,045
<b>41</b>	<b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	<b>41</b>	
<b>42</b>	<b>Proxy tax.</b> See instructions	<b>42</b>	
<b>43</b>	Alternative minimum tax (trusts only)	<b>43</b>	
<b>44</b>	<b>Tax on Noncompliant Facility Income.</b> See instructions	<b>44</b>	
<b>45</b>	<b>Total.</b> Add lines 42, 43, and 44 to line 40 or 41, whichever applies	<b>45</b>	148,045

**Part V Tax and Payments**

<b>46a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>46a</b>		<b>46e</b>	1,558
<b>b</b>	Other credits (see instructions)	<b>46b</b>			
<b>c</b>	General business credit. Attach Form 3800 (see instructions)	<b>46c</b>	1,558		
<b>d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>46d</b>			
<b>e</b>	<b>Total credits.</b> Add lines 46a through 46d	<b>46e</b>			
<b>47</b>	Subtract line 46e from line 45	<b>47</b>			146,487
<b>48</b>	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	<b>48</b>			0
<b>49</b>	<b>Total tax.</b> Add lines 47 and 48 (see instructions)	<b>49</b>			146,487
<b>50</b>	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	<b>50</b>			
<b>51a</b>	Payments: A 2018 overpayment credited to 2019	<b>51a</b>	50,000		
<b>b</b>	2019 estimated tax payments	<b>51b</b>	0		
<b>c</b>	Tax deposited with Form 8868	<b>51c</b>	150,000		
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>51d</b>			
<b>e</b>	Backup withholding (see instructions)	<b>51e</b>			
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941)	<b>51f</b>			
<b>g</b>	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other 0 Total	<b>51g</b>	0		
<b>52</b>	<b>Total payments.</b> Add lines 51a through 51g	<b>52</b>			200,000
<b>53</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>53</b>			
<b>54</b>	<b>Tax due.</b> If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	<b>54</b>			0
<b>55</b>	<b>Overpayment.</b> If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	<b>55</b>			53,513
<b>56</b>	Enter the amount of line 55 you want: <b>Credited to 2020 estimated tax</b> 53,513 <b>Refunded</b>	<b>56</b>			0

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

<b>57</b>	At any time during the 2019 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>58</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.	Yes	No
<b>59</b>	Enter the amount of tax-exempt interest received or accrued during the tax year	\$	15,139

**Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer

Date

Title

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

Print/Type preparer's name NICOLE BENCIK	Preparer's signature <i>Nicole Bencik</i>	Date 12/10/2021	Check <input type="checkbox"/> if self-employed	PTIN P00756195
Firm's name CROWE LLP	Firm's EIN 35-0921680	Phone no. (312) 899-7000		
Firm's address 225 WEST WACKER DRIVE, SUITE 2600, CHICAGO, IL 60606-1224				

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

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

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

(see instructions)

**1.** Description of property

(1)
(2)
(3)
(4)

**2.** Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	<b>3(a)</b> Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
<b>Total</b> 0	<b>Total</b> 0	

**(c) Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►**(b) Total deductions.**

Enter here and on page 1, Part I, line 6, column (B) ►

0

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

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

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

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

  

Nonexempt Controlled Organizations				
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>			0	0

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

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>		0		0

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

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals</b>		0	0			0

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

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

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>	0	0				0
	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
<b>Totals, Part II (lines 1-5)</b>	0	0				0

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

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) CHARLIE GLASSENBERG	ASSISTANT SECRETARY	30 %	62,063
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14			62,063

Form **990-T** (2019)

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

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

OMB No 1545-0047

**2019**

Department of the Treasury  
Internal Revenue Service

For calendar year 2019 or other tax year beginning 07/01, 2019, and ending 06/30, 20 20

