Form 990-T	E	Exempt Orga	anization Bu	sine	ss Incor	ne '	Tax Retu	rn	OMB No. 1545-0687
	For ca	lendar year 2015 or other tax					V 30 2016		0045
	15/55	•	Form 990-T and its instri		and endir				2015
Department of the Treasury Internal Revenue Service		Do not enter SSN numb						'A'	Open to Public Inspection 1
A Check box if address changed		Name of organization (Check box if name	changed			zation is a 50 f(c)(DEm (Em	501(c)(3) Organizations Only ployer identification number ployees' trust, see tructions.)
B Exempt under section	Print	JEWISH PHILANTHE						- 1	•
x 501(c)(3)	or	Number, street, and roo							51-0172429 elated business activity codes
408(e) 220(e)	Туре	130 EAST 59TH ST		, , , , , , , , , , , , , , , , , , ,	oct 40000110.			(Sea	instructions.)
408A 530(a)		City or town, state or pro	vince, country, and ZIP	or foreign	postal code			_	
529(a)		NEW YORK, NY 10			,			2111	.10 525990
G Book value of all assets at end of year	F Group	exemption number (See	instructions.)	>					.20 323330
1,280,118,000.	G Check	organization type 🕨	x 501(c) corporation	n L	501(c) trust	 ,	401(a) trus	t	Other trust
H Describe the organization					TEMENT 1		· · · · · · · · · · · · · · · · · · ·		Solo Hay
I During the tax year, was	the corp	oration a subsidiary in an	affiliated group or a pare	nt-subsic	fiary controlled g	roup?		LY	es X No
		ifying number of the pare							7,7
J The books are in care of						Teleph	one number 🕨 .	212-83	36-1730
Part I Unrelated	d Trad	le or Business Ind	come		(A) Income	3	(B) Expens	es	(C) Net
1 a Gross receipts or sale	S								
b Less returns and allow			c Balance	1c					
		A, line 7)		2			25 - Literary -		
3 Gross profit, Subtract				3				20	
4 a Capital gain net incom	e (attach	Schedule D)		4a	1,649	,136.			1,649,136.
b Net gain (loss) (Form	4797, Pa	rt II, line 17) (attach Forn	1 4797)	4b					
c Capital loss deduction	for trust	S		4c			<u> </u>		
		os and S corporations (at		5	-1,848	836.	STMT 2		-1,848,836.
6 Rent income (Schedul	B (C)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6					
		e (Schedule E)		7					
		d rents from controlled o		8					
		501(c)(7), (9), or (17) or							i
10 Exploited exempt activ11 Advertising income (So	ity iiicoii Sadula	ne (Schedule I)		10					
12 Other income (See inst	ructions	J) ; attach schedule) SEE	GMA MIDMIDIATIO 2	11	2 017	743			
		1 12		12 13	3,017, 2,818.				3,017,743.
Part II Deduction	s Not	Taken Elsewher	A (See instructions fo						2,818,043.
	ontribut	ions, deductions must	be directly connected	with th	e unrelated bu	siness	income.)		
		ctors, and trustees (Sche					,	14	
15 Salaries and wages	,				****************		****************	14	E30 677
16 Repairs and maintena	nce		***************************************	•••••	****************			15	538,877.
17 Bad debts		***************************************	/*····				*****************	17	
18 Interest (attach sched)	ıle)							18	
19 Taxes and licenses		******************************			,			19	264,744.
20 Charitable contribution	ıs (See ii	nstructions for limitation i	rules)					20	89,374.
21 Depreciation (attach Formula)	orm 456	2)	***********************		21		56,043.		
22 Less depreciation clair	ned on S	Schedule A and elsewhere	on return		22a			22b	56,043.
23 Depletion		··-·-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					23	37,726.
24 Contributions to deferr	ed comp	pensation plans	***************************************	,		,		24	<u></u>
25 Employee benefit prog	rams .				,,			25	67,049.
26 Excess exempt expens	es (Sche	edule i)					·	26	· · · · · · · · · · · · · · · · · · ·
27 Excess readership cost	ts (Sche	dule J)	**************************	.,.,			***************************************	27	
28 Other deductions (attack	ch sched	ule)	***************************************		SEE STATI	EMENT	4	28	1,028,931.
29 Total deductions. A	dd lines	14 through 28	4.1					29	2,082,744.
30 Unrelated business tax	able inco	me before net operating	loss deduction. Subtract	line 29 fr	om line 13		*************************	30	735,299.
Net operating loss dedu	action (li	mited to the amount on li	ne 30)		SEE STATI	EMENT	.5	31	25,844.
32 Unrelated business tax	able inco	me before specific deduc	tion. Subtract line 31 fro	m line 30	************		• • • • • • • • • • • • • • • • • • • •	32	709,455.
33 Specific deduction (Ger	ierally \$	1,000, but see line 33 ins	tructions for exceptions)	**********				33	1,000.
		come. Subtract line 33 fro							
23701		dusting Auf Making and					,	34	708,455.
1-06-16 LHA for Paper	work He	duction Act Notice, see i	nstructions.						Form 990-T (2015)

