Form	990-T	E	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))	۱	OMB N	lo. 1545-0047
		For ca	lendar year 2020 or other tax year beginning JUL 1, 2020, and ending JUN 30, 2021		2	020
Depart Interna	ment of the Treasury Il Revenue Service		► Go to 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 Pr	ublic Inspection for Organizations Only
Α [Check box if address changed.		Name of organization (DEmpl	oyer identif	fication number
B E>	empt under section	Print	JEWISH PHILANTHROPIES OF NEW YORK, INC.		51-017	
X] 501(c)(3)] 408(e)220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 130 EAST 59TH STREET		o exemptio nstructions	
] 408A		City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10022-1302	F	Checl	k box if
		С Во	ook value of all assets at end of year		an an	nended return.
G (Check organization	type 🕨	X 501(c) corporation 501(c) trust 401(a) trust Other trust A	pplical	ole reins	urance entity
H (Check if filing only to	>	Claim credit from Form 8941 Claim a refund shown on Form 2439			
1 (Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation			>
J E	nter the number of	attach	ed Schedules A (Form 990-T)		2	
K [During the tax year,	was th	e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	▶ □	Yes	X No
ľ	f "Yes," enter the na	ame an	d identifying number of the parent corporation.			
			→ JOANN LOCASCIO, CONTROLLER Telephone number ▶ 2:	12-83	6-1730)
Pa	rt I Total Unr	elate	d Business Taxable Income		,	
1	Total of unrelated	busine	ss taxable income computed from all unrelated trades or businesses (see			
	instructions)			1		0.
2	Reserved			2		
3	Add lines 1 and 2			3		
4			(see instructions for limitation rules)	4		0.
5			taxable income before net operating losses. Subtract line 4 from line 3	5		
6		•	ng loss. See instructions	6		
7	Total of unrelated	busine	ss taxable income before specific deduction and section 199A deduction.			
	Subtract line 6 from		***************************************	7		
8			rally \$1,000, but see instructions for exceptions)	8		1,000.
9			duction. See instructions	9		
10	Total deductions			10		1,000.
11		ss taxa	able income. Subtract line 10 from line 7. If line 10 is greater than line 7,	l		0
Pa	enter zerort II Tax Com	nutat	ion	11		0.
						0.
1	•		s corporations. Multiply Part I, line 11 by 21% (0.21)	1		
2			ates. See instructions for tax computation. Income tax on the amount on Tax rate schedule or Schedule D (Form 1041)	,		
•	Part I, line 11 from Proxy tax. See ins		_	3		
3	Other tax amounts			4		
4	Alternative minimu			5		
5 6				6		
7	-		h 6 to line 1 or 2, whichever applies	7		0.
•	. Juli / lau iii los 0	anoug	10 to 1110 1 5, 2, Willionovor applico			

Form **990-T** (2020)

LHA For Paperwork Reduction Act Notice, see instructions.

