Form	99U- I		Exempt Organization business income Tax Return	ı	OMB NO. 1545-0047
			(and proxy tax under section 6033(e))		2022
		For ca	endar year 2023 or other tax year beginning JUL 1, 2023 , and ending JUN 30, 2024	·	2023
Departm Internal I	ent of the Treasury Revenue Service	ı	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 Public Inspection for 501(c)(3) Organizations Only
Α	Check box if address changed.		Name of organization (Check box if name changed and see instructions.) UNITED JEWISH APPEAL-FEDERATION OF	D Em	nployer identification number
B Exe	mpt under section	Print	JEWISH PHILANTHROPIES OF NEW YORK, INC.		51-0172429
	501(c)(3)	or	Number, street, and room or suite no. If a P.O. box, see instructions.		oup exemption number
=	408(e) 220(e)	Type	130 EAST 59TH STREET	(56	e instructions)
	408A530(a)		City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10022-1302	<u> </u>	7
;	529(a)529A			-JF L	Check box if
<u> </u>			ok value of all assets at end of year	Ctoto	an amended return. college/university
G Ch	neck organization t	туре	X 501(c) corporation 501(c) trust 401(a) trust Other trust 6417(d)(1)(A) Applicable entity	Jolate	conege/university
H Ch	neck if filing only to	o claim	Credit from Form 8941 Refund shown on Form 2439 Elective payme	nt amo	ount from Form 3800
I Ch	neck if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation		
J Er	nter the number of	attach	ed Schedules A (Form 990-T)		3
K Du	uring the tax year,	was the	e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No
lf	"Yes," enter the na	ame an	d identifying number of the parent corporation		
	e books are in car		, copiler and the second	212-8	36-1730
Part	Total Unr	relate	d Business Taxable Income		
1	Total of unrelated	d busine	ess taxable income computed from all unrelated trades or businesses (see instructions) \dots	1	0.
2				2	
3			(see instructions for limitation rules)	3	
4		4	0.		
5	Total unrelated be	5			
6	Deduction for net	6			
7	Total of unrelated	1_			
_	Subtract line 6 fro		5 erally \$1,000, but see instructions for exceptions)	7	1 000
8		8	1,000.		
9			eduction. See instructions	9	1,000.
10			ines 8 and 9	10	0.
11 Part			able income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.
1			as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2			rates. See instructions for tax computation. Income tax on the amount on	<u> </u>	
-	Part I, line 11, fro		Tax rate schedule or Schedule D (Form 1041)	2	
3			ons	3	
4	Other tax amount	ts. See	instructions	4	
5				5	
6			acility income. See instructions	6	
7			gh 6 to line 1 or 2, whichever applies	7	0.
Part					
1a	Foreign tax credit	t (corpo	rations attach Form 1118; trusts attach Form 1116) 1a		
b	Other credits (see	e instru	ctions) 1b		
С	General business	credit.	Attach Form 3800 (see instructions) 1c		
d	Credit for prior-ye	ear mini	mum tax (attach Form 8801 or 8827)		
е	Total credits. Ad	dd lines	1a through 1d	1e	
2	Subtract line 1e f	from Pa	rt II, line 7	2	0.
За	Amount due from	n Form	4255 3a		
b	Amount due from	n Form	3b		
С	Amount due from	n Form	3c 3c		
d	Amount due from	n Form	3d 3d		
е	Other amounts de	•			
f			lines 3a through 3e	3f	0.
4			nd 3f (see instructions). Check if includes tax previously deferred under		_
_	section 1294. E	nter ta	x amount here	4	0.
5	Current net 965 t	ax liabi	lity paid from Form 965-A, Part II, column (k)	5	83,776.

Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electr	onic filing (e-file). You can electronically file Form 8868 to	request up	to a 6-month extension of time to fi	le any of t	the forms					
listed b	pelow except for Form 8870, Information Return for Transfe	rs Associa	ted With Certain Personal Benefit Co	ontracts. A	An extension					
reques	t for Form 8870 must be sent to the IRS in a paper format (see instru	ctions). For more details on the elect	ronic filing	g of Form					
8868, °	visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-p	orofits.								
Cautio	n: If you are going to make an electronic funds withdrawal (direct deb	it) with this Form 8868, see Form 84	53-TE and	l Form 8879-	TE for payment				
instruc	tions.									
All cor	porations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnerships	s, REMICs	s, and trusts					
must u	se Form 7004 to request an extension of time to file income	e tax returi	าร.							
Part I	- Identification									
Туре	Name of exempt organization, employer, or other filer	, see instru	uctions.	Taxpaye	ridentificatio	n number (TIN)				
Print	UNITED JEWISH APPEAL - FEDE	RATIO	N OF							
	JEWISH PHILANTHROPIES OF NE	W YOR	K, INC.		51-01	72429				
File by th due date		ee instruct	ions.							
filing you return. S	130 EAST 59TH STREET									
instruction		reign addr	ess, see instructions.							
	NEW YORK, NY 10022-1302									
Enter t	he Return Code for the return that this application is for (file	a separat	e application for each return)			07				
Application Is For Return Application Is For Return										
- 4-1		Code				Code				
Form 9	990 or Form 990-EZ	01	Form 4720 (other than individual)			09				
Form 4720 (individual) 03 Form 5227										
Form 9	,	Form 6069			10 11					
	990-T (sec. 401(a) or 408(a) trust)	Form 8870			12					
		13								
Form 990-T (trust other than above) 06 Form 5330 (individual) 1: Form 990-T (corporation) 07 Form 5330 (other than individual) 1:										
Form 1		08	Tomi occo (otre: trair maividual)			1-7				
	you enter your Return Code, complete either Part II or Part		including signature is applicable o	nly for an	extension of					
	file Form 5330.	ini. i aitin	, including signature, is applicable o	illy lot art	CALCITISION OF					
	s application is for an extension of time to file Form 5330, y	OU MUST A	ater the following information							
	Plan Name	ou must ci	ner the following information.							
	Plan Number									
	Plan Year Ending (MM/DD/YYYY)									
	Automatic Extension of Time To File for Exempt Organi	izatione (e	oo instructions)							
	books are in the care of JOANN LOCASCIO	izalions (S	ee instructions)							
1116		- THE	NEW YORK, NY 1002	2						
Tale	ephone No. 212-836-1730			4						
		in tha l lai	Fax No.							
	e organization does not have an office or place of business									
	is is for a Group Return, enter the organization's four-digit (_								
box	. If it is for part of the group, check this box		ch a list with the names and TINs of							
	· —	AY 15	, 20 <u>25</u> , to file	tne exem	ipt organizat	ion return for				
, [the organization named above. The extension is for the organization and the organization is for the organization is for the organization and the	anization's	return for:							
L	calendar year 20 or			TITAT 2	^	24				
Ŀ	tax year beginningJUL_1	, 20 4	23, and ending	7 OM 2	<u>U</u> .	, 20 <u>44</u>				
2 I	f the tax year entered in line 1 is for less than 12 months, cl	neck reaso	n: Initial return I	Final retur	'n					
	Change in accounting period				<u> </u>					
	f this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less			102 170				
	any nonrefundable credits. See instructions.			3a	\$	103,178.				
	f this application is for Forms 990-PF, 990-T, 4720, or 6069	•				2 100				
<u> </u>	estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ 3,178.									
				+						
	Balance due. Subtract line 3b from line 3a. Include your pausing EFTPS (Electronic Federal Tax Payment System). See	yment with	n this form, if required, by	3c	\$	100,000.				