(Rev. January 2014)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Internal Revenu					
 If you are 	e filing for an Automatic 3-Month Extension,	complete	only Part I and check t	his box	>
 If you are 	Filling for an Additional (Not Automatic) 3-1	Month Exte	nsion, complete only f	Part II (on page 2 of this fo	arm)
	plete Part II unless you have already been gr				
Electronic f	illing (e-file). You can electronically file Form	1 8868 if y	ou need a 3-month aut	omatic extension of time	to file (6 months for
a corporatio	nii regulled to life Follii 990-13, or an additio	inai inor a	Utomatici 3-monto exte	DSIDD Of time Value on al	Contractically 20 F
Return for	quest an extension of time to file any of the Transfers Associated With Certain Person	e torms list	ed in Part I or Part II v	with the exception of For	m 8870, Information
instructions)	For more details on the electronic filing of the	this form. v	isit www.irs.gov/efile.ai	of click on e-file for Charit	paper format (see
Part Au	tomatic 3-Month Extension of Time. O	nlv submi	t original (no copies n	eeded)	es a ivoripronts.
A corporatio	n required to file Form 990-T and requesting	an autom	ratic 6-month extension	- Check this how and com-	nloto
Part Lonly	narofina (including 4400 O film)	.		CHOOK THO DOX BITG COIN	piete
All other cor	porations (including 1120-C filers), partners.	hips, REMI	Cs. and trusts must use	Form 7004 to request an e	vtension of time
to file incom	e tax returns.				number, see instructions
Tungar	Name of exempt organization or other filer, see it	nstructions.		Employer identification num	ther (EIN) or
Type or	UNITED JEWISH APPEAL - FEDERA				(() Di
print	OF JEWISH PHILANTHROPIES OF N	EW YORK	, INC.	51-0172429	
File by the due date for	Number, street, and room or suite no. If a P.O. bo	ox, see instru	ctions.	Social security number (SSN	J)
filing your return. See	130 EAST 59TH STREET				
instructions.	City, town or post office, state, and ZIP code. For	r a foreign ac	ldress, see instructions.		
	NEW YORK, NY 10022				
Enter the Re	turn code for the return that this application	is for (file	a separate application fo	or each return)	0 7
Application		D =4	A 12 42		
Is For		Return Code	Application Is For		Return
	Form 990-EZ	01		()	Code
Form 990-BL	: 0171 000 L2	02	Form 990-T (corporat	30(1)	07
Form 4720 (i	ndividual)	03	Form 4720 (other tha	n individual\	08
Form 990-PF		04	Form 5227	ii maividaar)	09
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069		10
	trust other than above)	06	Form 8870		11
	JOANN LOCASCIO			<u> </u>	
 The books 	are in the care of ▶ 130 EAST 59TH ST	TREET NE	W YORK, NY 1002	2	
					•
Telephone	No. ►212_836-1730	F	FAX No. ▶		_
• If the organ	nization does not have an office or place of b	ousiness in	the United States, chec	k this box	▶ □
If this is for	a Group Return, enter the organization's fol	ar digit Gro	up Exemption Number (GEN)	If this is
o liet with the	group, check this box ▶	it is for pa	rt of the group, check the	nis box ▶	and attach
	t an automatic 3-month (6 months for a corp				
until	05/15 20 17 to file the	onarion le	quired to file Form 990	- I) extension of time	
	05/15_, 20 17_, to file the ϵ	svembr orð	anization return for the	organization named abov	e. The extension is
	alendar year 20 or				
▶ X ta	ax year beginning07/6	01 20 15	and ending	06/30 20	1.6
	, , , , , , , , , , , , , , , , , , , ,	,		, 20,	<u> </u>
2 If the tax	year entered in line 1 is for less than 12 mc	onths, chec	k reason: Initial re	turn Final return	
Cha	ange in accounting period				
3a If this ap	oplication is for Form 990-BL, 990-PF, 990	D-T, 4720,	or 6069, enter the t	entative tax, less any	
	dable credits. See instructions.			3a	\$ 950,000.
b If this a	ipplication is for Form 990-PF, 990-T,	4720, or	6069, enter any ref	undable credits and	
estimated	tax payments made. Include any prior year	overpaym	ent allowed as a credit.	3b	\$ 0.
	due. Subtract line 3b from line 3a. Include y		ent with this form, if req	uired, by using EFTPS	
	ic Federal Tax Payment System). See instruc			3c	\$ 950,000.
caution. If you a	re going to make an electronic funds withdrawal	(direct debit) with this Form 8868, see	Form 8453-EO and Form 88	79-EO for payment
instructions.	and Pananuark Raduction Act Mating and Indian	-41			
•	and Paperwork Reduction Act Notice, see instru	COONS.		Fom	n 8868 (Rev. 1-2014)
JSA					

JEWISH	PHILANTHROPIES	OF	NEW	VORK	ፖለተር

Form 990-T (HROPIES OF	NEW YORK, INC.				51-017	72429			Pa
	Tax Computation							· · · · · · · · · · · · · · · · · · ·			
	Organizations Taxable as Corp							T			
(Controlled group members (sec	tions 1561 and	1563) check here 📂	See	instructions	and:					
	Inter your share of the \$50,000,		\$9,925,000 taxable inc			der):			ļ		
	1) \$	(2) \$		(3)	\$			İ			
	inter organization's share of: (1				\$				-		
(1	Additional 3% tax (not more	than \$100,000)		\$						
c Ir	ncome tax on the amount on lin	e 34						35	c	2	40,87
36 T	rusts l'axable at l'rust Rates. S	See instructions	s for tax computation. In	ncome tax	on the amoun	it on line:	34 from:		1		***************************************
ļ	Tax rate schedule or	_ Schedule D	(Form 1041)					▶ 36	; }		
37 P	roxy tax. See instructions							▶ 37			
38 Ai	Iternative minimum tax			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				38		5	51,18
39 T	otal. Add lines 37 and 38 to line	35c or 36, wh	ichever applies					39			92.06
	Tax and Payments				·				<u> </u>		<u>-</u>
40a Fo	preign tax credit (corporations a								1		
b Ot	ther credits (see instructions)					40b					
c Ge	eneral business credit. Attach Fo	orm 3800				40c					
a Ur	'edit for prior year minimum tax	: (attach Form 8	801 or 8827)			40d					
e To	otal credits. Add lines 40a throu	igh 40d						. 40e			
41 Su	obtract line 40e from line 39 her taxes. Check if from: 1				<u></u>	· · · · · · · · · · · · · · · · · · ·		. 41		29	2,060
42 Ot	her taxes. Check if from: L I	Form 4255 🔔	Form 8611 Fo	orm 8697	Form 88	866 [Other (attach scheduk) 42			
	ital tax. Add lines 41 and 42							43		29	2,060
44 a Pa	yments: A 2014 overpayment	credited to 201	5	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		44a				***************************************	
b 20	15 estimated tax payments				*************	44b					
c Tax	x deposited with Form 8868				•••••	44c	950,00	0.			
d For	reign organizations: Tax paid or	withheld at so	urce (see instructions)			44d					
e Ba	ckup withholding (see instruction	ons)			. /	44e		7	1		
1 Cre	edit for small employer health in			f)		44f					
			***************************************					7	ĺ		
	Form 4136		Uther		Total 🕨	44g					
45 Tot	tal payments. Add lines 44a thr	ough 44g				. , , , , , ,		45]	950	0,000
40 ESI	mater tax behalty (see msnact	ions). Greck ii	rumi 2220 is attached					16		4	186
47 Tax	due. If line 45 is less than the	total of lines 43	and 46, enter amount	owed				47			
48 Ove	erpayment. If line 45 is larger th	ian the total of	lines 43 and 46, enter a	amount ove				48		653	,754
49 Ente	er the amount of line 48 you wa	int: Credited to	2016 estimated tax	<u> </u>	65	3,754.	Refunded >	49			0
Part V	Statements Regardi	ng Certail	Activities and	Other I	intormation	on (see	instructions)			''	
1 At any ti	me during the 2015 calendar ye	ear, did the org	anization have an intere	est in or a s	signature or ot	ther autho	ority over a financial a	ccount (oank,	Yes	No
securitie	s, or other) in a foreign country	r? If YES, the o	rganization may have to	file FinCE	N Form 114, F	Report of	Foreign Bank and Fin	ancial			
Accounts During the	s. If YES, enter the name of the atax year, did the organization receive instructions for other forms the organization.	TOTEIGN COUNTY e a distribution fro	y here BERMUDA om, or was it the prantor of.	or transferor	to a foreign fru	917				Х	
If YES, see	e instructions for other forms the orga	anization may hav	e to file.			**********					Х
Enter the	amount of tax-exempt interest A - Cost of Goods S	received or ac	crued during the tax ye	ar > \$							
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		N/A						
	y at beginning of year	1	6	Inventory	at end of yea	ır		6			
2 Purchase	***	2	7		oods sold. Su						
	abor	3			5. Enter here		**********	7			
	section 263A costs (att. schedule)	4a	8		les of section	-	•			Yes	No
	sts (attach schedule)	4b				cquired f	or resale) apply to				
Total. Ad	ld lines 1 through 4b	5	1022	the organ	ization?						
gn "	nder penalties of perjury, I declare the orrect, and complete. Declaration of p	at I have examine preparer (other tha	d this return, including acci in taxpayer) is based on all	ompanying s information	schedules and st of which prepare	tatements, er has any k	and to the best of my kno knowledge.	owledge an	d belief, it is	true,	
ere	Com f	<i>*</i>	1 0/0/12						discuss this		with
	Signature of officer		13/7/14		NTROLLER				shown belo		Y16)
	Signature of officer		Date	Title	!		in	structions)	? X Ye	s	No
	Print/Type preparer's name		Preparer's signature		Date	9	Check	f PTIN			أأجيبيب
aid	DAVID M. HIGHFI	Τ.Τ.	21M1.	High	M 105	/07/1	self- employed				
reparer			<u> </u>	W .		/ .		P01	1517891		
se Only	Firm's name KPMG LLP						Firm's EIN ▶	13-	556520	7	
	i e	ARK AVENUE									
	Firm's address NEW Y	ORK, NY 10	U⊿B				Phone no. 2	12-758	-9700		
711 01-06-16					r		···		Form 99	0-T (2	2015)