Form 9	<u>`</u>	,								Page 2
Part	III	Tax and Payments								
1a	Forei	gn tax credit (corporations attach Form 1	118; trusts attach Form 1116	3)	1a		_			
b	Other	credits (see instructions)			1b		_			
С		ral business credit. Attach Form 3800 (se					_			
d	Credi	t for prior year minimum tax (attach Form	1 8801 or 8827)		1d		_			
е	Total	credits. Add lines 1a through 1d						1e		
2	Subtr	act line 1e from Part II, line 7		<u></u>		<u></u>		2		0.
3	Other	taxes. Check if from: Form 4	255 Form 8611	Form 8	3697	Form 8866				
		Other (a	attach statement)					3	33	,510.
4	Total	tax. Add lines 2 and 3 (see instructions).	. Check if include	es tax previo	ously de	eferred under				
	section	on 1294. Enter tax amount here			▶			4	33	,510.
5	2020	net 965 tax liability paid from Form 965-A	A or Form 965-B, Part II, colu	mn (k), line	4,	·····		5		0.
6a		ents: A 2019 overpayment credited to 20			6a	100,00	10.			
b	2020	estimated tax payments. Check if sectio	n 643(g) election applies	▶ □	6b		_			
С					6c		_			
d	Forei	gn organizations: Tax paid or withheld at	source (see instructions)		6d		Ц			
е		up withholding (see instructions)			6e		_			
f		t for small employer health insurance pre			6f		_			
g		credits, adjustments, and payments:								
			Other				_			
7	Total	payments. Add lines 6a through 6g				_		7	100	,000.
8	Estim	ated tax penalty (see instructions). Chec	k if Form 2220 is attached			▶ ∟	إل	8		
9		lue. If line 7 is smaller than the total of lin					▶	9		
10		payment. If line 7 is larger than the total					▶	10	66	,490.
11		the amount of line 10 you want: Credite				490 Refunded	<u> </u>	11		0.
Part		Statements Regarding Certain			-	· · · · · · · · · · · · · · · · · · ·				_
1		y time during the 2020 calendar year, dic							Yes	No
		a financial account (bank, securities, or o	, ,	•	•	•				
		EN Form 114, Report of Foreign Bank and	d Financial Accounts. If "Yes	," enter the	name o	f the foreign count	ry			
		► BERMUDA							X	_
2		g the tax year, did the organization receiv		_						-
		n trust?								X
		s," see instructions for other forms the o	-							
3		the amount of tax-exempt interest receive		year		> \$				١
4a		ne organization change its method of acc	• ,							X
b		s "Yes," has the organization described t	the change on Form 990, 990	0-EZ, 990-P	F, or Fo	rm 1128? If "No,"				
Part		in in Part V Supplemental Information	<u></u>				<u></u>	<u></u>		
		_ · ·								
Provid	e the e	xplanation required by Part IV, line 4b. Al	so, provide any other additio	nal informa	tion. Se	e instructions.				
	Uı	nder penalties of perjury, I declare that I have examined	I this return, including accompanying s	chedules and st	atements.	and to the best of my kno	wled	ge and belief	it is true.	
Sign		orrect, and complete. Declaration of preparer (other than						,,		
Here			\ \ c	ONTROLLE	-			-	cuss this return	with
		Signature of officer	Date Tit					tructions)?	wn below (see	No
		<u> </u>	1		nto.	Charle			169	INU
		Print/Type preparer's name	Preparer's signature	0	ate	Check	if	PTIN		
Paid		DAVID M. HIGHFILL				self- employ	eu	P0151	17891	
Prepa		Firm's name KPMG LLP				Eirm's EIN	$\overline{}$		5565207	
Use (Only	550 S HOPE STRI	 RRT			Firm's EIN				
		Firm's address LOS ANGELES, CA				Phone no.	21	3-972-4	.000	
			· · -			1 110110 110.				

Form **990-T** (2020)

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Go to 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).

501(c)(3) Organizations Only

1 A	Name of the organization UNITED JEWISH APPEAL-FEDERATION OF JEWISH PHILANTHROPIES OF NEW YORK, INC.	F		B Employer id 51-0172		n number
с ।	Unrelated business activity code (see instructions) > 211110			D Sequence:	1	of ²
E (Describe the unrelated trade or business WORKING INTEREST I	N OIL	AND GAS PROPERTIES	5		
	rt I Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1 a	Gross receipts or sales					
b	Less returns and allowances c Balance ▶	1c				
2	Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4 a	Capital gain net income (attach Sch D (Form 1041 or Form					
	1120)) (see instructions)	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10				
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement) STMT 1	12	215,845.			215,845.
13	Total. Combine lines 3 through 12	13	215,845.			215,845.
Pa	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in		or limitations on ded	uctions) Dedu	ctions n	nust be
	0 1 6 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
1	Compensation of officers, directors, and trustees (Part X)				1	128,678.
2	Salaries and wages				3	120,070.
3	Repairs and maintenance				4	
4 5	Bad debts				5	
6	Interest (attach statement) (see instructions)				6	
7	Taxes and licenses Depreciation (attach Form 4562) (see instructions)		7			
8	Less depreciation claimed in Part III and elsewhere on return				8b	
9	Depletion		· · · · · · · · · · · · · · · · · · ·		9	89.
10	Contributions to deferred compensation plans				10	
11	Employee benefit programs				11	
12	Excess exempt expenses (Part VIII)				12	
13	Excess readership costs (Part IX)				13	
14	Other deductions (attach statement)		SEE STATEMENT	2	14	341,050.
15	-			l	15	469,817.
16	Unrelated business income before net operating loss deduction. So			F		
	column (C)				16	-253,972.
17	Deduction for net operating loss (see instructions)				17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16				18	-253,972.

	tule A (Form 990-T) 2020 Cost of Goods Sold Enter methol	od of inventory valuation	•		Page 2
1				1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)			5	
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year			7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter he				
9	Do the rules of section 263A (with respect to property pro				Yes No
Part					
1	Description of property (property street address, city, sta	te, ZIP code). Check if a	dual-use (see instruction	ons)	
	В				
	c \square				
	D				
		Α	В	С	D
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)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A th	nrough D. Enter here and	on Part I, line 6, colun	nn (A)	0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Ente	er here and on Part I line	6 column (R)		0.
Part			o, column (b)		
1	Description of debt-financed property (street address, cit	•	c if a dual-use (see inst	ructions)	
·	A	,, o.a.o, <u>a</u> oodo,. ooo.	a aaa. acc (cccc.		
	В				
	с				
	D				
		Α	В	С	D
	Gross income from or allocable to debt-financed				
2	Gross income from or allocable to debt-illianced				
2					
2					
	property				
	property Deductions directly connected with or allocable				
3	property Deductions directly connected with or allocable to debt-financed property				
3 a	property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b,				
3 a b	property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D)				
3 a b	property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable				
3 a b c	property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
3 a b c	property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-				
3 a b c	property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement)				
3 a b c 4 5	property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5	%	%	%	%
3 a b c 4 5 6 7	property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6				
3 a b c	property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5				%
3 a b c 4 5 6 7	property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6				