Form 990-T (2023) Page 2 Tax and Payments (continued) Part III 3,178. Payments: Preceding year's overpayment credited to the current year 6a Current year's estimated tax payments. Check if section 643(g) election 6b applies Tax deposited with Form 8868 100,000. 60 С Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions) 6e Credit for small employer health insurance premiums (attach Form 8941) Elective payment election amount from Form 3800 6g Payment from Form 2439 h 6h 6i i Credit from Form 4136 Other (see instructions) j 103,178. 7 Total payments. Add lines 6a through 6j 7 8 Estimated tax penalty (see instructions). Check if Form 2220 is attached 8 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 9 9 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 19,402 10 10 Enter the amount of line 10 you want: Credited to 2024 estimated tax 0 Part IV Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority Yes No 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 X During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a 2 Х foreign trust? If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year 3 Enter available pre-2018 NOL carryovers here Do not include any post-2017 NOL carryover 4 shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6. Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce 5 the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions. **Business Activity Code** Available post-2017 NOL carryover 210000 \$ 544,851. 901101 \$ 5,575,124. \$ \$ Reserved for future use Reserved for future use Part V Supplemental Information Provide any additional information. See instructions. 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. Sign May the IRS discuss this return with Here CONTROLLER the preparer shown below (see Signature of officer Date instructions)? Yes Print/Type preparer's name Date Preparer's signature Check PTIN self-employed Paid **Preparer** Firm's EIN Firm's name **Use Only** Firm's address Phone no.

Form 990-T (2023)

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

0000

2023

Department of the Treasury Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).							ic Inspection for
Interna	al Revenue Service	Do not enter SSN numbers on this form as it i	may be n	nade public if your organiza	ation is a 501(c)(3).		anizations Only
1 A	Name of the organizatio JEWISH PHILAI	n UNITED JEWISH APPEAL-FEDERATION (NTHROPIES OF NEW YORK, INC.	OF		B Employer ident 51-017242		er
<u>c</u> .	Jnrelated business a	activity code (see instructions) 210000			D Sequence:	1 of	3
F	Describe the unrelate	ed trade or business WORKING INTEREST	IN OIL	AND GAS PROPERTIES	5		
		Trade or Business Income		(A) Income	(B) Expenses	(C) Net
12	Gross receipts or s	eales	I				
b	•	wances c Balance	1c				
2		I (Part III, line 8)	2				
3		act line 2 from line 1c	3				
		come (attach Schedule D (Form 1041 or Form					
	1120)). See instruc		4a				
h	**	m 4797) (attach Form 4797). See instructions)	4b				
	Capital loss deduc		4c				
5	•	a partnership or an S corporation (attach	10				
·	` '		5				
6		IV)	6				
7		anced income (Part V)	7				
8		royalties, and rents from a controlled					
Ū		VI)	8				
9		e of section 501(c)(7), (9), or (17)					
-		VII)	9				
10		activity income (Part VIII)	10			1	
11		e (Part IX)	11			1	
12		instructions; attach statement) STMT 1	12	169,454.			169,454.
13	Total. Combine line		13	169,454.			169,454.
		s Not Taken Elsewhere. See instruct		•	uctions Deduction	one muet k	
Га		nnected with the unrelated business in		or illilitations on ded	detions. Deddeti	ons must k	JC
1	Compensation of o	officers, directors, and trustees (Part X)			<u>1</u>		128,653.
2	Salaries and wages	S			2		
3	Repairs and mainte	enance			3		
4	Bad debts				4		
5	Interest (attach sta	tement). See instructions			5		
6	Taxes and licenses	s			6		
7	Depreciation (attac	h Form 4562). See instructions		7			
8	Less depreciation	claimed in Part III and elsewhere on return		8a	8b	<u> </u>	
9	Depletion				9		488.
10	Contributions to de	eferred compensation plans			10	<u> </u>	
11		programs				Ц	
12		penses (Part VIII)				<u>!</u>	
13	Excess readership	costs (Part IX)			13	<u> </u>	
14	Other deductions (,		SEE STATEMENT	14	<u> </u>	246,991.
45	Total deductions	Add lines 1 through 14			1 45	· 1	376 132

For Paperwork Reduction Act Notice, see instructions.

Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,

Unrelated business taxable income. Subtract line 17 from line 16

column (C)

Deduction for net operating loss. See instructions

Schedule A (Form 990-T) 2023

-206,678.

16

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16

17

\neg	~	_	
- 1	u	н.	

Part	III Cost of Goods Sold Enter met	hod of inventory valuation	on		r ago <u>z</u>
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
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 I				_
9	Do the rules of section 263A (with respect to property)	•			Yes No
Part					<u> </u>
1	Description of property (property street address, city, s	tate, ZIP code). Check i	f a dual-use. See inst	ructions.	
	A \(\)	,			
	В				
	С				
	D \				
		Α	В	С	
2	Rent received or accrued				
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				_
~	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				
	, taa iii oo aa aha aa, oo ah iii oo agir a				-
3	Total rents received or accrued. Add line 2c, columns A	A through D. Enter here	and on Part I. line 6.	column (A)	0.
	Deductions directly connected with the income	The state of the s	<u> </u>		-
4	in lines 2a and 2b (attach statement)				
•					_
5	Total deductions. Add line 4, columns A through D. E	nter here and on Part I.	line 6. column (B)		0.
Part '		ee instructions)	, , , , , , , , , , , , , , , , , , , ,		
1	Description of debt-financed property (street address, or	,	neck if a dual-use. Se	e instructions.	
	A \square	,			
	В				
	c 🗆				
	D				
	-	Α	В	С	
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-				
J	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	<u></u> %
7	Gross income reportable. Multiply line 2 by line 6		70	70	70
8	Total gross income (add line 7, columns A through D)		t Lline 7 column (A)	ı	0.
o	iotal gross income (add line 1, columns A unough D)	. Linter Here and Off Par	. i, iiiie 7, colulliii (A)		
9	Allocable deductions. Multiply line 3c by line 6	П		T	
10	Total allocable deductions. Add line 9, columns A thr	rough D. Enter here and	on Part I line 7 colu	mn (R)	0.
11	Total dividends-received deductions included in line				0.