Form 990-T (2015) JEWISH PHILE Schedule C - Rent Incom	NTHROPIES OF e (From Real	Property a	^{INC.} nd Persona	l Property	/ Leas	51-01: ed With Reál	72429 Pro i	P:
Description of property								30, 137
(1)		· · · · · · · · · · · · · · · · · · ·						
(2)								
(3)			1					
(4)								
		ed or accrued				0/-15		
(a) From personal property (if the rent for personal property is m 10% but not more than 50	ore than	of rent for	l and personal prop r personal property ent is based on pro	exceeds 50% or	rtage if	3(&) Deductions of columns	lirectly o 2(a) and	connected with the income in 2(b) (attach schedule)
(1)								
(2)		·						
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of column here and on page 1, Part I, line 6, column	nn (A)	>			0.	(b) Total deduction Enter here and on pag Part I, line 6, column (8	a 1	-
Schedule E - Unrelated De	ebt-Financed	income (see	instructions)					
			2. Gross i	ncome from		3. Deductions directly to debt-f	y conne	cted with or allocable property
1. Description of debt-	financed property		or allocat	ole to debt-	(a):	Straight line depreciation		(b) Other deductions
	managa property		inanced	property		(attach schedule)	.	(attach schedule)
								
(1)					ļ			
(2)								
(3)								
(4)	1							
 Amount of average acquisition debt on or allocable to debt-finenced property (attach schedule) 	of or all debt-finance	idjusted basis ocable to ced property schedule)	6. Column by col			Gross income reportable (column 2 x column 6)		8, Allocable deductions (column 6 x total of column 3(a) and 3(b))
(1)	f			%				
(2)				%				
(3)				%				
(4)		'		%				
						er here and on page 1, t i, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
Totals		******************	*****				0.	
Total dividends-received deductions in	scluded in column 8	}		,				
Schedule F - Interest, Annu	rities, Royalti	es, and Rei	nts From C	ontrolled	Organ	zations (see i	nstruc	tions)
			ot Controlled C				······································	
1. Name of controlled organization	2. Employer ident number	ification Net un (loss) (3. nrelated income see instructions)	4. Total of sp payments	ecified	5. Part of column a included in the con organization's gross	Iro/iino	6. Deductions directly connected with income in column 5
5d \			74-1			<u> </u>	···	
(1)								
(2)								
(3)								
(4) Ionexempt Controlled Organizations								
· · · · · · · · · · · · · · · · · · ·		(ana) 0 T-	1-3-6	. 40				
7. Taxable income 0. 1	Net unrelated income (I (see instructions)	oss) 9, 10	tal of specified pay made	ments 10.	the contro	umn 9 that is included Illing organization's ss income	11. I	Deductions directly connected ith income in column 18
1)								
2)								
3)							:	
4)								
· ;					Add F	mas 6 av 1 32		
				En	iter here an	mns 5 and 10. d on page 1, Part I, column (A),		Add columns 6 and 11. There and on page 1, Part I, line 8, column (B).
itals						0.		
3721 01-06-16			***************************************	····· F 1		· · · · · · · · · · · · · · · · · · ·		0 Form 000 T (004)
								Form 990-T (201