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

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

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

Name of the organization

COMBINED JEWISH PHILANTHROPIES OF GREATER BOSTON, INC

Employer identification number

04-2103559

Unrelated Business Activity Code (see instructions) ► 902002

Describe the unrelated trade or business ► INVESTMENT IN NORTHLAND

**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 (Schedule A, line 7)	<b>2</b> 0		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b> 0		0
<b>4a</b> Capital gain net income (attach Schedule D)	<b>4a</b> 203,499		203,499
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b> 0		0
<b>c</b> Capital loss deduction for trusts	<b>4c</b> 0		0
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b> (444)		(444)
<b>6</b> Rent income (Schedule C)	<b>6</b> 0	0	0
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b> 0	0	0
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	<b>8</b> 0	0	0
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b> 0	0	0
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b> 0	0	0
<b>11</b> Advertising income (Schedule J)	<b>11</b> 0	0	0
<b>12</b> Other income (See instructions; attach schedule)	<b>12</b> 0		0
<b>13</b> Total. Combine lines 3 through 12	<b>13</b> 203,055	0	203,055

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

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b> 0
<b>15</b> Salaries and wages	<b>15</b> 0
<b>16</b> Repairs and maintenance	<b>16</b> 0
<b>17</b> Bad debts	<b>17</b> 0
<b>18</b> Interest (attach schedule) (see instructions)	<b>18</b> 0
<b>19</b> Taxes and licenses	<b>19</b> 13,831
<b>20</b> Depreciation (attach Form 4562)	<b>20</b> 0
<b>21</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>21a</b> 0
<b>22</b> Depletion	<b>22</b> 0
<b>23</b> Contributions to deferred compensation plans	<b>23</b> 0
<b>24</b> Employee benefit programs	<b>24</b> 0
<b>25</b> Excess exempt expenses (Schedule I)	<b>25</b> 0
<b>26</b> Excess readership costs (Schedule J)	<b>26</b> 0
<b>27</b> Other deductions (attach schedule)	<b>27</b> 1,150
<b>28</b> Total deductions. Add lines 14 through 27	<b>28</b> 14,981
<b>29</b> Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	<b>29</b> 188,074
<b>30</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>30</b> 0
<b>31</b> Unrelated business taxable income. Subtract line 30 from line 29	<b>31</b> 188,074

For Paperwork Reduction Act Notice, see instructions.

Cat. No 71329Y

Schedule M (Form 990-T) 2019

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

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

OMB No 1545-0047

**2019**

Department of the Treasury  
Internal Revenue Service

For calendar year 2019 or other tax year beginning 07/01, 2019, and ending 06/30, 2020

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

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

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

Name of the organization

COMBINED JEWISH PHILANTHROPIES OF GREATER BOSTON, INC

Employer identification number

04-2103559

Unrelated Business Activity Code (see instructions) 902003

Describe the unrelated trade or business INVESTMENT IN TATSTONE

**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 (Schedule A, line 7)	<b>2</b> 0		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b> 0		0
<b>4a</b> Capital gain net income (attach Schedule D)	<b>4a</b> 677,934		677,934
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b> 0		0
<b>c</b> Capital loss deduction for trusts	<b>4c</b> 0		0
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b> 21,995		21,995
<b>6</b> Rent income (Schedule C)	<b>6</b> 0	0	0
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b> 0	0	0
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	<b>8</b> 0	0	0
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b> 0	0	0
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b> 0	0	0
<b>11</b> Advertising income (Schedule J)	<b>11</b> 0	0	0
<b>12</b> Other income (See instructions; attach schedule)	<b>12</b> 0		0
<b>13</b> Total. Combine lines 3 through 12	<b>13</b> 699,929	0	699,929