Schedule A (Form 990-T) 2023

Schedule A (Form 990-T) 2023 Part VI Interest, Annu		ovalties and Re	nts Fro	m Contro	lled O	rganization	S (50	e instruct	ione)		Page 3
Tart VI Interest, Allie	, IN	Januos, and Ne		5511110		exempt Contro	,				
1. Name of controlled	d	2. Employer	3 Net	unrelated		al of specified		rt of colur		6 Deduct	ions directly
organization	u	identification		ne (loss)		nents made	that is	included	in the		cted with
5. ga _ a		number	1	structions)	,		controlling organiza- tion's gross income				n column 5
(1)							LIOITS	gross inc	Joine		
(2)											
(3)											
(4)											
		No	nexempt C	Controlled O	ganizati	ons					
7. Taxable Income	8.1	Net unrelated	9. To	otal of specif	ied	10. Part	of colur	mn 9	11.	Deduction	ns directly
	in	come (loss)	pa	yments mad	е	that is inc				connecte	d with
	(see	e instructions)				controlling organization's gross income			ind	come in co	olumn 10
(1)											
(2)											
(3)											
(4)											
						Add colum			Add	d columns	6 and 11.
						Enter here		,			d on Part I,
						line 8, c	olumn	(A).		ine 8, colu	mn (B).
Totals								0.			0.
Part VII Investment I	Income	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee insti	ructions)			
1. Desc	cription of	income		2. Amou		3. Deduction		4. Set-			I deductions
				incon	те	directly conne (attach state)		(attach st	atemer	'-'	set-asides cols 3 and 4)
						(attaon state)	none,				
(1)											
(2)											
(3)											
(4)				Add amou	ınte in					Add	amounts in
				column 2							mn 5. Enter
				here and o	,						nd on Part I,
-				line 9, colu	٠,					line 9,	column (B).
Totals Part VIII Exploited E	······································	ctivity Income,	O+box 7	Thom Adve	0.	· Incomo	, .				0.
			Other	nan Auve	rusing	g income (see ins	tructions)			
1 Description of exploite	,						(4)				
2 Gross unrelated busine						•	. , .		2		
3 Expenses directly con											
line 10, column (B) 4 Net income (loss) from		trada ar husinass.	Pubtroot !:-	2 from !:					3		
						-			,		
		e not unrelated busi							5		
5 Gross income from ac6 Expenses attributable									6		
6 Expenses attributable7 Excess exempt expense											
4. Enter here and on P									7		
4. Enter Here and on P	art II, III IE	14	<u> </u>	<u> </u>	<u> </u>	<u></u>	<u> </u>				

Schedule A (Form 990-T) 2023

_				
	2	~	_	

Part	IX	Advertising Income						
1	Name	(s) of periodical(s). Check box if reporting	ng two or	more periodicals on a	a consolidated basis	S.		
	A [
	в							
	С							
	D _							
Enter a	mount	s for each periodical listed above in the	correspoi	ndina column.				
				A	В	С	D	
2	Gross	advertising income						
_		columns A through D. Enter here and or		e 11. column (A)				0.
а	, , , , ,						-	
3	Direct	advertising costs by periodical						
а		columns A through D. Enter here and or		e 11. column (B)		1		0.
-	, , , , ,						-	
4	Adver	tising gain (loss). Subtract line 3 from li	ne					
		any column in line 4 showing a gain,						
		lete lines 5 through 8. For any column i	n					
	-	showing a loss or zero, do not complet						
5		ership costs						
6		ation income						
7		s readership costs. If line 6 is less than						
		subtract line 6 from line 5. If line 5 is le						
		ine 6, enter -0-						
8		s readership costs allowed as a						
		ction. For each column showing a gain	on					
		enter the lesser of line 4 or line 7						
а		ne 8, columns A through D. Enter the g		he line 8a columns to	otal or -0- here and o	on		
	Part II	. line 13						0.
Part	Χ	Compensation of Officers, Di	rectors,	and Trustees	(see instructions)			
						3. Percentage	4. Compensation	
		1. Name		2. Title		of time devoted	attributable to	
						to business	unrelated business	
(1)						%		
(2)						%		
(3)						%		
(4)						%		
		here and on Part II, line 1						0.
Part	XI	Supplemental Information (Se	ee instruc	tions)				

FORM 990-T	' (A)	OTHER INCOME		STATEMENT 1		
DESCRIPTIO	N			AMOUNT		
WORKING IN	TEREST IN OIL AND	GAS PROPERTIES		169,454.		
TOTAL TO S	CHEDULE A, PART I,	LINE 12		169,454.		
FORM 990-T	' (A)	OTHER DEDUCTI	ons	STATEMENT 2		
DESCRIPTIO	N			AMOUNT		
CONSULTANT		80,000.				
PRODUCTION				84,846.		
	IAL SERVICES			54,000.		
INSURANCE				28,145.		
TOTAL TO S	CHEDULE A, PART II	, LINE 14		246,991.		
990-T SCH	ъ рост-20	17 NET OPERATING	LOSS DEDUICATION	STATEMENT 3		
		LOSS PREVIOUSLY	LOSS	AVAILABLE		
TAX YEAR	LOSS SUSTAINED	APPLIED	REMAINING	THIS YEAR		
06/30/19	86,285.	82,404.	3,881.	3,881.		
06/30/20	286,998.	0.	286,998.	286,998.		
06/30/21	253,972.					
NOL CARRYO	VER AVAILABLE THIS	YEAR	544,851.	544,851.		