1 Dae			1	9 0-4-18		
1, 563	cription of income		2. Amount of income	 Deductions directly connected (attach schedule) 	4. Set-aside (attach sched	
(1)						(40.10),700 007, 4
(2)						
(3)						
(4)						· · · · · · · · · · · · · · · · · · ·
			Enter here and on page 1,			Enter here and on page
			Part I, line 9, column (A).			Part I, line 9, column (E
Totals	*******************************		0.			
Schedule I - Exploited (see instri	Exempt Activity	/ Income, Othe	r Than Advertisi	ng Income		
	1	2 -	4. Net income (loss)			
1. Description of	2. Gross unrelated business	3. Expenses directly connected	from unrelated trade or business (column 2	5. Gross income	6. Expenses	7. Excess exempt expenses (column
exploited activity	income from	with production of unrelated	minus column 3). If a	from activity that is not unrelated	attributable to column 5	6 minus column 5,
	trade or business	business income	gain, compute cols. 5 through 7.	business income	COMMIN 5	but not more than column 4).
(1)		:	-			
(1)			-			
(3)					_	
(4)	F-1					
	Enter here and on page 1, Part I,	Enter here and on page 1, Part I,				Enter here and on page 1,
	line 10, col. (A).	line 10, col. (B).		er er er		Part II, line 26.
Totals	0.	0.				(
Schedule J - Advertisi	ng Income (see i	nstructions)				
Part I Income From I	Periodicals Rep	orted on a Con	solidated Basis			
	2. Gross		4. Advertising gain	_		7. Excess readership
1. Name of periodical	advertising income	3. Direct advertising costs	or (loss) (col. 2 minus col. 3). If a gain, compute	5. Circulation	6. Readership	costs (column 6 minus
				income	costs	column 5, but not more
			cols. 5 through 7.	niconte	COSIS	column 5, but not more than column 4).
				лсопе	Costs	column 5, but not more than column 4).
(2)				япсояте	COSIS	column 5, but not more than column 4).
(2) (3)				ятсопе	COSTS	column 5, but not more than column 4).
(2) (3)				ясопе	COSIS	column 5, but not more than column 4).
(1) (2) (3) (4)				псоне	COSES	column 5, but not more than column 4).
(2) (3) (4) otals (carry to Part II, line (5))		0.	cols. 5 through 7.			than column 4).
(2) (3) (4) otals (carry to Part II, line (5)) Part II Income From F	▶	0. (orted on a Sepa	cols. 5 through 7.			than column 4).
(2) (3) (4) otals (carry to Part II, line (5)) Part II Income From F		0. (orted on a Sepa	cols. 5 through 7.			than column 4).
(2) (3) (4) otals (carry to Part II, line (5)) Part II Income From F	Periodicals Repo	0. (orted on a Sepa	cols. 5 through 7.			than column 4).
(2) (3) (4) otals (carry to Part II, line (5)) Part II Income From F columns 2 through	Periodicals Repo	0. (corted on a Separate)	cols. 5 through 7. arate Basis (For eat 4. Advertising gain or (loss) (col. 2 minus	ach periodical liste	ed in Part II, fill in	than column 4).
(2) (3) (4) otals (carry to Part II, line (5)) Part II Income From F	Periodicals Repo	o. corted on a Sepsis.)	cols. 5 through 7. arate Basis (For ea 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute	ach periodical liste		7. Excess readership costs (column 6 minus column 5, but not more
(2) (3) (4) otals (carry to Part II, line (5)) Part II Income From F columns 2 through 1. Name of periodical	Periodicals Report 7 on a line-by-line base advertising	0. (corted on a Separate)	cols. 5 through 7. arate Basis (For eat 4. Advertising gain or (loss) (col. 2 minus	ach periodical liste	ed in Part II, fill in	7. Excess readership costs (column 6 minus
(2) (3) (4) otals (carry to Part II, line (5)) Part II Income From F columns 2 through 1. Name of periodical	Periodicals Report 7 on a line-by-line base advertising	0. (corted on a Separate)	cols. 5 through 7. arate Basis (For ea 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute	ach periodical liste	ed in Part II, fill in	7. Excess readership costs (column 6 minus column 5, but not more
(2) (3) (4) otals (carry to Part II, line (5)) Part II Income From F columns 2 through 1. Name of periodical 1) 2)	Periodicals Report 7 on a line-by-line base advertising	0. (corted on a Sepasis.)	cols. 5 through 7. arate Basis (For ea 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute	ach periodical liste	ed in Part II, fill in	7. Excess readership costs (column 6 minus column 5, but not more
(2) (3) (4) otals (carry to Part II, line (5)) Part II Income From F columns 2 through 1. Name of periodical 1) 2) 3)	Periodicals Report 7 on a line-by-line base advertising	0. (corted on a Sepasis.)	cols. 5 through 7. arate Basis (For ea 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute	ach periodical liste	ed in Part II, fill in	7. Excess readership costs (column 6 minus column 5, but not more
(2) (3) (4) otals (carry to Part II, line (5)) Part II Income From F columns 2 through 1. Name of periodical 1) 2) 3) 4)	Periodicals Report 7 on a line-by-line base advertising income	0. (corted on a Sepasis.)	cols. 5 through 7. arate Basis (For ea 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute	ach periodical liste	ed in Part II, fill in	7. Excess readership costs (column 6 minus column 5, but not more
(2) (3) (4) otals (carry to Part II, line (5)) Part II Income From F columns 2 through 1. Name of periodical 1) 2) 3)	Periodicals Report 7 on a line-by-line base advertising income	0. (corted on a Sepasis.)	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	ach periodical liste	ed in Part II, fill in	7. Excess readership costs (column 5, but not more than column 4).
(2) (3) (4) otals (carry to Part II, line (5)) Part II Income From F columns 2 through 1. Name of periodical 1) 2) 3) 4)	Periodicals Report 7 on a line-by-line base advertising income	3. Direct advertising costs 0. 0 10 10 10 10 10 10 10 10 10 10 10 10 1	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	ach periodical liste	ed in Part II, fill in	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(2) (3) (4) otals (carry to Part II, line (5)) Part II Income From F columns 2 through 1. Name of periodical 1) 2) 3) 4)	Periodicals Report 7 on a line-by-line base advertising income	0. 0 corted on a Sepasis.) 3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	ach periodical liste	ed in Part II, fill in	7. Excess readership costs (column 6, but not more than column 4).
(2) (3) (4) otals (carry to Part II, line (5)) Part II Income From F columns 2 through 1. Name of periodical 1) (2) (3) (4) otals from Part I	Periodicals Report 7 on a line-by-line base advertising income Enter here and on page 1, Part 1, line 11, cot. (A).	0. (0. (0. (0. (0. (0. (0. (0. (0. (0. (4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	ed in Part II, fill in	7. Excess readership costs (column 6 minus column 5, but not more than column 4). Enter here and on page 1, Part II, line 27.
(2) (3) (4) otals (carry to Part II, line (5)) Part II Income From F columns 2 through 1. Name of periodical 1) 2) 3) 4) otals from Part I otals, Part II (fines 1-5)	Periodicals Report 7 on a line-by-line base advertising income Enter here and on page 1, Part 1, line 11, cot. (A).	0. (0. (0. (0. (0. (0. (0. (0. (0. (0. (4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	ed in Part II, fill in	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(2) (3) (4) otals (carry to Part II, line (5)) Part II Income From F columns 2 through 1. Name of periodical 1) 2) 3) 4) otals from Part I otals, Part II (lines 1-5) chedule K - Compensi	Periodicals Report 7 on a line-by-line base advertising income Enter here and on page 1, Part 1, line 11, cot. (A).	0. (0. (0. (0. (0. (0. (0. (0. (0. (0. (4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income structions) 3. Perce	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4). Enter here and on page 1, Part II, line 27.
(2) (3) (4) otals (carry to Part II, line (5)) Part II Income From F columns 2 through 1. Name of periodical 1) (2) (3) (4) otals from Part I	Periodicals Report 7 on a line-by-line base advertising income Enter here and on page 1, Part 1, line 11, cot. (A).	0. (0. (0. (0. (0. (0. (0. (0. (0. (0. (4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4). Enter here and on page 1, Part II, line 27.
(2) (3) (4) otals (carry to Part II, line (5)) Part II Income From F columns 2 through 1. Name of periodical 1) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (8) (8) (9) (9) (9) (9) (9) (1) (9) (9) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Periodicals Report 7 on a line-by-line base advertising income Enter here and on page 1, Part 1, line 11, cot. (A).	0. (0. (0. (0. (0. (0. (0. (0. (0. (0. (4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income structions) 3. Perce time devot	6. Readership costs nt of led to se 4. Com	7. Excess readership costs (column 6 minus column 5, but not more than column 4). Enter here and on page 1, Part II, line 27.
(2) (3) (4) otals (carry to Part II, line (5)) Part II Income From F columns 2 through 1. Name of periodical 1) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (8) (8) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (2) (3) (4) (5) (6) (6) (7) (7) (7) (8) (8) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Periodicals Report 7 on a line-by-line base advertising income Enter here and on page 1, Part 1, line 11, cot. (A).	0. (0. (0. (0. (0. (0. (0. (0. (0. (0. (4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income structions) 3. Perce time devot	6. Readership costs nt of 4. Conted to use %	7. Excess readership costs (column 6 minus column 5, but not more than column 4). Enter here and on page 1, Part II, line 27.
otals (carry to Part II, line (5)) Part II Income From F columns 2 through 1. Name of periodical 1) 2) 3) 4) tals, Part II (lines 1-5) chedule K - Compens: 1. Name of periodical	Periodicals Report 7 on a line-by-line base advertising income Enter here and on page 1, Part 1, line 11, cot. (A).	0. (0. (0. (0. (0. (0. (0. (0. (0. (0. (4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income structions) 3. Perce time devot	6. Readership costs nt of ted to use %	7. Excess readership costs (column 6 minus column 5, but not more than column 4). Enter here and on page 1, Part II, line 27.
2) 3) 4) ptals (carry to Part II, line (5)) Part II Income From F	Periodicals Report 7 on a line-by-line base advertising income Enter here and on page 1, Part 1, line 11, cot. (A).	0. (0. (0. (0. (0. (0. (0. (0. (0. (0. (4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income structions) 3. Perce time devot	6. Readership costs nt of ted to to use % % % % %	7. Excess readership costs (column 6 minus column 5, but not more than column 4). Enter here and on page 1, Part II, line 27.
(2) (3) (4) otals (carry to Part II, line (5)) Part II Income From F columns 2 through 1. Name of periodical 1) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Periodicals Report 7 on a line-by-line base advertising income Enter here and on page 1, Part 1, line 11, cot. (A).	0. (0. (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income structions) 3. Perce time devot	6. Readership costs nt of ted to use %	7. Excess readership costs (column 6 minus column 5, but not more than column 4). Enter here and on page 1, Part II, line 27.

