	Eorm	990-T	Ex	empt Organization	Bus	siness Inco	me Ta	ax Retur	n ,	ОМ	B No 1	545-0047
	FOITH	000 .	For ealer	(and proxy tax ndar year 2019 or other tax year begin						Ĺ	ഉത	1 0
	D	and of the Transier	For cale	Go to www irs gov/Form990					<u>"=-</u> -	4	ZW	13
		ment of the Treasury	▶Do	not enter SSN numbers on this form a					:)(3)	Open t	o Public	Inspection for nizations Only
3	A _	Check box if address changed				me changed and see ins			D Empl		tificatio	on number
J ,	B Exe	empt under section	1	BOSTON FOUNDATION,	INC.							
4	X	501(C ()	Print	Number, street, and room or suite no I	faPO	box, see instructions			04-2	10402	1	
•		408(e) 220(e)	Type							lated busi		ctivity code
		408A530(a)		75 ARLINGTON STREET				FL 3	(0001	nau denona ,		
<u> </u>		529(a)	_	City or town, state or province, country	-	ZIP or foreign postal code	е					
AME UA		ok value of all assets and of year		BOSTON, MA 02116-39	•				5200	00		
É	-	1201631617.		up exemption number (See instruct	<u> </u>		5044 > 1		1.244.		$\overline{}$	<u> </u>
₹			•	ck organization type X 501			501(c) tr		401(a)			Other trust
7		ade or business he	•	nization's unrelated trades or busine アベロー1	sses		V 000 CO	Describe mplete Parts I-				
				end of the previous sentence, cor	molete		•	•			ie, ues	scribe trie
		ade or business, th		·	iipicto	Taris Taria II, Compi	cic a com	codic ivi ioi cat	ar additio			
				corporation a subsidiary in an affili	ated q	roup or a parent-subs	sidiary con	trolled group?		•		res X No
G		-		identifying number of the parent co	-		•	5 .			_	
AUG	J Tr	ne books are in car	e of ▶AL	FRED F. VAN RANST, JI	₹.	Те	lephone r	number 🕨 61	7-338	-1700		
\Box	Par	t I Unrelated	Trade o	or Business Income		(A) Income		(B) Expen	ses		(C)	Net
旦	1 a	Gross receipts or	sales									
Z	b	Less returns and allows		c Balance	1c							
SCANNED	2			ule A, line 7)	2						 '	
ပ္က	3			2 from line 1c	3	120	200			+,	/	120 200
0,	4a			ttach Schedule D)	4a	130,2	298.			 //		130,298.
	b			Part II, line 17) (attach Form 4797)	4b							
	C E			rusts	4c 5	-375,5	533	ATCH 2	_/			375,533.
	5 6			r an S corporation (attach statement)	6	3.3,3	,,,,,	AICH Z		+		3,3,333.
	7			come (Schedule E)	7							
	8			ints from a controlled organization (Schedule F)				$\overline{}$		1		
	9	•		1(c)(7), (9), or (17) organization (Schedule G)	<u> </u>							
	10			ncome (Schedule I)	10							
	11	Advertising incon	ne (Sched	lule J)	11							
	12	Other income (Se	ee instruc	tions, attach schedule)	12							
	13	Total. Combine li	nes 3 thr	ough 12	13	245,2						245,235.
	Par			Taken Elsewhere (See insti		ons for limitations	s on dec	ductions) ([Deduct	ions mi	ust be	e directly
				ne unrelated business incom		/				-		
	14	•		directors, and trustees (Schedule K)	/					_		
	15			<i>. /</i>								
	16 17											
	18			(see instructions)						1		35,161.
	19									1		3,978.
	20			4562)			j					
	21			on Schedule A and elsewhere on re			l_		21t	5		
	22			/			77		22			
	23	Contributions to	deferred	compensation plans	バド	CEIVED	ا		23			
	24			s			ဖွဲ့		24			
	25	Excess exempt ex	genses (Schedule I)	MAY	/(178 -2021 - [아 아		25			
	26			chedule J)		.\!	α .		<u>26</u>			
	27	/		chedule)	101	TYTE KI 1117	∵ ∤	ATCH. 4	27	1		316,809.
	28	/				DEN, UT.	<u></u>		28	<u> </u>		355,948.
	29			le income before net operating								601,183.
	30	,		g loss arising in tax years beginning	-	-				1		601,183.
	31/ For 5			e income Subtract line 30 from line lotice, see instructions.	29 .	<u> </u>	• • • • •		31			90-T (2019)
		-								α 11	n on a	, JU-1 (2019)
9X27	JSA 740 1 0	00 9076AL 159	92				16	42231		UI!	4	
			-					-		•		