Total dividends-received deductions included in line 10

Pan	_
ı ay	_

	ule A (Form 990-T) 2020											Page 3
Part	VI Interest, Annu	uities, Ro	oyalties, and Re	ents fror	n Control	led Or	ganizations	S (see	instruct	ions)		
						E	xempt Contro	lled Orga	anization	s		
	1. Name of controlle	d	2. Employer	3. Net	unrelated	4. Tota	al of specified	5. Part	t of colur	nn 4	6. De	ductions directly
	organization		identification	incon	ne (loss)	payn	nents made	1	ncluded		CC	nnected with
			number	(see ins	structions)				lling orga gross inc		inco	me in column 5
(1)								,	9.0000			
(2)												
(3)												
(4)												
			No	nexempt C	Controlled O	rganizati	ons					
7	. Taxable Income	8.	Net unrelated	9. To	otal of specit	ied	10. Part			11.	Dedu	ctions directly
		ir	ncome (loss)	pa	yments mad	е	that is inc				conn	ected with
		(see	e instructions)					income		ind	come	in column 10
(1)												
(2)												
(3)												
(4)												
							Add colum					mns 6 and 11.
							Enter here	and on F column (/	,			e and on Part I, column (B)
							111100,0	, minipo	,		ii ic o,	
Totals	\/!!	<u></u>				<u></u>	L		0.			0.
Part			of a Section 50	1(C)(<i>1</i>), (T .		1	ee instru				
	1. Desc	cription of	income		2. Amou		3. Deduction		4. Set-			Total deductions and set-asides
					IIICOI	i i C	(attach state	,	attach st	.atemei	''/	add cols 3 and 4)
(4)											_	
(1)											+	
(2)											+	
(3) (4)											+	
(+)					Add amo	unts in					٠,	Add amounts in
					column 2	. Enter						column 5. Enter
					here and o							ere and on Part I,
Totals				_	line 9, colu	, 0 . 0					"	ne 9, column (B)
Part	VIII Exploited E	xempt A	Activity Income,	Other 1	Than Adve		a Income	see insti	ructions)			
1	Description of exploite			, 5 101 1			J	Joe II ISLI	actions)			
2	Gross unrelated busin	,		ness Ente	r here and o	n Part I	line 10 colum	n (A)		2		
3	Expenses directly con						·	. ,				
-	line 10, column (B)							,		3		
4	Net income (loss) from											
=	lines 5 through 7						• .			4		
5	Gross income from ac	tivity that i	is not unrelated busi	ness incor	me					5		
6	Expenses attributable									6		
7	Excess exempt expen											
	4. Enter here and on F									7		

Schedule A (Form 990-T) 2020

Sched	lule A (Form 990-T) 2020				ENTITY 1 Page 4
Part					r age 4
1	Name(s) of periodical(s). Check box if reporting	ng two or more periodicals on a co	onsolidated basis		
	B				
	c				
	D				
Enter	amounts for each periodical listed above in the	·			
•	Over and variation of the control	A	В	С	D
2	Gross advertising income Add columns A through D. Enter here and on				0.
_	Add Coldmins A through D. Enter here and on	Fart I, IIIIe 11, Column (A)		>	
а 3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on	•		•	0.
u	Add columns A through b. Enter here and on	Tarti, inte 11, column (b)		/	
4	Advertising gain (loss). Subtract line 3 from lir	ne			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column ir	n			
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income	1			
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is le	ss			
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain of				
	line 4, enter the lesser of line 4 or line 7	· · · · · · · · · · · · · · · · · · ·			
а	Add line 8, columns A through D. Enter the gr				
Dort	Y Compensation of Officers, Dir	roctore and Trustees		>	0.
Part	Compensation of Officers, Dir	ectors, and Trustees (see	e instructions)		4.0
	4 Nove	O T''		3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
(4)				to business	unrelated business
(1)				% %	
(2) (3)				%	
(3) (4)				%	
(-)				70	
Total	I. Enter here and on Part II, line 1			•	0.
Part	,	ee instructions)			

FORM 990-T (A)	OTHER INCOME	STATEMENT 1
DESCRIPTION		AMOUNT
WORKING INTEREST IN OIL	AND GAS PROPERTIES	215,845.
TOTAL TO SCHEDULE A, PAR	T I, LINE 12	215,845.
FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
PRODUCTION EXPENSE		168,121.
PROFESSIONAL SERVICES CONSULTANTS		80,000. 56,840.
INSURANCE		36,089.
TOTAL TO SCHEDULE A, PAR	T II, LINE 14	341,050.