Form 4626
Department of the Treasury

Alternative Minimum Tax - Corporations

Attach to the corporation's tax return.

Information about Form 4626 and its separate instructions is at www.irs.gov/form4626.

OMB No. 1545-0123

Name UNITED JEWISH APPEAL-FEDERATION OF Employer identification number JEWISH PHILANTHROPIES OF NEW YORK, INC. 51-0172429 Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e). Taxable income or (loss) before net operating loss deduction 734,299, Adjustments and preferences: a Depreciation of post-1986 property 2a 20,615. b Amortization of certified pollution control facilities 2b c Amortization of mining exploration and development costs 20 d Amortization of circulation expenditures (personal holding companies only) 2d e Adjusted gain or loss 2e -2,604. g Merchant marine capital construction funds 2g h Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only) 2h i Tax shelfer farm activities (personal service corporations only) 2i j Passive activities (closely held corporations and personal service corporations only) 2j k Loss limitations I Depletion 21 m Tax-exempt interest income from specified private activity bonds 2m n Intangible drilling costs 20 O Other adjustments and preferences SEE STATEMENT 7 20 707,991. Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 20 3 1,460,301. Adjusted current earnings (ACE) adjustment: a ACE from line 10 of the ACE worksheet in the instructions 4a 1,460,301 b Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount (see instructions) 4b 0 c Multiply line 4b by 75% (.75). Enter the result as a positive amount 40 d Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments (see instructions). Note: You must enter an amount on line 4d (even if line 4b is positive) 4d e ACE adjustment. If line 4b is zero or more, enter the amount from line 4c • If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount 4e Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT 5 1,460,301, Alternative tax net operating loss deduction (see instructions) 6 Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions 7 1,460,301. Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c); a Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0b Multiply line 8a by 25% (.25) c Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-80 Subtract line 8c from line 7. If zero or less, enter -0-9 1,460,301. 10 Multiply line 9 by 20% (.20) 10 292,060. Alternative minimum tax foreign tax credit (AMTFTC) (see instructions) 11 Tentative minimum tax, Subtract line 11 from line 10 12 12 292,060. Regular tax liability before applying all credits except the foreign tax credit 13 13 240,875. Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on 14 Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return 14 51,185. JWA For Paperwork Reduction Act Notice, see separate instructions. Form 4626 (2015)

1,460,301.

	Adjusted Current Earning See ACE Worksheet			
1 Pre-adjustment AMTI. Enter the amount from i	ine 3 of Form 4626		1	1,460,301
2 ACE depreciation adjustment;				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
- AtAT dameniation		2a		
b ACE depreciation;				
(1) Post-1993 property	2b(1)			
(2) Post-1989, pre-1994 property				
(3) Pre-1990 MACRS property				
(4) Pre-1990 original ACRS property				
(5) Property described in sections				
168(f)(1) through (4)	25(5)			
(6) Other property		· .		
(7) Total ACE depreciation. Add lines 2b(1)	********	2b(7)	.	
c ACE depreciation adjustment, Subtract line 2b(**		20	
3 Inclusion in ACE of items included in earnings a		***********************************		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3a		
* ** ** ** ** ** *** ** ** ** ** ** **				
c All other distributions from life insurance contra		*******		
d Inside buildup of undistributed income in life in:				
e Other items (see Regulations sections 1.56(g)-1				
	······································	3e		
f Total increase to ACE from inclusion in ACE of it			3f	
4 Disallowance of items not deductible from E&P:		nough co		
a Certain dividends received		4a		
b Dividends paid on certain preferred stock of pub				
		4b		
c Dividends paid to an ESOP that are deductible u	nder section 404(k)	4c		
d Nonpatronage dividends that are paid and deduc				
1382(c)		4d		
e Other items (see Regulations sections 1.56(g)-1	(d)(3)(i) and (ii) for a			
partial list)		4e		
f Total increase to ACE because of disallowance o			41	
5 Other adjustments based on rules for figuring E8		i iiiob ia dabbagii ib	·····	
		5a		
& Circulation ourseditues				
0 1 10 11 10				
+ 1 2 90 4 1		*****		
h . 1 H				
f Total other E&P adjustments. Combine lines 5a t	hrough Se		51	
6 Disallowance of loss on exchange of debt pools	+			
7 Acquisition expenses of life insurance companies	s for qualified foreign contracts			
8 Depletion				
Basis adjustments in determining gain or loss fro	nm sale or eychange of ore-100/ oro	nerty	9	
10 Adjusted current earnings. Combine lines 1, 2c,			B	
	St, 4t, and St billough 5, Enter the re		10	1,460,301.
			10	4,200,301.

SCHEDULE D (Form 1120) Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

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

OMB No. 1545-0123

Name

UNITED JEWISH APPEAL-FEDERATION OF

JEWISH PHILANTHROPIES OF NEW YORK, INC.

Employer identification number

51-0172429

Part I Short-Term Capital Ga	ains and Losses - As	sets Held One Yea	r or Less		
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e)	(n) Adjustments to a		(h) a :
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to go or loss from Form(s) 89 Part I, line 2, column (49 9)	(ft) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (
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					
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					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					-12,
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 37	, , , , , , , , , , , , , , , , , , , ,		4	
5 Short-term capital gain or (loss) from like-kind	d exchanges from Form 8824	******		5	
6 Unused capital loss carryover (attach comput	ation)			6	(
7 Net short-term capital gain or (loss). Combine	e lines 1a through 6 in column	h		7	-12.
Part II Long-Term Capital Gai	ns and Losses - Ass	ets Held More Tha	n One Year		
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 894 Part II, line 2, column (g	1 9,	(h) Gain or (loss), Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on				1	
Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked					295,480.
11 Enter gain from Form 4797, line 7 or 9				11	1,353,668.
12 Long-term capital gain from installment sales t	rom Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind	exchanges from Form 8824			13	
14 Capital gain distributions		· · · · · · · · · · · · · · · · · · ·		14	
15 Net long-term capital gain or (loss). Combine		h		15	1,649,148.
Part III Summary of Parts I and					
16 Enter excess of net short-term capital gain (line	(7) over net long-term capital	ioss (line 15)		16	
17 Net capital gain. Enter excess of net long-term	capital gain (line 15) over net s	hort-term capital loss (line 7	7)	17	1,649,136.
18 Add lines 16 and 17. Enter here and on Form 1	120, page 1, line 8, or the prop	er line on other returns		18	1,649,136.
Note: If losses exceed gains, see Capital losses	s in the instructions.				