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

0000

2023

	Go to www.irs.gov/Form990T for		Open to Public Inspection				
Interna	Do not enter SSN numbers on this form as it	may be i	nade public if your organizat	ion is a 501(c)(3).	501(c)(3) Organizations Only		
A 1	lame of the organization UNITED JEWISH APPEAL-FEDERATION JEWISH PHILANTHROPIES OF NEW YORK, INC.	OF		B Employer identifi 51-0172429	cation number		
<u>c</u> .	Unrelated business activity code (see instructions) 901101			D Sequence:	2 of 3		
<u>E</u> [Describe the unrelated trade or business INVESTMENT ACTIVITY	TIES					
Pa	t 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 Schedule D (Form 1041 or Form						
	1120)). See instructions	4a	484,048.		484,048.		
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b	-35,696.		-35,696.		
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
	statement) STATEMENT 4	5	400,073.		400,073.		
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)	12					
13	Total. Combine lines 3 through 12	13	848,425.		848,425.		
	Deductions Not Taken Elsewhere. See instruct directly connected with the unrelated business in	ncome			ns must be		
1	Compensation of officers, directors, and trustees (Part X)				767,680.		
2	Salaries and wages				707,000.		
3	Repairs and maintenance						
4	Bad debts			-			
5					70,957.		
6	Taxes and licenses		_	6	70,337.		
7	Depreciation (attach Form 4562). See instructions			Oh			
8	Less depreciation claimed in Part III and elsewhere on return			8b			
9 10	Depletion Contributions to deformed componentian plans						
10	Contributions to deferred compensation plans				148,455.		
11	Employee benefit programs Excess exempt expenses (Part VIII)				140,433.		
12	Excess exempt expenses (Part VIII)						
13 14	Excess readership costs (Part IX) Other deductions (attach statement)		SEE STATEMENT	5 13	47,747.		
14 15					1,034,839.		
15	Total deductions. Add lines 1 through 14			<u>15</u>	1,054,059.		

For Paperwork Reduction Act Notice, see instructions.

Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,

Unrelated business taxable income. Subtract line 17 from line 16

column (C)

Deduction for net operating loss. See instructions

Schedule A (Form 990-T) 2023

-186,414.

16

17

17

Schedule A (Form 990-T) 2023 Page

Part	III Cost of Goods Sold Foter met	hod of inventory valua	tion		Page Z
1	Inventory at beginning of year	-		1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
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 I			l _	
9	Do the rules of section 263A (with respect to property				Yes No
Part	IV Rent Income (From Real Property and	l Personal Prope	rty Leased With F	Real Property)	
1	Description of property (property street address, city, s	tate, ZIP code). Checl	cif a dual-use. See inst	ructions.	
	A				
	В				
	c				
	D		T _		
_		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
L	but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds				
	F00('f the count is because on the county				
С	Total rents received or accrued by property.				
·	Add lines 2a and 2b, columns A through D				
5 Part	Total deductions. Add line 4, columns A through D. E. V Unrelated Debt-Financed Income (so Description of debt-financed property (street address, of	ee instructions)			0.
•	A Securition of debt-infanced property (street address, to	city, state, ZIP code).	Sheck ii a dual-use. Se	e instructions.	
	В				
	c \square				
	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)				2/
6	Divide line 4 by line 5	9/	%		% %
7	Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through D)	Enter here and as Di	ort Llino 7 column (A)	I	0.
8	i otal gross income (add line 7, columns A through D)	. Enter here and on Pa	arti, iirie 7, column (A)		
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A thr	ough D. Enter here an	id on Part I. line 7. colu	mn (B)	0.
11	Total dividends-received deductions included in line		, , ,	. ,	0.

	ule A (Form 990-T) 2023 VI Interest, Annu		ovalties, and Re	ents Fro	m Contro	lled O	rganization	S (co	e instruct	ione)		Page 3
ıaıt	miorosi, Ami			1.10	5511110		Exempt Contro	,				
	Name of controlle organization	d	2. Employer identification number	3. Net unrelated income (loss) (see instructions)		4. Tota	al of specified ments made	5. Part of column 4 that is included in the controlling organization's gross income		mn 4 in the aniza-	6. Deductions directly connected with income in column 5	
(1)									g:			
(2)												
(3)												
(4)												
			No		Controlled O		ions					
7	i		Net unrelated ncome (loss) e instructions)		otal of specit syments mad		10. Part of column 9 that is included in the controlling organization's gross income		n the ation's	11. Deductions direct connected with income in column 10		nected with
(1)												
(2)												
(3)												
(4)												
Totals							Add colum Enter here line 8, c	and on	Part I,	Ente	er he	umns 6 and 11. ere and on Part I, B, column (B).
Part		Income	of a Section 50	1(c)(7)_(9) or (17)	Organ	ization (s	oo inetr	ructions)			<u> </u>
		cription of		-(-)(-),	2. Amou incor	nt of	3. Deduction directly connected (attach states	ons ected	4. Set- (attach st		nt)	i. Total deductions and set-asides (add cols 3 and 4)
(1)												
(2)											_	
(3)											_	
(4)					Add amor column 2 here and o line 9, colu	. Enter n Part I,						Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Part	VIII Exploited E	xempt A	Activity Income,	Other 1	Than Adve	ertising	g Income	see ins	tructions)		•	
1	Description of exploite											
2	Gross unrelated busin	ess incom	e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A) .		2		
3	Expenses directly con	nected wit	h production of unre	elated busi	iness income	e. Enter l	here and on Pa	art I,				
	line 10, column (B)									3		
4	Net income (loss) from	n unrelated	trade or business.	Subtract lir	ne 3 from lin	e 2. If a 🤉	gain, complete					
										4		
5	Gross income from ac									5		
6	Expenses attributable									6		
7	Excess exempt expen			s, but do no	ot enter mor	e than th	ne amount on I	ine		7		