D Sequence:

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

of

Department of the Treasury Internal Revenue Service

C Unrelated business activity code (see instructions) ▶

► Go to 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).

501(c)(3) Organizations Only UNITED JEWISH APPEAL-FEDERATION OF B Employer identification number Name of the organization JEWISH PHILANTHROPIES OF NEW YORK, INC. 51 - 0172429901101

Pa	rt I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales				
b	Less returns and allowances c Balance ▶	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Sch D (Form 1041 or Form				
	1120)) (see instructions)	4a	1,061,067.		1,061,067.
b		4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement) STATEMENT 3	5	-1,387,268.		-1,387,268.
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			1
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			1
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	-326,201.		-326,201.

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

1	Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages				481,198.
3	Repairs and maintenance				
4	Bad debts				
5	Interest (attach statement) (see instructions)			. 5	
6	Taxes and licenses				39,529.
7	Depreciation (attach Form 4562) (see instructions)				
8	Less depreciation claimed in Part III and elsewhere on return			8b	
9	Depletion			. 9	
10	Contributions to deferred compensation plans			1 1	
11	Employee benefit programs			. 11	79,288.
12	Excess exempt expenses (Part VIII)				
13	Excess readership costs (Part IX)			. 13	
14	Other deductions (attach statement)	SEE S	PATEMENT 4	. 14	179,575.
15	Total deductions. Add lines 1 through 14			15	779,590.
16	Unrelated business income before net operating loss deduction. Subtract line 15 fr	rom Pa	rt I, line 13,		
	column (C)			. 16	-1,105,791.
17	Deduction for net operating loss (see instructions)			17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16				-1,105,791.
	E B I B I D A I N D I I D D				. /F

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

	ule A (Form 990-T) 2020				Page 2
Part	III Cost of Goods Sold Enter met	nod of inventory valuat	ion		
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter h				
9 Part	Do the rules of section 263A (with respect to property p				Yes No
	· · · · · · · · · · · · · · · · · · ·	•			
1	Description of property (property street address, city, s	tate, ZIP code). Check	if a dual-use (see instri	uctions)	
	A				
	B				
	C				
	<u> </u>	Δ.	В	С	
2	Rent received or accrued	Α	В	U	<u> </u>
_					
а	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				
D	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
·	Add lines 2a and 2b, columns A through D				
	Add lines 2a and 2b, coldmins A through b				
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here	and on Part I line 6 o	olumn (A)	0.
Ū	Deductions directly connected with the income	tinough B. Enter here		oldi i i i i i i i i i i i i i i i i i i	<u>-</u>
4	in lines 2(a) and 2(b) (attach statement)				
7	in inics z(a) and z(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. En	iter here and on Part I.	line 6. column (B)	•	0.
Part '		ee instructions)	, (-,		
1	Description of debt-financed property (street address, of	,	heck if a dual-use (see	instructions)	
	A T	3 ,	(,	
	В				
	c 🔲				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				_
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D)	. Enter here and on Pa	t I, line 7, column (A)	>	0.
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A thr	ough D. Enter here and	d on Part I, line 7, colur	mn (B)	0.
11	Total dividends-received deductions included in line	10		>	0.