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

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b> 0
<b>15</b> Salaries and wages	<b>15</b> 0
<b>16</b> Repairs and maintenance	<b>16</b> 0
<b>17</b> Bad debts	<b>17</b> 0
<b>18</b> Interest (attach schedule) (see instructions)	<b>18</b> 0
<b>19</b> Taxes and licenses	<b>19</b> 47,677
<b>20</b> Depreciation (attach Form 4562)	<b>20</b> 0
<b>21</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>21a</b> 0
<b>22</b> Depletion	<b>22</b> 0
<b>23</b> Contributions to deferred compensation plans	<b>23</b> 0
<b>24</b> Employee benefit programs	<b>24</b> 0
<b>25</b> Excess exempt expenses (Schedule I)	<b>25</b> 0
<b>26</b> Excess readership costs (Schedule J)	<b>26</b> 0
<b>27</b> Other deductions (attach schedule)	<b>27</b> 1,150
<b>28</b> Total deductions. Add lines 14 through 27	<b>28</b> 48,827
<b>29</b> Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13	<b>29</b> 651,102
<b>30</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>30</b> 0
<b>31</b> Unrelated business taxable income. Subtract line 30 from line 29	<b>31</b> 651,102

For Paperwork Reduction Act Notice, see instructions.

Cat No 71329Y

Schedule M (Form 990-T) 2019

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

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

OMB No 1545-0047

**2019**

Department of the Treasury  
Internal Revenue Service

For calendar year 2019 or other tax year beginning 07/01, 2019, and ending 06/30, 20 20

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

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

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

Name of the organization

COMBINED JEWISH PHILANTHROPIES OF GREATER BOSTON, INC

Employer identification number

04-2103559

Unrelated Business Activity Code (see instructions) ► 901101

Describe the unrelated trade or business ► QUALIFIED PARTNERSHIP INTERESTS

**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 (Schedule A, line 7)	<b>2</b> 0		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b> 0		0
<b>4a</b> Capital gain net income (attach Schedule D)	<b>4a</b> 0		0
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b> 0		0
<b>c</b> Capital loss deduction for trusts	<b>4c</b> 0		0
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b> (33)		(33)
<b>6</b> Rent income (Schedule C)	<b>6</b> 0	0	0
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b> 0	0	0
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	<b>8</b> 0	0	0
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b> 0	0	0
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b> 0	0	0
<b>11</b> Advertising income (Schedule J)	<b>11</b> 0	0	0
<b>12</b> Other income (See instructions; attach schedule)	<b>12</b> 0		0
<b>13</b> Total. Combine lines 3 through 12	<b>13</b> (33)	0	(33)

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

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b> 0
<b>15</b> Salaries and wages	<b>15</b> 0
<b>16</b> Repairs and maintenance	<b>16</b> 0
<b>17</b> Bad debts	<b>17</b> 0
<b>18</b> Interest (attach schedule) (see instructions)	<b>18</b> 0
<b>19</b> Taxes and licenses	<b>19</b> 0
<b>20</b> Depreciation (attach Form 4562)	<b>20</b> 0
<b>21</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>21a</b> 0
<b>22</b> Depletion	<b>22</b> 0
<b>23</b> Contributions to deferred compensation plans	<b>23</b> 0
<b>24</b> Employee benefit programs	<b>24</b> 0
<b>25</b> Excess exempt expenses (Schedule I)	<b>25</b> 0
<b>26</b> Excess readership costs (Schedule J)	<b>26</b> 0
<b>27</b> Other deductions (attach schedule)	<b>27</b> 1,050
<b>28</b> Total deductions. Add lines 14 through 27	<b>28</b> 1,050
<b>29</b> Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13	<b>29</b> (1,083)
<b>30</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>30</b> 0
<b>31</b> Unrelated business taxable income. Subtract line 30 from line 29	<b>31</b> (1,083)

For Paperwork Reduction Act Notice, see instructions.