Schedule A (Form 990-T) 2023

	Auvertising income				
1	Name(s) of periodical(s). Check box if reporting	ng two or more periodicals on a con	solidated basis.		
Enter a	amounts for each periodical listed above in the	corresponding column.			
		A	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and on	Part I, line 11, column (A)			0.
а					
3	Direct advertising costs by periodical				
					0.
u	Add coldmins A through B. Enter here and on	Tart 1, into 11, column (b)			
4	Advantising asia (loss) Cubtrast line 2 from li				
4		ie			
		I I			
		l l			
	lines 5 through 7, and enter -0- on line 8				
5	Readership costs				
6	Circulation income				
7					
	line 5, subtract line 6 from line 5. If line 5 is le	ss			
		l l			
8					
•	•				
		·			
а					0
Dort	Part II, line 13	roctors and Trustoss			0,
Part	A Compensation of Officers, Dif	ectors, and musices (see	instructions)		
		•			
				3. Percentage	4. Compensation
	1. Name	2. Title		3. Percentage of time devoted	Compensation attributable to
	1. Name	2. Title		- 1	
<u>(1)</u>	1. Name	2. Title		of time devoted	attributable to
(1) (2)	1. Name	2. Title		of time devoted to business	attributable to
(2)	1. Name	2. Title		of time devoted to business %	attributable to
(2) (3)	1. Name	2. Title		of time devoted to business %	attributable to
(2)	ter amounts for each periodical listed above in the corresponding column. 2 Gross advertising income Add columns A through D. Enter here and on Part I, line 11, column (A) 3 Direct advertising costs by periodical Add columns A through D. Enter here and on Part I, line 11, column (B) 4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 7, and enter -0- on line 8 Readership costs. If line 6 is less than line 6, enter -0. 8 Excess readership costs allowed as a deduction. For each columns howing a gain on line 4, enter the lesser of line 4 or line 7 Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13 Art X Compensation of Officers, Directors, and Trustees (see instructions) 1. Name 2. Title 3 Percentage of time devoted to business 4. Compensation attributable to unrelated business 96 96	attributable to			
(2) (3) (4)	Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis. A				
(2) (3) (4) Total	. Enter here and on Part II, line 1			of time devoted to business % %	attributable to
(2) (3) (4) Total	. Enter here and on Part II, line 1			of time devoted to business % %	attributable to unrelated business
(2) (3) (4) Total	. Enter here and on Part II, line 1			of time devoted to business % %	attributable to unrelated business
(2) (3) (4) Total	. Enter here and on Part II, line 1			of time devoted to business % %	attributable to unrelated business
(2) (3) (4) Total	. Enter here and on Part II, line 1			of time devoted to business % %	attributable to unrelated business
(2) (3) (4) Total	. Enter here and on Part II, line 1			of time devoted to business % %	attributable to unrelated business
(2) (3) (4) Total	. Enter here and on Part II, line 1			of time devoted to business % %	attributable to unrelated business
(2) (3) (4) Total	. Enter here and on Part II, line 1			of time devoted to business % %	attributable to unrelated business
(2) (3) (4) Total	. Enter here and on Part II, line 1			of time devoted to business % %	attributable to unrelated business
(2) (3) (4) Total	. Enter here and on Part II, line 1			of time devoted to business %	attributable to unrelated business
(2) (3) (4) Total	. Enter here and on Part II, line 1			of time devoted to business %	attributable to unrelated business
(2) (3) (4) Total	. Enter here and on Part II, line 1			of time devoted to business %	attributable to unrelated business
(2) (3) (4) Total	. Enter here and on Part II, line 1			of time devoted to business %	attributable to unrelated business
(2) (3) (4) Total	. Enter here and on Part II, line 1			of time devoted to business %	attributable to unrelated business
(2) (3) (4) Total	. Enter here and on Part II, line 1			of time devoted to business %	attributable to unrelated business
(2) (3) (4) Total	. Enter here and on Part II, line 1			of time devoted to business %	attributable to unrelated business
(2) (3) (4) Total	. Enter here and on Part II, line 1			of time devoted to business %	attributable to unrelated business
(2) (3) (4) Total	. Enter here and on Part II, line 1			of time devoted to business %	attributable to unrelated business

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS DESCRIPTION	STATEMENT 4
DESCRIPTION	
DESCRIPTION	NET INCOME
	OR (LOSS)
225 FOURTH COMPANY HOLDING LLC - OTHER INCOME (LOSS)	74,371.
B. BROS REALTY LLC - OTHER INCOME (LOSS)	549,715.
LS POWER EQUITY II, LP - OTHER INCOME (LOSS) NEW YORK JEWISH INSTITUTIONS INVESTMENT FUND, LLC - OTHER	5,147.
INCOME (LOSS)	-229,160.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	400,073.
FORM 990-T (A) OTHER DEDUCTIONS	STATEMENT 5
DESCRIPTION	AMOUNT
CONSULTANTS	26,383.
TAX FEES	14,000.
OTHER INVESTMENT OFFICE EXPENSE	7,364.
TOTAL TO SCHEDULE A, PART II, LINE 14	47,747.
990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION	STATEMENT 6
LOSS	
PREVIOUSLY LOSS TAX YEAR LOSS SUSTAINED APPLIED REMAINING	AVAILABLE THIS YEAR
06/30/19 2,180,789. 73,979. 2,106,810.	2,106,810.
06/30/20 1,415,335. 0. 1,415,335.	1,415,335.
06/30/21 1,105,791. 0. 1,105,791.	1,105,791.
	0.45 100
06/30/22 947,188. 0. 947,188.	947,188.

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 11,083. 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 11 083. 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 472,965. Form(s) 8949 with Box F checked 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 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 14 472,965. 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 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) 11,083. 16 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 472,965.

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

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

484,048.

LHA

Department of the Treasury

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074

Internal Revenue Service Name(s) shown on return Social security number or

> taxpayer identification no. 51-0172429

UNITED JEWISH APPEAL-FEDERATION OF

JEWISH PHILANTHROPIES OF NEW YORK,

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

<u>broker and may even tell you which box to check</u> Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term Part I 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 Adjustment, if any, to gain or 1 (d) (h) (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 NEW YORK JEWISH INSTITUTIONS INVESTMENT 11,083. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract

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.

11 083.

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)

Attachment Sequence No. 12A Form 8949 (2023) Social security number or Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1 taxpayer identification no. UNITED JEWISH APPEAL-FEDERATION OF JEWISH PHILANTHROPIES OF NEW YORK, INC. 51-0172429 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 Cabadala D. line Service aren't required to report these transactions on Form 8949 (see instructions). 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 X (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or 1 (a) (b) (c) (d) (e) (h) loss. If you enter an amount Proceeds Cost or other Gain or (loss). Description of property Date sold or 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. from column (d) & Note below and (Mo., day, yr.) see *Column (*e) ir combine the result Amount of Code(s) with column (g) the instructions adjustment LS POWER EQUITY II, -7,370. NEW YORK JEWISH INSTITUTIONS INVESTMENT 480,335.

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)

472,965.

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 **4797**

Department of the Treasury Internal Revenue Service **Sales of Business Property**

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

Attach to your tax return.

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

OMB No. 1545-0184

Attachment 2'

Name(s) shown on return Identifying number UNITED JEWISH APPEAL-FEDERATION OF JEWISH PHILANTHROPIES OF NEW YORK INC. 51-0172429 1a Enter the gross proceeds from sales or exchanges reported to you for 2023 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 1a b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of 1b c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS 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) (b) Date acquired (a) Description (C) Date sold (d) Gross sales 2 basis, plus allowed or Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) price allowable since improvements and sum of (d) and (e) acquisition expense of sale LS POWER EQUITY II, LP -956. NEW YORK JEWISH INSTITUTIONS INVESTMENT -34 740. Gain, if any, from Form 4684, line 39 3 Section 1231 gain from installment sales from Form 6252, line 26 or 37 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 -35 696. Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows 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. 8 Nonrecaptured net section 1231 losses from prior years. See instructions 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 Part II Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): 35,696. Loss, if any, from line 7 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 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 16 _ -35,696. Combine lines 10 through 16 18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below. 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

Form 4797 (2023) JEWISH PHILANTHROPIES OF NEW YORK, INC.