JWA

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

Schedule D (Form 1120) (2015)

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

Information about Form 8949 and its separate instructions is at www.irs.gov/form8949. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074 Attachment Sequence No. 12A

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.

Note: You may aggregate codes are required. Enter t							
You must check Box A, B, or C below if you have more short-term transactions than	. Check only one be will fit on this page for	one or more than one	box applies for your sho xes, complete as many	ort-term transactions, cor forms with the same box	nplete a sepa	rate Form 8949, page 1,	for each applicable box
(A) Short-term transactions re	eported on Form	s) 1099-B show	ing basis was repo	orted to the IRS (se	e Note ab	ove)	
(B) Short-term transactions of X (C) Short-term transactions of	eported on Form(s) 1099-B showi	ing basis was not	reported to the IRS	3		
1-7 0-1011111111111111111111111111111111		u on Form 1099	-B				
Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis. See the	in column	nt, if any, to gain or ou enter an amount (g), enter a code in	Gain or (loss).
,	(mo., day, yr.)	(Mo., day, yr.)		Note below and see Column (e) in	(f)). See instructions.	Subtract column (e from column (d) & combine the result
SEE STATEMENT 6				the instructions	Code(s)	Amount of adjustment	with column (g)
PASSTHROUGH FROM							
PARTNERSHIP							<12.

						:	

							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			<u></u>				
! Totals. Add the amounts in colun					ĺ	T	
negative amounts). Enter each to						ļ	
Schedule D, line 1b (if Box A abo		1		Ī		-	
above is checked), or line 3 (if Bo	x C above is che	ecked) 🕨					<12.>

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.

523011 12-02-15 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8949** (2015)

Form 8949 (2015)				Attachi	ment Seau	lence No. 12A	Pag
Name(s) shown on return. Name UNITED JEWISH APPE.	and SSN or taxpay	yer identification	no. not required	f shown on other s	ide	Social secu	urity number or
JEWISH PHILANTHROP						1	entification no.
Before you check Box D, E, or F statement will have the same info	pelow, see whether rmation as Form 10	r you received ar 099-B. Either wi	ny Form(s) 1099-B I show whether vo	or substitute state	ment(s) fro	51-01 om your broker. A	72429 substitute
Part II Long-Term, Trans	actions involving o	anital assets vo	u held more than	1 year are long torn	a Earaba	4.2	
codes are required. Enter	the totals directly on	Schedule D, line	8a; you aren't require	ed to report these trar	ed to the IH sactions or	iS and for which no . n Form 8949 (see ins	adjustments or tructions).
You must check Box D, E, or F belo If you have more long-term transactions than (D) Long-term transactions	reported on Form(s) 1099-B showi	ng basis was repo	orted to the IRS (se	e Note ab	u need	or each applicable bo
(E) Long-term transactions				reported to the IRS			
X (F) Long-term transactions		uon Form 1099-	В				
1 (a)	(b)	(c)	(d)	(e)	Adjustme	nt, if any, to gain or ou enter an amount	(h)
Description of property (Example: 100 sh. XYZ Co.)	Date acquired (Mo., day, yr.)	Date sold or disposed of (Mo., day, yr.)	Proceeds (sales price)	Cost or other basis. See the Note below and	in column column (f	(g), enter a code in See instructions.	Gain or (loss) Subtract column from column (d)
SEE STATEMENT 6		(wo., day, yr.)		see Column (e) in the instructions	(f) Code(s)	(g) Amount of	combine the resu
PASSTHROUGH FROM				1370 1170 1700 170		adjustment	with column (g)
PARTNERSHIP							
							295,48
						······································	
			×				
		· · · · · · · · · · · · · · · · · · ·					
	<u> </u>						
Totals. Add the amounts in colu							
	otal bare and inch	de on vour			l		
negative amounts). Enter each t			l l		•	1	
Schedule D, line 8b (if Box D at above is checked), or line 10 (if	ove is checked), li	ne 9 (if Box E		-			

adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

523012 12-02-15

Form **8949** (2015)

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

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

Attachment Sequence No. 27

UN	ITED JEWISH APPEAL-FEDERATION	OF					Ì	lde	ntifying number
	WISH PHILANTHROPIES OF NEW YO								. 0170400
	Enter the gross proceeds from sales o		orted to you for :	2015 on Form(s) 1	1099-B or 1099-S	·	-	7	51-0172429
	(or substitute statement) that you are i	ncluding on line :	2, 10, or 20					.	
P	art I Sales or Exchanges	of Property	Used in a Tr	ade or Busine	ess and Involu	ntary Con	vei	rsi	ons From
	Other Than Casualt	y or Theft-Mo	ost Property	Held More T	han 1 Year (see	instructions)			-,,o , , o,,,
	(a) Description	(b) Date acquired	(C) Date sold	(d) Gross sales	(e) Depreciation	(f) Cost or o		T	(g) Gain or (loss)
	of property	(mo., day, yr.)	(mo., day, yr.)	price	allowed or allowable since	basis, plu improvements	and		Subtract (f) from the
2	SEE STATEMENT 6				acquisition	expense of s	ale		sum of (d) and (e)
PA	STHROUGH FROM PARTNERSHIP								1,353,668
					:				
	0 :- 15 1004 11 00					<u> </u>			
3	Gain, if any, from Form 4684, line 39) 1	2050 5 00				3	\bot	
4 5	Section 1231 gain from installment s	sales from Form (5252, line 26 or 1	37			4	\perp	
6	Section 1231 gain or (loss) from like	Kina exchanges	from Form 8824				_5	\bot	
7	Gain, if any, from line 32, from other	than casualty or	tnen		· · · · · · · · · · · · · · · · · · ·		6	4	
•	Combine lines 2 through 6. Enter the Partnerships (except electing large	e gain or (loss) ne e partecrabina)	ere and on the a	ppropriate line as	TOllows:		7		1,353,668.
	instructions for Form 1065, Schedule	e K, line 10, or Fo	orm 1120S, Scho	ions, neport the g edule K. line 9. Sk	gain or (loss) tollow (in lines 8, 9, 11, ar	ing the			
	below.					1			
	Individuals, partners, S corporation	n shareholders,	and all others.	If line 7 is zero or	a loss, enter the a	mount			
	from line 7 on line 11 below and skip 1231 losses, or they were recaptured	ines 8 and 9, if d in an earlier vea	line / is a gain a ar, enter the cair	nd you did not ha from line 7 as a l	ave any prior year s long-term capital a	section	-		
	the Schedule D filed with your return	and skip lines 8,	, 9, 11, and 12 b	elow.	ong term capital g	alli Oil			
8	Nonrecaptured net section 1231 loss	ses from prior ve	ars (see instruct	ions)		F	8	Ť	
9	Subtract line 8 from line 7. If zero or	less, enter -0 If I	ine 9 is zero, en	ter the gain from I	ine 7 on line 12 be	low If	-	╁	
	line 9 is more than zero, enter the arr								
	capital gain on the Schedule D filed v	with your return (:	see instructions)			9		1,353,668.
Pa	rt II Ordinary Gains and L	OSSES (see ins	tructions)					1	
			•						
10	Ordinary gains and losses not include	ed on lines 11 th	rough 16 (includ	e property held 1	year or less):				
		<u> </u>							
11	Loss, if any, from line 7		***************************************		***************************************		11	L)
2	Gain, if any, from line 7 or amount fro	m line 8, if applic	able				12		
3	Gain, if any, from line 31		***************************************	********************			13		
4	Net gain or (loss) from Form 4684, line	es at and asa					14		
5	Ordinary gain from installment sales for	rom Form 6252, I	line 25 or 36				5		
6 7	Ordinary gain or (loss) from like-kind e Combine lines 10 through 16						6	_	
8	For all except individual returns, enter	the amount from	ting 17 on the		£		7		
•	a and b below. For individual returns,			appropriate line o	r your return and s	kip lines			
		•							
а	If the loss on line 11 includes a loss fr	om Form 4684, li	ne 35, column (l	b)(ii), enter that pa	art of the loss here	Enter			
	the part of the loss from income-prode from property used as an employee of								
	See instructions						. 1		
b	Redetermine the gain or (loss) on line	17 excluding the	loss, if any, on	ine 18a. Enter he	re and on	·····	3a		
		=			o and on	140	3b		
HΑ	For Paperwork Reduction Act Not	ice, see separat	e instructions.						Form 4797 (2015)
									(" (" (" () ())