Cat No 71329Y

Schedule M (Form 990-T) 2019



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

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

OMB No 1545-0047

**2019**

Department of the Treasury  
Internal Revenue Service

For calendar year 2019 or other tax year beginning 07/01, 2019, and ending 06/30, 2020

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

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

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

Name of the organization

COMBINED JEWISH PHILANTHROPIES OF GREATER BOSTON, INC

Employer identification number

04-2103559

Unrelated Business Activity Code (see instructions) ► 540000

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 (Schedule A, line 7)	<b>2</b> 0		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b> 0		0
<b>4a</b> Capital gain net income (attach Schedule D)	<b>4a</b> 0		0
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b> 0		0
<b>c</b> Capital loss deduction for trusts	<b>4c</b> 0		0
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b> 0		0
<b>6</b> Rent income (Schedule C)	<b>6</b> 0	0	0
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b> 0	0	0
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	<b>8</b> 0	0	0
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b> 0	0	0
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b> 0	0	0
<b>11</b> Advertising income (Schedule J)	<b>11</b> 0	0	0
<b>12</b> Other income (See instructions; attach schedule)	<b>12</b> 628,000		628,000
<b>13</b> Total. Combine lines 3 through 12	<b>13</b> 628,000	0	628,000

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

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b> 62,063
<b>15</b> Salaries and wages	<b>15</b> 363,025
<b>16</b> Repairs and maintenance	<b>16</b> 0
<b>17</b> Bad debts	<b>17</b> 0
<b>18</b> Interest (attach schedule) (see instructions)	<b>18</b> 0
<b>19</b> Taxes and licenses	<b>19</b> 27,238
<b>20</b> Depreciation (attach Form 4562)	<b>20</b> 0
<b>21</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>21a</b> 0 <b>21b</b> 0
<b>22</b> Depletion	<b>22</b> 0
<b>23</b> Contributions to deferred compensation plans	<b>23</b> 0
<b>24</b> Employee benefit programs	<b>24</b> 98,527
<b>25</b> Excess exempt expenses (Schedule I)	<b>25</b> 0
<b>26</b> Excess readership costs (Schedule J)	<b>26</b> 0
<b>27</b> Other deductions (attach schedule)	<b>27</b> 74,761
<b>28</b> Total deductions. Add lines 14 through 27	<b>28</b> 625,614
<b>29</b> Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13	<b>29</b> 2,386
<b>30</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>30</b> 0
<b>31</b> Unrelated business taxable income. Subtract line 30 from line 29	<b>31</b> 2,386

For Paperwork Reduction Act Notice, see instructions.

Cat No 71329Y

Schedule M (Form 990-T) 2019

Name of Partnership	EIN	UBI
<b>INVESTMENT IN JCEP</b>		
(1) JEWISH COMMUNITY ENDOWMENT POOL, LLP	04-3460734	-4,857,813
<b>Total</b>		<b>-4,857,813</b>
<b>INVESTMENT IN NORTHLAND</b>		
(1) NORTHLAND TATSTONE PARTNERS LLC	20-4872240	-444
<b>Total</b>		<b>-444</b>
<b>INVESTMENT IN TATSTONE</b>		
(1) TATSTONE INVESTORS L P	20-4873752	21,995
<b>Total</b>		<b>21,995</b>
<b>QUALIFIED PARTNERSHIP INTERESTS</b>		
(1) INCOME (LOSS) FROM QUALIFIED PARTNERSHIP INTERESTS		-33
<b>Total</b>		<b>-33</b>

Description	Amount
<b>ADMINISTRATIVE SERVICES FOR JCEP</b>	
(1) ACCOUNTING FEES FROM JCEP	628,000
<b>Total for Part I, Line 12</b>	<b>628,000</b>

Description	Amount
<b>INVESTMENT IN JCEP</b>	
(1) BUSINESS INTEREST EXPENSE	10,642
<b>Total for Part II, Line 18</b>	<b>10,642</b>