|--|

	ule A (Form 990-T) 2020 VI Interest, Annu		nvalties and Re	ante fron	n Control	led Or	ranizations	S (222	inatruat	iono)		Page 3
Fait	VI Interest, Aint	inico, in	Jyanies, and me		ii Ooniiioi			,	instruct			
	1. Name of controlled 2. Employer 3. N		3 Net	Exempt Controlled Organi 3. Net unrelated 4. Total of specified 5. Part of								
	organization	u	identification		ne (loss)		nents made	that is in	cluded	in the		onnected with
	Ğ		number	(see instructions)		' '		controlling organization's gross incom-				me in column 5
(1)								LIGHT G	1000 1110	01110		
(2)												
(3)												
(4)												
		1			Controlled O	-			. 1			
7	. Taxable Income		Net unrelated		otal of specif		10. Part of	of column		11.		octions directly
			come (loss) e instructions)	pa	yments mad	е	controlling	organizat		in		ected with in column 10
(4)		(30)	z matractiona _j				gross	income		""		THE COLUMN TO
(1)												
(2) (3)												
(4)												
<u> ,</u>				1			Add colum	ns 5 and	10.	Add	d colu	mns 6 and 11.
							Enter here		, i			e and on Part I,
							line 8, c	column (A	·)		line 8,	column (B)
Totals)			0.			0.
Part			of a Section 50	1(c)(7), (9), or (17)	Orgar	nization _{(s}	ee instrud				
	1. Desc	cription of	income		2. Amou incon		3. Deduction		4. Setattach st		- 1	Total deductions and set-asides
					1110011	10	(attach state	,	ilacii si	atemei	'''	add cols 3 and 4)
(1)												
(2)												
(3)												
(4)												
<u> </u>					Add amou							Add amounts in
					column 2							column 5. Enter ere and on Part I,
					line 9, colu	,						ine 9, column (B)
Totals	V/III =			<u></u>		0.	_					0.
Part			Activity Income	Other T	han Adve	ertisin	g Income	see instru	uctions)			
1	Description of exploite	•						(4)				
2	Gross unrelated busin						•	. ,		2		
3	Expenses directly con		•							2		
4	line 10, column (B) Net income (loss) from									3		
7	, ,					•				4		
5	Gross income from ac									5		
6	Expenses attributable									6		
7	Excess exempt expen											
	4. Enter here and on P	art II, line	12							7		

Schedule A (Form 990-T) 2020

Schod	ule A (Form 990-T) 2020				ENTITY :
Part					raye_
1	Name(s) of periodical(s). Check box if reporti	ng two or more periodicals on a cons	solidated basis.		
	В				
	c 🗆				
	D				
Enter a	amounts for each periodical listed above in the	corresponding column.			
		Α	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and or	n Part I, line 11, column (A)		>	0
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and or	n Part I, line 11, column (B)		>	0
4	Advertising gain (loss). Subtract line 3 from li	ne			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column	n			
	line 4 showing a loss or zero, do not complet	te			
	lines 5 through 7, and enter zero on line 8 $_{\dots}$				
5	Readership costs				
6	Circulation income	I I			
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is le	l l			
_	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain				
_	line 4, enter the lesser of line 4 or line 7 Add line 8, columns A through D. Enter the g				
а	Part II, line 13			_	. 0
Part		rectors. and Trustees (see in	nstructions)		
	,	, (888 11	iotractiono _j	3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
Part	Enter here and on Part II, line 1 XI Supplemental Information (s				0
rait	Supplemental information (s	ee instructions)			

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 3
DESCRIPTION	NET INCOME OR (LOSS)
225 FOURTH COMPANY HOLDING LLC - OTHER INCOME (LOSS)	11,954.
B. BROS REALTY LLC - OTHER INCOME (LOSS)	511,752.
AQR ENHANCED STYLE PREMIA FUND, LP - OTHER INCOME (LOSS)	112.
BAUPOST VALUE, LP-I - OTHER INCOME (LOSS)	-97,069.
CASPIAN INEFFECIENT MARKETS FUND II, LP - OTHER INCOME	
(LOSS)	19,540.
CCP II AIV II, L.P OTHER INCOME (LOSS)	156,516.
CCP II PWD-TFK AIV, LP - OTHER INCOME (LOSS)	-26,853.
CCP III AIV II, LP - OTHER INCOME (LOSS)	233.
CCP III AIV IV, LP - OTHER INCOME (LOSS)	123.
CCP III AIV VI, LP - OTHER INCOME (LOSS)	-320,390.
CCP III AIV VII, LP - OTHER INCOME (LOSS)	-96,389.
CCP III AIV VIII, LP - OTHER INCOME (LOSS)	-7,774.
CCP III AIV IX, LP - OTHER INCOME (LOSS)	-1,154.
COLUMBIA CAPITAL EQUITY PARTNERS III (QP) - OTHER INCOME	
(LOSS)	-15.
COLUMBIA CAPITAL EQUITY PARTNERS IV (QP) - OTHER INCOME	
(LOSS)	4,284.
FOUNDRY GROUP NEXT, LP - OTHER INCOME (LOSS)	-1,381.
FOUNDRY GROUP NEXT 2018, LP - OTHER INCOME (LOSS)	-48.
FOUNDRY VENTURE CAPITAL 2013, LP - OTHER INCOME (LOSS)	-14,147.
KKR ENERGY INCOME AND GROWTH - OTHER INCOME (LOSS)	-9,455.
LS POWER EQUITY II, LP - OTHER INCOME (LOSS)	3,469.
PINE BROOK CAPITAL PARTNERS II, LP - OTHER INCOME (LOSS)	-134,928.
PINE BROOK CAPITAL PARTNERS II CAYMAN AV HM-1 LP - OTHER	22 001
INCOME (LOSS)	23,981. -1,007,400.
REALTY FINANCIAL PARTNERS VI, LP - OTHER INCOME (LOSS) RG BEDROCK AIV, LP - OTHER INCOME (LOSS)	-1,007,400. -33,522.
·	-33,522. -46,028.
RG III INVESTMENTS AIV, LP - OTHER INCOME (LOSS) ROARK CAPITAL PARTNERS IV AIV I-U, L.P OTHER INCOME	-40,020.
(LOSS)	-66,707.
ROARK CAPITAL PARTNERS V (T) LP - OTHER INCOME (LOSS)	-274,413.
TOWERBROOK STRUCTURED OPPORTUNITIES FUND II ONSHORE, L.P.	-2/4,413.
- OTHER INCOME (LO	24,147.
WARBURG PINCUS FINANCIAL SECTOR, L.P OTHER INCOME	24,147.
(LOSS)	-5,706.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-1,387,268.