Page 2

9 (a) Description of section 1245, 1250, 1252, 1254	, or 1255	property:			(b) Date a (mo., day		(c) Date s (mo., day,
A							
В							
C	· · · · · · · · · · · · · · · · · · ·						
<u> D</u>							
These columns relate to the properties on							
lines 19A through 19D.	>	Property A	Pr	operty B	Prope	rty C	Propert
Gross sales price (Note: See line 1 before completing.)	20						
Cost or other basis plus expense of sale	21						
Pepreciation (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:							
a Depreciation allowed or allowable from line 22 \dots	25a						
b 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.							
a Additional depreciation after 1975 (see instructions)	26a						
b Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions)	26b						
c Subtract line 26a from line 24. If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e	26c						
d Additional depreciation after 1969 and before 1976	26d						
e 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 did not dispose of farmland or if this form is being completed for a partnership (other than an electing large 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						
nmary of Part III Gains. Complete property of		through O through	lino dan L	oforo sair	to line CC		
Total gains for all properties. Add property columns	A throug	h D, line 24				30	
Add property columns A through D, lines 25b, 26g, 2						31	
Subtract line 31 from line 30. Enter the portion from from other than casualty or theft on Form 4797, line rt IV Recapture Amounts Under Section	casualty 6	or theft on Form 46	84, line 33	8. Enter the	portion	32	
rt IV Recapture Amounts Under Section (see instructions)	ns 179	and 280F(b)(2)	When E	Business	Use Drops	to 50%	or Less
foce momentumis)	·						
					(a) Sectio 179	n	(b) Section
Section 179 expense deduction or depreciation allow	ا ما ماموس	ariar vaces		- C-	110		280F(b)(2)
control in a substige degraction of deblectation alloy							
Recomputed depreciation (see instructions)				34			

(Rev. December 2010) Department of the Treasury Internal Revenue Service

Domestic Production Activities Deduction

➤ Attach to your tax return. ➤ See separate instructions.

OMB No. 1545-1984

Attachment Sequence No. 143

Name(s) as shown on return

UNITED JEWISH APPEAL-FEDERATION OF

ldentifying number

	WISH PHILANTHROPIES OF NEW YORK, INC. Note. Do not complete column (a), unless you have oil-related production activities.		(a)		0172429
	Enter amounts for all activities in column (b), including oil-related production activities.	Oileo			(b)
1	B # 1 # 1 # 1 # 1 # 1 # 1 # 1 # 1 # 1 #	1	668,40		All activities
2	, , , , , , , , , , , , , , , , , , , ,	,	000,40	- -	2,818,043
_	overall method, skip lines 2 and 3	2	1,037,96	,	4 040 50
3	Enter deductions and losses allocable to DPGR (see instructions)	<u>-</u> 3	1,031,30		1,810,707
4	If you are using the small business simplified overall method, enter the amount				
	of cost of goods sold and other deductions or losses you ratably apportion to				
	DPGR. All others, skip line 4	4			
5	Add lines 2 through 4	5	1,037,96	- 	1 010 000
6	Subtract line 5 from line 1	6	-369,559		1,810,707
7	Qualified production activities income from estates, trusts, and certain partnerships	0	-309,33:	•	1,007,336
•	and S corporations (see instructions)	7			
8	Add lines 6 and 7. Estates and trusts, go to line 9, all others, skip line 9 and go to			-	
_	line 10	8	-360 EE		4 05- 00-
9	Amount allocated to handiciaries of the estate of the esta	9	-369,559	-	1,007,336.
-	Oil-related qualified production activities income. Estates and trusts, subtract	9			
104	line 9, column (a), from line 8, column (a), all others, enter amount from line 8,	1			
		40-	360 550		
h	column (a). If zero or less, enter -0- here Qualified production activities income. Estates and trusts, subtract line 9, column	10a	-369,559	4_	
٥	(b), from line 8, column (b), all others, enter amount from line 8, column (b). If zero or				
	1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	405			
11	Income limitation (see instructions):	10b		1_	1,007,336.
•	 Individuals, estates, and trusts. Enter your adjusted gross income figured without the 			1	
)		
	domestic production activities deduction				
	All others. Enter your taxable income figured without the domestic production activities deduction (tax exempt exemptations are instructions).				
12	activities deduction (tax-exempt organizations, see instructions) Enter the smaller of line 10b or line 11. If zero or less, enter -0-here, skip lines 13 through		J [11	╀—	778,522.
14					
13	and enter -0- on line 22	•••••	12	ļ	778,522.
14a	Enter 9% of line 12		<u>13</u>	 	70,067.
	Enter the smaller of line 10a or line 12	14a			
	Reduction for oil-related qualified production activities income. Multiply line 14a by 3%				
15	Subtract line 14b from line 13			<u> </u>	70,067.
16	Form W-2 wages (see instructions)	• • • • • • • • • • • • • • • • • • • •	16		538,877.
17	Form W-2 wages from estates, trusts, and certain partnerships and S corporations (see				
	instructions)		17		
	Add lines 16 and 17. Estates and trusts, go to line 19, all others, skip line 19 and go to line				538,877.
	Amount allocated to beneficiaries of the estate or trust (see instructions)		19		
:0	Estates and trusts, subtract line 19 from line 18, all others, enter amount from line 18		20		538,877.
	Form W-2 wage limitation. Enter 50% of line 20				269,439.
	Enter the smaller of line 15 or line 21		22		70,067.
	Domestic production activities deduction from cooperatives. Enter deduction from Form				
	1099-PATR, box 6		23		
	Expanded affiliated group allocation (see instructions)				
	Domestic production activities deduction. Combine lines 22 through 24 and enter the	result	here and on		
	Form 1040, line 35; Form 1120, line 25; or the applicable line of your return		25		70,067.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **8903** (Rev. 12-2010)

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

Attachment Sequence No.