Description	Amount
<b>INVESTMENT IN JCEP</b>	
(1) FOREIGN TAX DEDUCTION	45,879
(2) STATE TAXES	11,052
<b>Total</b>	<b>56,931</b>
<b>INVESTMENT IN NORTHLAND</b>	
(3) STATE TAXES	13,831
<b>INVESTMENT IN TATSTONE</b>	
(4) STATE TAXES	47,677
<b>ADMINISTRATIVE SERVICES FOR JCEP</b>	
(5) PAYROLL TAXES	26,994
(6) STATE TAXES	244
<b>Total</b>	<b>27,238</b>

Description	Amount
<b>INVESTMENT IN JCEP</b>	
(1) JEWISH COMMUNITY ENDOWMENT POOL	92,806
(2) PROFESSIONAL FEES	21,445
<b>Total</b>	<b>114,251</b>
<b>INVESTMENT IN NORTHLAND</b>	
(3) PROFESSIONAL FEES	1,150
<b>INVESTMENT IN TATSTONE</b>	
(4) PROFESSIONAL FEES	1,150
<b>QUALIFIED PARTNERSHIP INTERESTS</b>	
(5) PROFESSIONAL FEES	1,050
<b>ADMINISTRATIVE SERVICES FOR JCEP</b>	
(6) PROFESSIONAL FEES	950
(7) SUPPLIES & POSTAGE JCEP	3,366
(8) OCCUPANCY & ADMINISTRATION JCEP	70,445
<b>Total</b>	<b>74,761</b>

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining
<b>INVESTMENT IN JCEP</b>					
2018	4,962,739	0	1,853,109	0	3,109,630
2019	4,662,736	0	0	0	4,662,736
<b>Totals</b>	<b>9,625,475</b>	<b>0</b>	<b>1,853,109</b>	<b>0</b>	<b>7,772,366</b>
<b>QUALIFIED PARTNERSHIP INTERESTS</b>					
2019	1,083	0	0	0	1,083
<b>Totals</b>	<b>1,083</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,083</b>

Year Generated	Amount Generated	Amount Used in Prior Years	Amount Used in Current Year	Amount Converted to NOL	Amount Remaining	Contribution Carryover Expires
2014	148,964,217	0	0	82,249	148,881,968	2019
2015	129,137,315	0	0	4,627	129,132,688	2020
2016	135,124,652	0	0		135,124,652	2021
2017	136,707,197	0	0	57,142	136,650,055	2022
2018	170,404,678	2,489	0		170,402,189	2023
2019	192,609,741	0	78,442		192,531,299	2024
<b>Totals</b>	<b>912,947,800</b>	<b>2,489</b>	<b>78,442</b>	<b>144,018</b>	<b>912,722,851</b>	



Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining	NOL Expires
2013		86,477	86,477	0	0	2033
2014		82,249	82,249	0	0	2034
2015		4,627	4,627	0	0	2035
2016	279,500		279,500	0	0	2036
2017		57,142	0	57,142	0	2037
<b>Totals</b>	<b>279,500</b>	<b>230,495</b>	<b>452,853</b>	<b>57,142</b>	<b>0</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

**2019**

Name

COMBINED JEWISH PHILANTHROPIES OF GREATER BOSTON, INC

Employer identification number

04-2103559

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				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	1,647	0	0	1,647
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37			<b>4</b>	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824			<b>5</b>	
<b>6</b> Unused capital loss carryover (attach computation)			<b>6</b>	( 0 )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			<b>7</b>	1,647

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				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	(12,505)	0	0	(12,505)
<b>11</b> Enter gain from Form 4797, line 7 or 9			<b>11</b>	1,309,506
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37			<b>12</b>	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824			<b>13</b>	
<b>14</b> Capital gain distributions (see instructions)			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			<b>15</b>	1,297,001

**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>	1,647
<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>	1,297,001
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns	<b>18</b>	1,298,648

**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) 2019

**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) See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	FROM JCEP SCHEDULE K-1 (FORM 1065)	VARIOUS	VARIOUS	1,647				1,647
<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, line 1b (if <b>Box A</b> above is checked), line 2 (if <b>Box B</b> above is checked), or line 3 (if <b>Box C</b> above is checked) ►				1,647	0		0	1,647

**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

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

Social security number or taxpayer identification number

COMBINED JEWISH PHILANTHROPIES OF GREATER BOSTON, INC.