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 4
DESCRIPTION		AMOUNT
CONSULTANTS AUDIT FEES		30,750. 50,000.
TAX FEES CUSTODIAL FEES		40,000. 23,400.
INVESTMENT SOFTWARE OTHER INVESTMENT OFFICE EXPENSI	Ξ	28,376. 7,049.
TOTAL TO SCHEDULE A, PART II, I	LINE 14	179,575.

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 for instructions and the latest information.

OMB No. 1545-0123

Employer identification number Name UNITED JEWISH APPEAL-FEDERATION OF JEWISH PHILANTHROPIES OF NEW YORK, INC. 51-0172429 Yes X No Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Assets Held One Year or Less See instructions for how to figure the amounts (h) Gain or (loss) (g) Adjustments to gain (d) (e) to enter on the lines below. Subtract column (e) from or loss from Form(s) 8949, Proceeds Cost column (d) and combine the This form may be easier to complete if you round off cents to whole dollars. (or other basis) Part I. line 2. column (a) (sales price) 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 Totals for all transactions reported on Form(s) 8949 with Box A checked 2 Totals for all transactions reported on Form(s) 8949 with Box B checked Totals for all transactions reported on 137 418. Form(s) 8949 with Box C checked 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 6 Unused capital loss carryover (attach computation) 6 137 418. 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h 7 Long-Term Capital Gains and Losses - Assets Held More Than One Year Part II See instructions for how to figure the amounts (h) Gain or (loss) (g) Adjustments to gain to enter on the lines below. Subtract column (e) from Proceeds Cost or loss from Form(s) 8949, column (d) and combine the This form may be easier to complete if you (sales price) (or other basis) Part II, line 2, column (g) result with column (a) round off cents to 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 Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on 520,737. Form(s) 8949 with Box F checked 402,912. 11 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12

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

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)

17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)

18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns

13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824

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

Part III Summary of Parts I and II

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h

Schedule D (Form 1120) 2020

923,649.

137,418.

923,649. 1,061,067.

13 14

15

16

17

LHA

Form

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

Go to 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.

OMB No. 1545-0074

Name(s) shown on return

UNITED JEWISH APPEAL-FEDERATION OF

JEWISH PHILANTHROPIES OF NEW YORK,

Social security number or taxpayer identification no.

51-0172429

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.
B. I. I. Oliveri Terris

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 \perp (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 Adjustment, if any, to gain or (d) (h) (a) (b) (c) (e) loss. If you enter an amount Proceeds Description of property Date sold or Cost or other Gain or (loss). Date acquired in column (g), enter a code in (sales price) basis. See the Subtract column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. Note below and from column (d) & (Mo., day, yr.) (g) Amount of see *Column (e*) ir combine the result Code(s) with column (g) the instructions adjustment AQR ENHANCED STYLE PREMIA FUND LΡ <27.005.> BAUPOST VALUE, LP-I 4,646. CASPIAN INEFFECIENT MARKETS FUND II, LP 85,912. CCP III AIV VII, LP 73,632. CCP III AIV VIII, LP <44.> FOUNDRY GROUP NEXT, LP 310. PINE BROOK CAPITAL PARTNERS <57.> II, LP ROARK CAPITAL PARTNERS IV AIV I-U, L.P. 24. 2 Totals. 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 Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) 137,418.

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.

Attachment Sequence No. 12A Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1 UNITED JEWISH APPEAL-FEDERATION OF

Social security number or taxpayer identification no.