Par	t III Total Unrelated Business Taxable Income				
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see			
	instructions)	1 1 1	- (501,	183.
33	Amounts paid for disallowed fringes	F 1 7			
34	Charitable contributions (see instructions for limitation rules)				
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract				
	34 from the sum of lines 32 and 33	(- (501,	183.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (7			
•	instructions)				
37	Total of unrelated huggest tayable groups before checific deduction. Subtract line 26 from line 25			501,	183
38	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	(7) $\frac{3}{38}$			000.
39	Unrelated business taxable income Subtract line 38 from line 37 If line 38 is greater than line				
33/	•		-1	501,	183
Par	enter the smaller of zero or line 37	1.1. 99		,	
		N 40			
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)				
41	Trusts Taxable at Trust Rates See instructions for tax computation income tax	1 1			
	the amount on line 39 from Tax rate schedule or Schedule D (Form 1041)				
42	Proxy tax. See instructions				
43	Alternative minimum tax (trusts only),				
7 /	Tax on Noncompliant Facility Income. See instructions				
_	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45			
Par					
	Roreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a				
	Other credits (see instructions)				
	General business credit Attach Form 3800 (see instructions)				
d	Credit for prior year minimum tax (attach Form 8801 or 8827)				
е	Total credits. Add lines 46a through 46d	46e			
47	Subtract line 46e from line 45	47			
48	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	ule) . 48			
49	Total tax. Add lines 47 and 48 (see instructions)	49			0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), Jine 3,	50			
	Payments A 2018 overpayment credited to 2019	00.			
b	2019 estimated tax payments				
C	Tax deposited with Form 8868				
d	Foreign organizations Tax paid or withheld at source (see instructions)				
е	Backup withholding (see instructions)				
f	Credit for small employer health insurance premiums (attach Form 8941)				
g	Other credits, adjustments, and payments Form 2439				
	Form 4136 Other Total ▶ 51g				
52	Total payments. Add lines 51a through 51g	5 <u>2</u>		145,	000.
53	Estimated tax penalty (see instructions) Check if Form 2220 is attached	53			
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	. ▶ 54			
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	-	145,	000.
. 56	Enter the amount of line 55 you want Credited to 2020 estimated tax ▶145,000. Refunde	d ▶ 56			
Par					
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature		authority	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization		-		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of	-			
	here >		,		х
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	foreign this			x
50	If "Yes," see instructions for other forms the organization may have to file	i loreign aus			
59	Enter the amount of tax-exempt interest received or accrued during the tax year > \$48,849.				
55	Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to	the best of r	ny knowledge	and be	lief, it i
Sigi	true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge				
Her			IRS discuss		
1161	Signature of officer Date Title	(see instruct	preparer sh	es	7
	Print/Type preparer's name Preparer's signature Date		PTIN	C 3	No
Paid		Check i	1	1777	20
	10DD 1ERESCO 03/10/2021	self-employed			
	Control Firm's name Prefig Bue	Firm's EIN	13-356	1000	
	Firm's address ▶ 60 SOUTH STREET, BOSTON, MA 02111	Phone no 6			_
JSA (2741 1 0	9076AL 1592 1642231		Form 9	90-T	(2019