(a) Description of section 1245, 1250, 1252, 1254, o	or 1255	property:			(b) Date acqu (mo., day, y		(c) Date solo (mo., day, yr.
These columns relate to the properties on lines 19A through 19D.		Property A	Property	/ B	Property	С	Property I
Gross sales price (Note: See line 1a before completing.)	20						
Cost or other basis plus expense of sale	21						
Depreciation (or depletion) allowed or allowable	22						
Adjusted basis. Subtract line 22 from line 21	23						
Total gain. Subtract line 23 from line 20	24						
If section 1245 property: Depreciation allowed or allowable from line 22	25a						
Enter the smaller of line 24 or 25a	25b						
If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.							
Additional depreciation after 1975. See instructions	26a						
Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b						
Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
Additional depreciation after 1969 and before 1976	26d						
Enter the smaller of line 26c or 26d	26e						
Section 291 amount (corporations only)	26f						
Add lines 26b, 26e, and 26f	26g						
If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.							
Soil, water, and land clearing expenses	27a						
Line 27a multiplied by applicable percentage	27b						
Enter the smaller of line 24 or 27b	27c						
If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a						
Enter the smaller of line 24 or 28a	28b						
If section 1255 property: Applicable percentage of payments excluded from income under section 126. See instructions	29a						
Enter the smaller of line 24 or 29a. See instructions	29b						
mmary of Part III Gains. Complete property of	olumne	A through D through	line 20h hefer	aoina	to line 30		
Complete property C	Joiumnis	A through b through	i iii le 23b belore	gonig	to line 30.		
Total gains for all properties. Add property columns	A throu	gh D, line 24				30	
Add property columns A through D, lines 25b, 26g,	27c, 28	b, and 29b. Enter he	re and on line 1	3		31	
Subtract line 31 from line 30. Enter the portion from	casualt	y or theft on Form 46	884, line 33. Ent	er the	portion		
from other than casualty or theft on Form 4797, line	6					32	
Recapture Amounts Under Section (see instructions)	ns 179	9 and 280F(b)(2)	When Busir	ness (Use Drops to	o 50% d	or Less
					(a) Section 179	n	(b) Section 280F(b)(2)
Section 179 expense deduction or depreciation allo	wable ir	n prior years		33			
•				34	T		

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

A N	lame of the organization UNITED JEWISH APPEAL-FEDERATION (JEWISH PHILANTHROPIES OF NEW YORK, INC.	OF		B Employer iden	
<u>c</u> ს	Unrelated business activity code (see instructions) 450000			D Sequence:	3 of 3
	Describe the unrelated trade or business UJA SWAG SHOP				
	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 2	Gross receipts or sales 7,984.				
	Less returns and allowances c Balance	1c	7,984.		
2	Cost of goods sold (Part III, line 8)	2	5,816.		
3	Gross profit. Subtract line 2 from line 1c	3	2,168.		2,168
	Capital gain net income (attach Schedule D (Form 1041 or Form		,		· ·
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
	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)	12			
13	Total. Combine lines 3 through 12	13	2,168.		2,168
1	Deductions Not Taken Elsewhere. See instruct directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X)	come			
2	Salaries and wages				36,788
3	Repairs and maintenance			3	}
4	Bad debts			_ I _	i
5	Interest (attach statement). See instructions			5	j
6	Taxes and licenses			6	;
7	Depreciation (attach Form 4562). See instructions		7		
8	Less depreciation claimed in Part III and elsewhere on return		8a	81	<u>b</u>
9	Depletion			9)
10	Contributions to deferred compensation plans			1(0
11	Employee benefit programs				1
12	Excess exempt expenses (Part VIII)				2
13	Excess readership costs (Part IX)			1;	3
14	Other deductions (attach statement)			14	
15					5 36,788
16	Unrelated business income before net operating loss deduction. S column (C)				6 -34,620
17	Deduction for net operating loss. See instructions				7 0
18	Unrelated business taxable income. Subtract line 17 from line 1			l l	-34,620

18 Unrelated business taxable income. Subtract line 17 from line 16

Part		and of inventory valuati	on N/A		raye z
1		•	011	1	0.
2					
3					
4	Additional section 263A costs (attach statement)			4	
5					0.
6					5,816.
7					0.
8	, , , , , , , , , , , , , , , , , , , ,			_	
9	_				Yes X No
Part				U	
1	Description of property (property street address, city, s	ory at beginning of year asses asses 2 5,816.7 flabor and section 263A costs (attach statement) 4 0.0. onal section 263A costs (attach statement) 5 0. Add lines 1 through 5 6 5,816. 7 0. 3 0. 8 5,816. 7 0. 8 5,816. 7 0. 8 5,816. 7 0. 8 5,816. 7 0. 8 5,816. 7 0. 8 5,816. 7 0. 8 5,816. 9 0. 8 5,816. 9 0. 8 5,816. 9 0. 9 0. 9 0. 9 0. 9 0. 9 0. 9 0. 9 0			
	A \square	,			
	В				
	Inventory at beginning of year				
	Total received or accrued From personal property (if the percentage of remote) From real and 2b, octumes A through D. Enter here and on Part I, line 6, column (A) O. Deductions directly connected with the income in lines 2a and 2b, octumes A through D. Enter here and on Part I, line 6, column (B) Total reductions, Add line 2c, columns A through D. Enter here and on Part I, line 6, column (B) Total reductions, Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) Total deductions, Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) Perception of property (gitness testement) Total deductions, Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) Total deductions, Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) Perception of orbits testement) Total deductions, Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) Perception of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. A B C D Deductions directly connected with the income lines 2a and 2b, lottums A through D. Enter here and on Part I, line 6, column (B) Total deductions, Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) Perception of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. A B C D Gross income from or allocable to debt-financed property. Deductions directly connected with or allocable to debt-financed property. Perception of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. A B C D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	but not more than 50%)				
b					
	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	through D. Enter here	and on Part I, line 6,	column (A)	0.
	Deductions directly connected with the income				
4	in lines 2a and 2b (attach statement)				
Dort 1	Total deductions. Add line 4, columns A through D. El	nter here and on Part I,	line 6, column (B)		0.
	•	,			
1		city, state, ZIP code). C	neck if a dual-use. See	e instructions.	
	Б		В		
2	Grass income from an allegable to debt financed	A	В	C	u
2					
3					
3	,				
а					
b					
C					
·	•				
4					
7					
5					
•	9				
6			%	0%	0%
7		70	70	70	70
8	Total gross income (add line 7, columns A through D)	Enter here and on Par	t L line 7 column (Δ)		0.
3		. Entor Horo and on I al	: 1, 1110 7, COIGITHT (A)	·····	
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A thr	ough D. Enter here and	I on Part I, line 7. colu	mn (B)	0.
11	Total dividends-received deductions included in line				0.