UNITED JEWISH APPEAL-	FEDERATION C)F				taxpayer ide	nuncation no.
JEWISH PHILANTHROPIES	OF NEW YORK	, INC.				51-01	172429
Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which b	oox to check.						
Part II Long-Term. Transaction	ons involving capita	al assets you held r	more than 1 year are	generally long-term (s	ee instruction	ns). For short-term ti	ransactions,
see page 1. Note: You may aggregate all codes are required. Enter the							
You must check Box D, E, or F below. Of you have more long-term transactions than will							each applicable box.
(D) Long-term transactions rep			· · ·		-		
(E) Long-term transactions rep	•	•	•	•		/	
X (F) Long-term transactions not			~				
1 (a)	(b)	(c)	(d)	(e)		, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other		enter an amount g), enter a code in	Gain or (loss).
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the	column (f).	See instructions.	Subtract column (e) from column (d) &
		(Mo., day, yr.)		Note below and see Column (e) in	(f) Code(s)	(g) Amount of	combine the result
				the instructions	0000(3)	adjustment	with column (g)
AQR ENHANCED STYLE PREMIA							222 724
FUND, LP							222,704.
BAUPOST VALUE, LP-I							99.
FOUNDRY VENTURE CAPITAL							06 504
2013, LP							<26,781.>
KKR ENERGY INCOME AND							0.554
GROWTH							2,551.
PINE BROOK CAPITAL PARTNERS							
II, LP							88,319.
ROARK CAPITAL PARTNERS IV							
AIV I-U, L.P.							195,856.
WARBURG PINCUS FINANCIAL							
SECTOR, L.P.							37,989.
	I	I		1	ı l		I

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.

520,737.

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E

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

Form 8949 (2020)

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 for instructions and the latest information.

OMB No. 1545-0123

Employer identification number Name UNITED JEWISH APPEAL-FEDERATION OF JEWISH PHILANTHROPIES OF NEW YORK, INC. 51-0172429 Yes X No Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Assets Held One Year or Less See instructions for how to figure the amounts (h) Gain or (loss) (g) Adjustments to gain (d) (e) to enter on the lines below. Subtract column (e) from or loss from Form(s) 8949, Proceeds Cost column (d) and combine the This form may be easier to complete if you round off cents to whole dollars. (or other basis) Part I. line 2. column (a) (sales price) 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 Totals for all transactions reported on Form(s) 8949 with Box A checked 2 Totals for all transactions reported on Form(s) 8949 with Box B checked Totals for all transactions reported on 137 418. Form(s) 8949 with Box C checked 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 6 Unused capital loss carryover (attach computation) 6 137 418. 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h 7 Long-Term Capital Gains and Losses - Assets Held More Than One Year Part II See instructions for how to figure the amounts (h) Gain or (loss) (g) Adjustments to gain to enter on the lines below. Subtract column (e) from Proceeds Cost or loss from Form(s) 8949, column (d) and combine the This form may be easier to complete if you (sales price) (or other basis) Part II, line 2, column (g) result with column (a) round off cents to 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 Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on 520,737. Form(s) 8949 with Box F checked 402,912. 11 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12

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

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)

17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)

18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns

13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824

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

Part III Summary of Parts I and II

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h

Schedule D (Form 1120) 2020

923,649.

137,418.

923,649. 1,061,067.

13 14

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16

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LHA

Form

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

Go to 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.

OMB No. 1545-0074

Name(s) shown on return

UNITED JEWISH APPEAL-FEDERATION OF

JEWISH PHILANTHROPIES OF NEW YORK,

Social security number or taxpayer identification no.

51-0172429

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.
B. I. I. Oliveri Terris

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 \perp (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 Adjustment, if any, to gain or (d) (h) (a) (b) (c) (e) loss. If you enter an amount Proceeds Description of property Date sold or Cost or other Gain or (loss). Date acquired in column (g), enter a code in (sales price) basis. See the Subtract column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. Note below and from column (d) & (Mo., day, yr.) (g) Amount of see *Column (e*) ir combine the result Code(s) with column (g) the instructions adjustment AQR ENHANCED STYLE PREMIA FUND LΡ <27.005.> BAUPOST VALUE, LP-I 4,646. CASPIAN INEFFECIENT MARKETS FUND II, LP 85,912. CCP III AIV VII, LP 73,632. CCP III AIV VIII, LP <44.> FOUNDRY GROUP NEXT, LP 310. PINE BROOK CAPITAL PARTNERS <57.> II, LP ROARK CAPITAL PARTNERS IV AIV I-U, L.P. 24. 2 Totals. 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 Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) 137,418.

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.

Attachment Sequence No. 12A Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1 UNITED JEWISH APPEAL-FEDERATION OF

Social security number or taxpayer identification no.