Form 990-T (2019)						<u> </u>		Page 3
Schedule A - Cost of G	oods Sold. I	nter method	d of inventor	y valuation I	>			
1 Inventory at beginning of y	/ear . 1		- 6	Inventory	at end of yea	ar	6	
2 Purchases			7			ld. Subtract line		
3 Cost of labor	3			6 from lin	e 5 Enter	here and in Part		
4a Additional section 263A c	osts			I, line 2			. 7	
(attach schedule)	4a		8			section 263A (v		es No
b Other costs (attach schedu	· · ·			property	produced	or acquired for	r resale) apply	
5 Total. Add lines 1 through	· · —					<u></u>		
Schedule C - Rent Income	e (From Real	Property a	nd Persona	al Property	Leased V	Vith Real Prope	erty)	
(see instructions)	•							
Description of property		_					 -	
(1)								
(2)								
(3)								
(4)								
	2 Rent rec	eived or accru	ed					
(a) From personal property (if the for personal property is more the more than 50%)	nan 10% but not	percent	age of rent for p	ersonal property personal property ased on profit or	exceeds		directly connected with the (a) and 2(b) (attach schedu	
(1)								
(2)								
(3)			-					
(4)			-					
Total		Total						
(c) Total income Add totals of chere and on page 1, Part I, line 6	• •	• •				(b) Total deduction Enter here and or Part I, line 6, colu	n page 1,	
Schedule E - Unrelated D	ebt-Financed	Income (se	e instruction	ns)				
1 Description of de	bt-financed property	,		come from or debt-financed			onnected with or allocable to ced property (b) Other deduction	
			pro	perty		nch schedule)	(attach schedule	
(1)								
(2)								
(3)								
(4)								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average ac of or allo debt-finance (attach so	cable to ed property	4 dı	olumn vided lumn 5		ıncome reportable n 2 x column 6)	8 Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1)				%				
(2)				%				
(3)				%				
(4)				%				
Totals						re and on page 1, ne 7, column (A)	Enter here and on p Part I, line 7, colum	
Total dividends-received deduct	tions included in	column 8	<u> </u>	· · · · · ·	<u> </u>	<u> ▶</u>		

Schedule F – Interest, Ann	iaidos, respuido			t Controlled Or						
Name of controlled organization	2 Employer identification numb	per		unrelated income (see instructions)	1	of specifients made	ed include	of column 4 th in the contro tion's gross in	olling	6 Deductions directly connected with income in column 5
(1)					<u> </u>					
(2)									_	
(3)										
(4)										
Nonexempt Controlled Organi	zations									
7 Taxable Income	8. Net unrelated in (loss) (see instruc			9 Total of specific payments made		incl	Part of columination of the control	ontrolling		Deductions directly nected with income in column 10
(1)										
(2)										
(3)										
(4)										_
Totals			 01(c)		⊳ 7) Orga	Ent Pa	d columns 5 er here and or t I, line 8, coli	n page 1, umn (A)	En:	dd columns 6 and 11 ter here and on page 1, art I, line 8, column (B)
1 Description of income	2 Amount of			3 Dedu- directly co (attach sc	ctions nnected		4 S	et-asides i schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)					•					
(3)				•						
(4)										
Totals ▶	Enter here and Part I, line 9, c	olumn (A)						_		Enter here and on page 1 Part I, line 9, column (B)
Schedule I - Exploited Exc	empt Activity In	come,	Othe	<u>r Than Advert</u>	ising Ir	come	(see instr	uctions)		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	dı conne prodi uni	xpenses rectly ected wi uction of related ess incor	or business 2 minus co If a gain, c	ted trade (column lumn 3) ompute	from is no	ross income activity that at unrelated less income	6. Expe attributa colum	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)								†		
(2)							_			
(3)								†		
(4)				-				 		
	Enter here and on page 1, Part I, line 10, col (A)	page	ere and 1, Part 0, col (f	I,		ı		-l		Enter here and on page 1, Part II, line 25
Totals ▶ Schedule J- Advertising I		uctions\					_			<u> </u>
			- Ca-	solidated Pa	oie -				-	
Part I Income From Per	louicais Report	teu on a	a Cor	isoliuateu ba	515	r		1		
1 Name of periodical	2 Gross advertising income		Direct ising co	4 Adver gain or (lo 2 minus c a gain, cc cols 5 thr	ss) (col ol 3) If impute	l	Circulation ncome	6 Read		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)										
(4)										
-										T
Totals (carry to Part II, line (5))										Form 990-T (2019

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)						
Totals from Part I ▶				<u> </u>		
	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
Totals, Part II (lines 1-5) ▶						

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)		%	
(2)		%	
3)		%	
4)		%	
Total. Enter here and on page 1, Part II, line 14			131. 111.