Schedule A (Form 990-T) 2023 Page

Part	VI Interest, Annu	uities, Ro	oyalties, and Re	ents Fro	m Contro	lled O	rganization	S (se	e instruct	ions)	P	age 3
4	,	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u> </u>		xempt Contro					
Name of controlled organization		d	2. Employer identification number	identification income		4. Tota	al of specified nents made	5. Pathat is control	rt of colur included olling orga gross inc	nn 4 in the aniza-	he connected with	
(1)									J			
(2)												
(3)												
(4)												
		1	No	nexempt C	Controlled O	ganizati						
7	. Taxable Income	in	Net unrelated acome (loss) e instructions)		otal of specif yments mad		that is inc controlling gross	luded i	n the ation's	(Deductions direct connected with ome in column 1	
(1)												
(2)												
(3)												
(4)												
Totals							Add colum Enter here line 8, c	and on	Part I,	Enter	columns 6 and rhere and on Pane 8, column (B).	ırt I,
Part	VII Investment I	Income	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee insti	ructions)			
		cription of			2. Amou incon	nt of	3. Deduction directly connected (attach states	ons ected	4. Set- (attach st		5. Total dedu and set-asi (add cols 3 a	ides
(1)												
(2)												
(3)												
(4)					Add amou column 2 here and or line 9, colu	Enter n Part I, mn (A).					Add amoun column 5. E here and on I line 9, colum	enter Part I, In (B).
Totals	VIII — —			<u> </u>	<u>. </u>	0.	_					0.
Part			Activity Income,	, Other I	nan Adve	ertising	g Income	see ins	tructions)			
1	Description of exploite					<u> </u>		(A)				
2	Gross unrelated busin						•			2		
3	Expenses directly con		•									
4	line 10, column (B) Net income (loss) from									3		
4	(, , , , , , , , , , , , , , , , , , ,					•	5 , 1			,		
5	lines 5 through 7 Gross income from ac		e not unrelated busi							5		
5 6	Expenses attributable									6		
7	Excess exempt expen											
•	4 Enter here and an E			, sat ao m	5: 511151 111011	Januaru	io amount on i			,		

Schedule A (Form 990-T) 2023

Sched Part	ule A (Form 990-T) 2023 IX Advertising Income					Page 4
1	Name(s) of periodical(s). Check box if reporting	na two or mo	re periodicals on a	consolidated basis	·	
'	A	ng two or mo	re periodicais on a	CONSOlidated basis	•	
	В П					
	c 🗆					
	D					
Entor	amounts for each periodical listed above in the	corrospondi	na column			
LITTO	amounts for each periodical listed above in the	, correspondin	A	В	С	D
2	Gross advertising income		Α			
_	Add columns A through D. Enter here and or		1 column (Δ)	1		0.
а	Add coldmins A through b. Enter here and or	ii aiti, iiie i	1, coluinii (A)			
3	Direct advertising costs by periodical					
	Add columns A through D. Enter here and or		1 column (P)	1		0.
а	Add Coldmins A through D. Enter here and or	iraiti, iiile i	т, column (b)			
4	Advertising gain (loss). Subtract line 3 from li	ino [
7	2. For any column in line 4 showing a gain,	ii ie				
	complete lines 5 through 8. For any column i	in				
	line 4 showing a loss or zero, do not complet					
	lines 5 through 7, and enter -0- on line 8					
5	Readership costs					
6	Circulation income	I				
7	Excess readership costs. If line 6 is less than	I				
′	line 5, subtract line 6 from line 5. If line 5 is le					
	than line 6, enter -0-	I				
8	Excess readership costs allowed as a	·····				
0	deduction. For each column showing a gain	on				
	line 4, enter the lesser of line 4 or line 7	I				
а	Add line 8, columns A through D. Enter the g		lino ga columne to	talor O boro and o	un.	
a	Part II, line 13					0.
Part	X Compensation of Officers, Di	rectors. a	nd Trustees	see instructions)		
	•		,		3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
(1)					%	annotation business
(2)					%	
(3)					%	
(4)					%	
1.7					,,	
Total	. Enter here and on Part II, line 1					0.
Part	, , , , , , , , , , , , , , , , , , , ,	ee instructior	ns)			
	11		,			
-						

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 11,083. 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 11 083. 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 472,965. Form(s) 8949 with Box F checked 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 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 14 472,965. 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 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) 11,083. 16 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 472,965.

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

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

484,048.

LHA

Form **8949**Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074
2023

Attachment 12A

Social security number or taxpayer identification no.

51-0172429

Name(s) shown on return

UNITED JEWISH APPEAL-FEDERATION OF

JEWISH PHILANTHROPIES OF NEW YORK, 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 instructions). For long-term Part I 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 Adjustment, if any, to gain or (h) (c) (d) (e) loss. If you enter an amount Description of property Proceeds Cost or other Gain or (loss). Date acquired Date sold or 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)

		(Wo., day, yr.)	see Column (e) in the instructions	Code(s)	(g) Amount of adjustment	combine the result with column (g)
NEW YORK JEWISH						
INSTITUTIONS INVESTMENT						11,083.
-						
2 Totals. Add the amounts in colunegative amounts). Enter each to Schedule D, line 1b (if Box A ab	otal here and incloove is checked),	ude on your line 2 (if Box B				
above is absolved) or line 2 (if I	Pay C above is al	acokod)				11 083

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* (a) in the separate instructions for how to figure the amount of the adjustment.

Attachment Sequence No. 12A Form 8949 (2023)

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.