04-2103559

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

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

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

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

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

1	(a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo, day, yr)	(c) Date sold or disposed of (Mo, day, yr)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	FROM JCEP SCHEDULE K-1 (FORM 1065)	VARIOUS	VARIOUS	(12,505)				(12,505)
<b>2 Totals.</b> Add the amounts in columns (d), (c), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 8b (if <b>Box D</b> above is checked), line 9 (if <b>Box E</b> above is checked), or line 10 (if <b>Box F</b> above is checked) ▶				(12,505)	0		0	(12,505)

**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.

**General Business Credit**

OMB No 1545-0895

**2019**  
Attachment  
Sequence No **22**

► 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.

Name(s) shown on return

COMBINED JEWISH PHILANTHROPIES OF GREATER BOSTON, INC

Identifying number

04-2103559

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

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

<b>1</b>	General business credit from line 2 of all Parts III with box A checked	<b>1</b>	0
<b>2</b>	Passive activity credits from line 2 of all Parts III with box B checked	<b>2</b>	375
<b>3</b>	Enter the applicable passive activity credits allowed for 2019. See instructions	<b>3</b>	375
<b>4</b>	Carryforward of general business credit to 2019. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach	<b>4</b>	0
<b>5</b>	Carryback of general business credit from 2020. 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>	375

**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 or 1040-SR, line 12a, and Schedule 2 (Form 1040 or 1040-SR), line 2, or the sum of the amounts from Form 1040-NR, lines 42 and 44</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; or the amount from the applicable line of your return</li> </ul>	<b>7</b>	148,045
<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>	148,045
<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>	148,045
<b>12</b>	<b>Net regular tax.</b> Subtract line 10c from line 7. If zero or less, enter -0-	<b>12</b>	148,045
<b>13</b>	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000. See instructions	<b>13</b>	30,761
<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>	30,761
<b>16</b>	Subtract line 15 from line 11. If zero or less, enter -0-	<b>16</b>	117,284
<b>17</b>	Enter the <b>smaller</b> of line 6 or line 16	<b>17</b>	375
	<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** (2019)

**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>	30,761
<b>20</b>	Subtract line 19 from line 11. If zero or less, enter -0- . . . . .	<b>20</b>	117,284
<b>21</b>	Subtract line 17 from line 20. If zero or less, enter -0- . . . . .	<b>21</b>	117,284
<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 2019. 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>	117,284
<b>28</b>	Add lines 17 and 26 . . . . .	<b>28</b>	375
<b>29</b>	Subtract line 28 from line 27. If zero or less, enter -0- . . . . .	<b>29</b>	117,284
<b>30</b>	Enter the general business credit from line 5 of all Parts III with box A checked . . . . .	<b>30</b>	0
<b>31</b>	Reserved . . . . .	<b>31</b>	
<b>32</b>	Passive activity credits from line 5 of all Parts III with box B checked . . . . .	<b>32</b>	1,183
<b>33</b>	Enter the applicable passive activity credits allowed for 2019. See instructions . . . . .	<b>33</b>	1,183
<b>34</b>	Carryforward of business credit to 2019. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach . . . . .	<b>34</b>	0
<b>35</b>	Carryback of business credit from 2020. Enter the amount from line 5 of Part III with box D checked. See instructions . . . . .	<b>35</b>	0
<b>36</b>	Add lines 30, 33, 34, and 35 . . . . .	<b>36</b>	1,183
<b>37</b>	Enter the <b>smaller</b> of line 29 or line 36 . . . . .	<b>37</b>	1,183
<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. • Individuals. Schedule 3 (Form 1040 or 1040-SR), line 6, or Form 1040-NR, line 51 . . . . . • Corporations. Form 1120, Schedule J, Part I, line 5c . . . . . • Estates and trusts. Form 1041, Schedule G, line 2b . . . . .	<b>38</b>	1,558

Name(s) shown on return

Identifying number

COMBINED JEWISH PHILANTHROPIES OF GREATER BOSTON, INC.