Form **990-T** (2019)

SCHEDULE D (Form 1120)

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

Department of the Treasury Internal Revenue Service

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

2019

OMB No 1545-0123

Employer identification number BOSTON FOUNDATION, INC. 04-2104021 X No Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss Short-Term Capital Gains and Losses (See instructions) (g) Adjustments to gain (h) Gain or (loss) See instructions for how to figure the amounts to enter on (e) Subtract column (e) from or loss from Form(s) the lines below Proceeds Cost 8949. Part I, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) the result with column (a) column (q) whole dollars 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 . . . 1b Totals for all transactions reported on Form(s) 8949 2 Totals for all transactions reported on Form(s) 8949 with Box B checked Totals for all transactions reported on Form(s) 8949 28.133. 28,133. 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 6 Unused capital loss carryover (attach computation) 6 28,133. 7 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h Part II Long-Term Capital Gains and Losses (See instructions See instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) (e) the lines below or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part II, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) column (g) the result with column (g) whole dollars 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However if you choose to report all these transactions on Form 8949 leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 -27,509. -27,509. Enter gain from Form 4797, line 7 or 9 129,674. 11 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 Capital gain distributions (see instructions) 15 102,165. 15 Net long-term capital gain or (loss) Combine lines 8a through 14 in column h Part III Summary of Parts I and II 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 28,133. 102,165. 17 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7).... 130,298. Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns Note: If losses exceed gains, see Capital Losses in the instructions

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

Schedule D (Form 1120) 2019

Form 8949

Sales and Other Dispositions of Capital Assets

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

OMB No 1545-0074

Department of the Treasury Internal Revenue Service

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

Social security number or taxpayer identification number

04-2104021

Name(s) shown on return

BOSTON FOUNDATION, INC.

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

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I 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)

X (C) Short-term transactions r	(b)	(c)	(d)	(e) Cost or other basis	If you enter an a	any, to gain or loss amount in column (g), de in column (f) trate instructions	(h) Gain or (loss)
Description of property (Example 100 sh XYZ Co)	Date acquired (Mo , day, yr)	Date sold or disposed of (Mo , day, yr)		See the Note below and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	Subtract column (e) from column (d) and combine the result with column (g)
PARTNERSHIP FLOW THRU			33,530				33,530
PARTNERSHIP FLOW THRU (FORM 6781)			-5,397				-5,397
							
	_						
2 Totals Add the amounts in columns negative amounts) Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C ab	here and inc is checked), line	lude on your e 2 (if Box B	28,133				28,133

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

Form 8949 (2019) 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 Social security number or taxpayer identification number BOSTON FOUNDATION, INC. 04-2104021

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

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see Part II 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, complet
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	transa	ctions	reported	on	Form(s)	1099-B	showing basis w	as reported to	the IRS	(see Note	above)
(E)	Long	-term	transa	ctions	reported	on	Form(s)	1099-B	showing basis wa	asn't reporte	d to the If	RS	
 								_	4000 D				

X (F) Long-term transactions n	ot reported t	o you on For	n 1099-B	·			
1 (a) Description of property	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds (sales pnce)	(e) Cost or other basis See the Note below and see Column (e)	If you enter an a enter a cod	ny, to gain or loss mount in column (g), e in column (f) rate instructions	(h) Gain or (loss) Subtract column (e) from column (d) and
(Example 100 sh XYZ Co)	(Mo , day, yr)	(Mo , day, уг)	(see instructions)	in the separate	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
PARTNERSHIP FLOW THRU			-19,414				-19,414
PARTNERSHIP FLOW THRU (FORM 6781)			-8,095				-8,095
		-					
							
2 Totals Add the amounts in columns						·-···	
negative amounts) Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	is checked), line	9 (If Box E	-27,509				-27,509