JEWISH PHILANTHROPIES	S OF NEW YORK	, INC.				51-03	L72429
Before you check Box D, E, or F belo statement will have the same informa- broker and may even tell you which h	ow, see whether yation as Form 105	ou received any 99-B. Either will s	r Form(s) 1099-B c show whether you	or substitute statem r basis (usually you	ent(s) from r cost) was	your broker. A sui reported to the IF	bstitute 'S by your
Part II Long-Term. Transacti	one involving conite	l accote you hold r	more than 1 year are	ganarally lang tarm (s	oo inetruetio	unc) For chart torm to	rancactions
see page 1. Note: You may aggregate all codes are required. Enter the	Il long-term transact	ions reported on F	orm(s) 1099-B show	ing basis was reported	d to the IRS	and for which no adj	ustments or
You must check Box D, E, or F below.	Check only one bo	x. If more than one b	ox applies for your long-	term transactions, compl	ete a separate	Form 8949, page 2, for e	
If you have more long-term transactions than will	• =				=		
(D) Long-term transactions rep	ported on Form(s) 1099-B showin	g basis was repor	ted to the IRS (see	Note abo	ove)	
(E) Long-term transactions rep	ported on Form(s) 1099-B showing	g basis wasn't re	ported to the IRS			
X (F) Long-term transactions no	t reported to you	on Form 1099-E	3				
1 (a)	(b)	(c)	(d)	(e)		t, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other		ou 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		. See instructions.	Subtract column (e)
,	' ' ' ' ' '	(Mo., day, yr.)		Note below and	/£\ \	(g)	from column (d) &
		` , ,,,,,		see Column (e) in	Code(s)	Amount of	combine the result with column (g)
				the instructions	0000(0)	adjustment	(0)
LS POWER EQUITY II, LP							<7,370.>
NEW YORK JEWISH							
INSTITUTIONS INVESTMENT							480,335.
-							
	1						
2 Totals. Add the amounts in colu	mns (d), (e), (q), a	nd (h) (subtract					
negative amounts). Enter each to							
Schedule D, line 8b (if Box D about		•					
above is checked), or line 10 (if l	**	•					472,965.
above is directed, or interio (II I	ADUVE 13 CI	IOUNUUJ	Î.	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.

Form **4797**

Department of the Treasury Internal Revenue Service **Sales of Business Property**

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

Attach to your tax return.

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

OMB No. 1545-0184

Attachment 2'

Name(s) shown on return Identifying number UNITED JEWISH APPEAL-FEDERATION OF JEWISH PHILANTHROPIES OF NEW YORK INC. 51-0172429 1a Enter the gross proceeds from sales or exchanges reported to you for 2023 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 1a b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of 1b c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS 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) (b) Date acquired (a) Description (C) Date sold (d) Gross sales 2 basis, plus allowed or Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) price allowable since improvements and sum of (d) and (e) acquisition expense of sale LS POWER EQUITY II, LP -956. NEW YORK JEWISH INSTITUTIONS INVESTMENT -34 740. Gain, if any, from Form 4684, line 39 3 Section 1231 gain from installment sales from Form 6252, line 26 or 37 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 -35 696. Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows 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. 8 Nonrecaptured net section 1231 losses from prior years. See instructions 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 Part II Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): 35,696. Loss, if any, from line 7 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 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 16 _ -35,696. Combine lines 10 through 16 18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below. 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

Form 4797 (2023) JEWISH PHILANTHROPIES OF NEW YORK, INC.

(a) Description of section 1245, 1250, 1252, 1254, o	or 1255	property:			(b) Date acqu (mo., day, y		(c) Date solo (mo., day, yr.
These columns relate to the properties on lines 19A through 19D.		Property A	Property	/ B	Property	С	Property I
Gross sales price (Note: See line 1a before completing.)	20						
Cost or other basis plus expense of sale	21						
Depreciation (or depletion) allowed or allowable	22						
Adjusted basis. Subtract line 22 from line 21	23						
Total gain. Subtract line 23 from line 20	24						
If section 1245 property: Depreciation allowed or allowable from line 22	25a						
Enter the smaller of line 24 or 25a	25b						
If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.							
Additional depreciation after 1975. See instructions	26a						
Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b						
Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
Additional depreciation after 1969 and before 1976	26d						
Enter the smaller of line 26c or 26d	26e						
Section 291 amount (corporations only)	26f						
Add lines 26b, 26e, and 26f	26g						
If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.							
Soil, water, and land clearing expenses	27a						
Line 27a multiplied by applicable percentage	27b						
Enter the smaller of line 24 or 27b	27c						
If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a						
Enter the smaller of line 24 or 28a	28b						
If section 1255 property: Applicable percentage of payments excluded from income under section 126. See instructions	29a						
Enter the smaller of line 24 or 29a. See instructions	29b						
mmary of Part III Gains. Complete property of	olumne	A through D through	line 20h hefer	aoina	to line 30		
on are in dame. Complete property c	Joiumnis	A through b through	i iii le 23b belore	gonig	to line 30.		
Total gains for all properties. Add property columns	A throu	gh D, line 24				30	
Add property columns A through D, lines 25b, 26g,	27c, 28	b, and 29b. Enter he	re and on line 1	3		31	
Subtract line 31 from line 30. Enter the portion from	casualt	y or theft on Form 46	884, line 33. Ent	er the	portion		
from other than casualty or theft on Form 4797, line	6					32	
Recapture Amounts Under Section (see instructions)	ns 179	9 and 280F(b)(2)	When Busir	ness (Use Drops to	o 50% d	or Less
					(a) Section 179	n	(b) Section 280F(b)(2)
Section 179 expense deduction or depreciation allo	wable ir	n prior years		33			
•				34	T		

51-0172429

United Jewish Appeal-Federation of Jewish Philanthropies of New York, Inc.

FEDERAL ELECTIONS

DESCRIPTION: DE MINIMIS SAFE HARBOR ELECTION

REGULATION REFERENCE: TREAS. REG. SEC. 1.263(A)-1(F)

United Jewish Appeal-Federation of Jewish Philanthropies of New York, Inc. ("UJA")

130 East 59th Street

New York, NY 10022-1302

UJA ELECTS THE DE MINIMIS SAFE HARBOR ELECTION UNDER TREAS. REG. SEC.1.263(A)-1(F) FOR THE TAXABLE YEAR ENDED JUNE 30, 2024.

United Jewish Appeal-Federation of Jewish Philanthropies 51-0172429 of New York, Inc.

FEDERAL ELECTIONS

DESCRIPTION: BOOK CONFORMITY CAPITALIZATION ELECTION

REGULATION REFERENCE: TREAS. REG. SEC. 1.263(A)-3(N)

United Jewish Appeal-Federation of Jewish Philanthropies of New York, Inc. ("UJA")

130 East 59th Street

New York, NY 10022-1302

UJA ELECTS THE BOOK CONFIRMITY CAPITALIZATION ELECTION UNDER TREAS. REG. SEC. 1.263(A)-3(N) FOR THE TAXABLE YEAR ENDED JUNE 30, 2024.