04-2103559

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

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

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

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

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
<b>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	375
<b>d</b> Low-income housing (Form 8586, Part I only)	<b>1d</b>	
<b>e</b> Disabled access (Form 8826) (see instructions for limitation)	<b>1e</b>	
<b>f</b> Renewable electricity, refined coal, and Indian coal production (Form 8835)	<b>1f</b>	
<b>g</b> Indian employment (Form 8845)	<b>1g</b>	
<b>h</b> Orphan drug (Form 8820)	<b>1h</b>	
<b>i</b> New markets (Form 8874)	<b>1i</b>	
<b>j</b> Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	<b>1j</b>	
<b>k</b> Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	<b>1k</b>	
<b>l</b> Biodiesel and renewable diesel fuels (attach Form 8864)	<b>1l</b>	
<b>m</b> Low sulfur diesel fuel production (Form 8896)	<b>1m</b>	
<b>n</b> Distilled spirits (Form 8906)	<b>1n</b>	
<b>o</b> Nonconventional source fuel (carryforward only)	<b>1o</b>	
<b>p</b> Energy efficient home (Form 8908)	<b>1p</b>	
<b>q</b> Energy efficient appliance (carryforward only)	<b>1q</b>	
<b>r</b> Alternative motor vehicle (Form 8910)	<b>1r</b>	
<b>s</b> Alternative fuel vehicle refueling property (Form 8911)	<b>1s</b>	
<b>t</b> Enhanced oil recovery credit (Form 8830)	<b>1t</b>	
<b>u</b> Mine rescue team training (Form 8923)	<b>1u</b>	
<b>v</b> Agricultural chemicals security (carryforward only)	<b>1v</b>	
<b>w</b> Employer differential wage payments (Form 8932)	<b>1w</b>	
<b>x</b> Carbon oxide sequestration (Form 8933)	<b>1x</b>	
<b>y</b> Qualified plug-in electric drive motor vehicle (Form 8936)	<b>1y</b>	
<b>z</b> Qualified plug-in electric vehicle (carryforward only)	<b>1z</b>	
<b>aa</b> Employee retention (Form 5884-A)	<b>1aa</b>	
<b>bb</b> General credits from an electing large partnership (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>	375
<b>3</b> Enter the amount from Form 8844 here and on the applicable line of Part II	<b>3</b>	
<b>4a</b> Investment (Form 3468, Part III) (attach Form 3468)	<b>4a</b>	
<b>b</b> Work opportunity (Form 5884)	<b>4b</b>	
<b>c</b> Biofuel producer (Form 6478)	<b>4c</b>	
<b>d</b> Low-income housing (Form 8586, Part II)	<b>4d</b>	
<b>e</b> Renewable electricity, refined coal, and Indian coal production (Form 8835)	<b>4e</b>	
<b>f</b> Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	<b>4f</b> 04-3460734	1,088
<b>g</b> Qualified railroad track maintenance (Form 8900)	<b>4g</b>	
<b>h</b> Small employer health insurance premiums (Form 8941)	<b>4h</b>	
<b>i</b> Increasing research activities (Form 6765)	<b>4i</b>	
<b>j</b> Employer credit for paid family and medical leave (Form 8994)	<b>4j</b>	
<b>z</b> Other	<b>4z</b> 04-3460734	95
<b>5</b> Add lines 4a through 4z and enter here and on the applicable line of Part II	<b>5</b>	1,183
<b>6</b> Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	<b>6</b>	1,558