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

Form 8949 (2019)

ATTACHMENT 2

FORM	990T -	· LINE 5	-INCOME	(LOSS)	FROM	PARTNERSHIPS	OR S	S CORPORATIONS

PARTNERSHIP	2 3			-5,07917,890. 1,2549,59260,443153,20820,709. 17,0486,27034,82561,526107,08310,613. 2,15088,851. 154,059107122,864365269.
	15			
	16			
	17			
	18			
	19			·
	-			
PARTNERSHIP	23			91.
PARTNERSHIP PARTNERSHIP	24			2.
PARTNERSHIP	25 26			21,338. -328.
PARTNERSHIP	27			48,415.
PARTNERSHIP	28			-868.
PARTNERSHIP	29			22,584.
PARTNERSHIP	30			-366.
PARTNERSHIP	31			1,379.
PARTNERSHIP	32			-18,324.
	33			-10,697.
	34			-3,461.
PARTNERSHIP	35			-30,108.
INCOME	(LOSS)	FROM	PARTNERSHIPS	-375,533.

ATTACHMENT 3

FORM 990T - PART II - LINE 18 - INTEREST

PART II - LINE 18 - INTEREST

35,161.

ATTACHMENT 4

FORM 990T - PART II - LINE 27 - TOTAL OTHER DEDUCTIONS

TAX PROFESSIONAL FEES
INVESTMENT MANAGEMENT FEE
INTERNAL INVESTMENT MANAGEMENT EXPENSES

31,000.

127,868.

157,941.

PART II - LINE 27 - OTHER DEDUCTIONS

316,809.

BOSTON FOUNDATION, INC 04-2104021

FORM 990T - PART III - LINE 36 - NET OPERATING LOSSES GENERATED PRIOR TO JANUARY 1, 2018

		CHARITABLE				
		CONTRIBUTIONS	AMOUNT		AMOUNT	
	AMOUNT	CONVERTED	UTILIZED IN	AMOUNT	UTILIZED IN	AMOUNT
YEAR	GENERATED	TO NOL_	PRIOR YEARS	EXPIRED	CURRENT YEAR	REMAINING
JUNE 30, 1997	137,153		137,153	-		-
JUNE 30, 1998	-	-	-	-	-	-
JUNE 30, 1999	157,085	-	157,085	-	-	-
JUNE 30, 2000	314,822	-	314,822	-	-	-
JUNE 30, 2001	769,757	-	769,757	-	-	-
JUNE 30, 2002	217,287	-	217,287	-	•	-
JUNE 30, 2003	-	-	-	-	-	-
JUNE 30, 2004	-	-	-	-	-	-
JUNE 30, 2005	=	-	-	-	-	-
JUNE 30, 2006	67,463	-	67,463	-	-	-
JUNE 30, 2007	2,829	+	2,829	-	•	-
JUNE 30, 2008	542,577	-	542,577	-	-	-
JUNE 30, 2009	1,021,920	-	1,021,920	-	-	-
JUNE 30, 2010	2,499,973	-	2,499,973	=	•	-
JUNE 30, 2011	1,407,542	-	951,328	** -	-	456,214
JUNE 30, 2012	-	-	-	-	-	-
JUNE 30, 2013	-	-	-	-	-	-
JUNE 30, 2014	-	-	-	-	-	-
JUNE 30, 2015	-	-	-	-	•	-
JUNE 30, 2016	=	=	-	•	-	-
JUNE 30, 2017	-	-	-	-	-	-
JUNE 30, 2018		-	<u>-</u>	-	-	
TOTALS	7,138,408	-	6,682,194	-	-	456,214

FORM 990T - PART I - LINE 30 - NET OPERATING LOSSES GENERATED AFTER JANUARY 1, 2018 SILO ACTIVITY - 520000 AGGREGATED PARTNERSHIP INVESTMENTS

0110	JECCCO MODICEDOMIE		11	
		AMOUNT	AMOUNT	
	AMOUNT	UTILIZED IN	UTILIZED IN	AMOUNT
YEAR	GENERATED	PRIOR YEARS	CURRENT YEAR	REMAINING
JUNE 30, 2019	760,574 *	671	-	759,903
JUNE 30, 2020	601,183		-	601,183
TOTALS	1,361,757	671		1,361,086