UNITED JEWISH APPEAL-	FEDERATION C)F				taxpayer ide	nuncation no.
JEWISH PHILANTHROPIES	OF NEW YORK	, INC.				51-01	172429
Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which b	oox to check.						
Part II Long-Term. Transaction	ons involving capita	al assets you held r	more than 1 year are	generally long-term (s	ee instruction	ns). For short-term ti	ransactions,
see page 1. Note: You may aggregate all codes are required. Enter the							
You must check Box D, E, or F below. Of you have more long-term transactions than will							each applicable box.
(D) Long-term transactions rep			· · ·		-		
(E) Long-term transactions rep	•	•	•	•		/	
X (F) Long-term transactions not			~				
1 (a)	(b)	(c)	(d)	(e)		, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other		enter an amount g), enter a code in	Gain or (loss).
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the	column (f).	See instructions.	Subtract column (e) from column (d) &
		(Mo., day, yr.)		Note below and see Column (e) in	(f) Code(s)	(g) Amount of	combine the result
				the instructions	0000(3)	adjustment	with column (g)
AQR ENHANCED STYLE PREMIA							222 724
FUND, LP							222,704.
BAUPOST VALUE, LP-I							99.
FOUNDRY VENTURE CAPITAL							06 504
2013, LP							<26,781.>
KKR ENERGY INCOME AND							0.554
GROWTH							2,551.
PINE BROOK CAPITAL PARTNERS							
II, LP							88,319.
ROARK CAPITAL PARTNERS IV							
AIV I-U, L.P.							195,856.
WARBURG PINCUS FINANCIAL							
SECTOR, L.P.							37,989.
	I	I		1	ı l		I

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.

520,737.

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E

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

Form 8949 (2020)

Form **4797**Department of the Treasury

Name(s) shown on return

UNITED JEWISH APPEAL-FEDERATION OF

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 **2020**

► Go to www.irs.gov/Form4797 for instructions and the latest information.

Attachment 27

JEWISH PHILANTHROPIES OF NEW YORK INC. 51-0172429 1 Enter the gross proceeds from sales or exchanges reported to you for 2020 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 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) (a) Description (b) Date acquired (c) Date sold (d) Gross sales 2 allowed or basis, plus Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) allowable since improvements and sum of (d) and (e) acquisition expense of sale SEE STATEMENT 5 402,912 Gain, if any, from Form 4684, line 39 3 3 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 5 Gain, if any, from line 32, from other than casualty or theft 6 6 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows 7 402,912. 7 Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. Nonrecaptured net section 1231 losses from prior years. See instructions 8 8 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions 402,912. Ordinary Gains and Losses (see instructions) Part II Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): Loss, if any, from line 7 11 11 Gain, if any, from line 7 or amount from line 8, if applicable 12 12 Gain, if any, from line 31 13 13 Net gain or (loss) from Form 4684, lines 31 and 38a 14 14 Ordinary gain from installment sales from Form 6252, line 25 or 36 15 15 16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 Combine lines 10 through 16 17 17 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines 18 a and b below. For individual returns, complete lines a and b below. a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions 18a b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 18b

A A	Part III Gain From Disposition of Propert	y Und	er Sections 124	5, 1250, 1252	, 125	54, and 1255	(see ir	nstructions)
These columns relate to the properties on Inces 19A through 19D. These columns relate to the properties on Inces 19A through 19D. These columns relate to the properties on Inces 19A through 19D. Gross sales price (Note: See line 1 before completing.) Columns of the see line 1 before completing. Columns of the see line 1 before completing.) Columns of the see line 1 before completing. Columns of the see line 1 before see line 1 before completing. Columns of the see line 1 before see line 1 before completing. Columns of the see line 1 before see line 1 before	9 (a) Description of section 1245, 1250, 1252, 1254, o	or 1255	oroperty:					(c) Date sold (mo., day, yr.)
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If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions b Enter the smaller of line 24 or 28a	b Line 27a multiplied by applicable percentage	27b						
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions b Enter the smaller of line 24 or 28a	c Enter the smaller of line 24 or 27b	27c						
9 If section 1255 property: a Applicable percentage of payments excluded from income under section 126. See instructions b Enter the smaller of line 24 or 29a. See instructions cummary of Part III Gains. Complete property columns A through D through line 29b before going to line 30. O Total gains for all properties. Add property columns A through D, line 24 1 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 2 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6 Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions) (a) Section 179 expense deduction or depreciation allowable in prior years 4 Recomputed depreciation. See instructions	for development of mines and other natural deposits,	28a						
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		wable in	prior years				$-\!\!\!+$	

FORM 4797	PROI	PERTY HELI	MORE THAN	N ONE YEAR	ST.	ATEMENT 5
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
BAUPOST VALUE, LP-I						1,192.
CCP III AIV II, LP						-4.
CCP III AIV IX,						2.
LS POWER EQUITY II, LP PINE BROOK						383,498.
CAPITAL PARTNERS II, LP REALTY FINANCIAL						366.
PARTNERS VI, LP ROARK CAPITAL PARTNERS IV AIV						20,616.
I-U, L.P.						-2,418.
ROARK CAPITAL PARTNERS V (T) LP						-340.
TOTAL TO 4797, PA	RT I, LINE	2				402,912.