^{*} THE NET OPERATING LOSS CARRYFORWARD GENERATED JUNE 30, 2019 HAS BEEN AJUSTED IN ACCORDANCE WITH REVENUE RULING 81-88 THE \$34,741 REDUCTION IN AVAILABLE NOL IS DUE TO THE EXCESS BUSINESS INTEREST EXPENSE CARRYFORWARD TAKEN AS A DEDUCTION ON THE 2018 FORM 990-T.

^{**} THE NET OPERATING LOSS UTILIZED IN PRIOR YEARS ENDED JUNE 30, 2011 HAS BEEN ADJUSTED IN ACCORDANCE WITH REVENUE RULING 81-88. THE \$116,552 INCREASE IN AVAILABLE NOL IS DUE TO THE RETROACTIVE REPEAL OF IRC SECTION 512(A)(7) FOR THE UBTI FROM QUALIFIED TRANSPORTATION FRINGE BENEFITS

FEDERAL FORM 990-T, PART III, LINE 34 - CHARITABLE CONTRIBUTION CARRYFORWARD

	CHARITABLE	CONTRIBUTION		TOTAL
YEAR	CONTRIBUTION	CONVERTED TO NOL	AMOUNT DEDUCTED	CARRYFORWARD
JUNE 30, 2016	(2,770)	-	-	(2,770)
JUNE 30, 2017	(10,169)	-	-	(10,169)
JUNE 30, 2018	(4,675)	-	-	(4,675)
JUNE 30, 2019	(2,509)	-	-	(2,509)
JUNE 30, 2020	(2,055)		-	(2,055)
TOTALS	(22,178)	-	-	(22,178)

ATTACHMENT TO FORM 990-T, IRC SECTION 965 TRANSITION STATEMENT

EXPLANATION OF VARIANCE BETWEEN GROSS INCOME/DEDUCTIONS AND NET INCOME TAX LIABILITY.

BOSTON FOUNDATION, INC. RECEIVED SCHEDULES K-1 FROM PARTNERSHIPS REPORTING A TOTAL ALLOCABLE AMOUNT REQUIRED TO BE INCLUDED IN INCOME BY REASON OF SECTION 965(A) OF \$24. HOWEVER, NONE OF THIS AMOUNT WAS IDENTIFIED BY THE PARTNERSHIPS AS BEING UNRELATED BUSINESS TAXABLE INCOME. IN ADDITION, BOSTON FOUNDATION, INC'S INTEREST IN THESE PARTNERSHIPS WAS NOT DEBTFINANCED. ACCORDINGLY, THE NET INCOME TAX LIABILITY UNDER SECTION 965 IS \$0.

Boston Foundation, Inc.

75 Arlington Street, FL 3, Boston, MA 02116-3936

EIN: 04-2104021

Tax Year Ending June 30, 2020

ELECTION TO WAIVE

CARRYBACK PERIOD UNDER §172(b)(3)

AND REV. PROC. 2020-24

Attachment to Form 990-T, Exempt Organization and Business Income Tax Return

Tax Period Ending: June 30, 2019

Boston Foundation, Inc. incurred a net operating loss in its tax year ended June 30, 2019 and is entitled to a carryback period of five years with respect to such loss under §172(b)(1)(D)

In accordance with §172(b)(3) under Rev. Proc. 2020-24, taxpayer hereby elects to relinquish the entire carryback period with respect to the net operating loss incurred in its tax year ended June 30, 2019 and will carry forward the loss

Tax Period Ending: June 30, 2020

Boston Foundation, Inc. incurred a net operating loss in its tax year ended June 30, 2020 and is entitled to a carryback period of five years with respect to such loss under §172(b)(1)(D).

In accordance with §172(b)(3) under Rev. Proc. 2020-24, taxpayer hereby elects to relinquish the entire carryback period with respect to the net operating loss incurred in its tax year ended June 30, 2020 and will carry forward the loss