Name(s) shown on return UNITED JEWISH APPEAL-Business or activity to which this form relates Identifying number FEDERATION OF JEWISH PHILANTHROPIES OF NEW YORK, INC. INVESTMENTS - OIL & GAS 51-0172429 Part Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 500,000 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 2,000,000 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0. If married filing separately, see instructions 500,000 6 (a) Description of property (c) Elected cost Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Tentative deduction. Enter the smaller of line 5 or line 8 Carryover of disallowed deduction from line 13 of your 2014 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12 13 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Part | Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 Other depreciation (including ACRS) 16 56,043 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2015 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction period service only - see instructions) 3-year property 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs. SIL 27.5 yrs MM h Residential rental S/L property 27.5 yrs MM S/L 39 yrs. MM i Nonresidential real S/L property MM S/L Section C - Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. S/L c 40-year 40 yrs. MM Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here

and on the appropriate lines of your return. Partnerships and S corporations - see instructions . .

23 For assets shown above and placed in service during the current year, enter the

56,043

Pane	2

	4562 (2015)	norty /Include	autamak:	laa -		oth ==	b:-1							FAGE	Done
Pari	useu iui eii	perty (Include tertainment, reconvenient of the control of the con	reauon, o	ramu	semen	[.}									•
	240, COMMIN	s (a) mough (c) o	n Section A	t, an o	r Section	n B, and	i Sectioi	ı Cıfa,	ppiicable	€.					only 24
242 5	Section A - Do you have evidence	Depreciation and	Other Info	ormati	ion (Cau	tion: S								iles.)	
240 L			(c)	ment u	se ciaime	3.1	Yes (e)	No	24b f '			lence wr	itten?	Yes	No
Ту	(a) pe of property (list vehicles first)	(b) Date placed in service	Business/ investment u percentage	use Co	(d) st or other		asis for dep business/inv use on	estment	(f) Recovery period	Me	(g) ethod/ evention		(h) preciation duction	Electe	(i) d section 179 cost
25 S	pecial depreciatione tax year and use	n allowance for ed more than 50%	qualified li	isted p	property	placed	d in ser	vice di	uring	<u> </u>	. 25				
26 P	roperty used more	than 50% in a qu	ualified bus	iness t	use:	-0				<u>, , , , , , , , , , , , , , , , , , , </u>	. 25				
				%				Ì		1	······	T	·····		
				%					***************************************		***************************************			<u> </u>	
				%										 	
27 P	roperty used 50%	or less in a qualifi	ied busines						······						
				%						S/L -		<u> </u>			
				%						S/L -			·		
28 A	dd amounts in colu	mp (h) lines 25 (L		r bara a	<u></u>	01			S/L -		ļ			
29 A	dd amounts in colu	ımn (ii), lines 25 i ımn (i), line 26 E	nter bere a	nd on	rnerea line 7 m	ina on II Sane 1	ine 21, p	age 1.			. 28	<u> </u>		-	
		(-7,	Section	n B	Inform	sation .	on Use	of Vol	hiclas		• • • •		. 29		
Comple	ete this section for	vehicles used by	a sole prop	orietor,	partner,	or other	er "more	than	5% owne	er." or a	related i	nerson	If you r	rouidad	. vahiala
to your	employees, first ansv	wer the questions in	Section C to	o see if	you mee	t an exc	eption to	comple	eting this	section	for those	e vehicle	es.	novided	vernoles
		•		E	(a)	1	(b)	1	(c)	(d)]	(e)		(f)
the	Total business/investment miles driver the year (do not include commuting m		niles)	ina l		Vehicle 2 Vehicle 3		nície 3	Vehicle 4		Vel	Vehicle 5		Vehicle 6	
	otal commuting mil														
32 To		rsonal (noncor													
	les driven , .				·····							ļ			
	ital miles driven				^		^		^						
	es 30 through 32 as the vehicle			Yes	No.	Yes	No	Yes	0 No	V	0		0		0
	e during off-duty h			163	140	169	NO	165	NO	Yes	No	Yes	No	Yes	No
	as the vehicle us				-	<u> </u>	1		-	*****			 		
	n 5% owner or rel														
	another vehicle			***											
	∍?,														
	Secti	on C - Questior	ns for Em	ploye	rs Who	Provi	de Veh	icles f	or Use	by Th	eir Em	plovee	<u> </u>	***************************************	<u> </u>
nswer	these questions to the tage of	to determine if yo	ou meet ai	n exce	eption to	comp	leting S	ection	B for ve	hicles	used b	y empi	oyees w	ho are	not
7 Do	you maintain a v	written policy sta	atement th	nat pro	ohibits i	all pers	sonal us	e of v	ehicles,	includ	ina cor	nmutin	a hv	Yes	No
you	ur employees?										-				
9 1/0	you mamam a v	witten policy st	atement tr	ıat pr	onibits	person	aiuse d	of veni	cles, ex	cent c	ommuti	ina hu	your		
ein Do	ployees? See the i you treat all use o	f vehicles by emp	incles use	a by co	orporate										
) Do	you provide mor	e than five vehi	cles to vo	ur em	ai use r Intovees		n infor	nation	from u				:		
use	of the vehicles, ar	nd retain the infor	mation rec	eived?	picyccs						-		j		
1 Do	you meet the requ	irements concerr	ning qualifie	ed aut	omobile	demor	 Istration	use? (See inst		 s)				
Nof	tet ir your answer	10 37, 36, 39, 40,	, or 41 is "	Yes," d	lo not co	omplete	Sectio	n B for	the cov	ered ve	hicles.	• • • •			
art V	Amortization	1										***********	1		
	(a) Description of co	sts	(b) Date amortiz begins	ation	Ame	(c) ortizable	amount		(d) Code sect	ion	(e) Amortiza period	1	Amortizati	(f)	s waar
			A 25 H 19								percent			IOI III	- year
) A.	ortization of asst-	hat hasing deed	3 1101 004	E 4		- :									
Am	ortization of costs t	that begins during	your 201	5 taxy	year (see	e instru	ctions):	<u>'</u>							
' Am	ortization of costs t	that begins during	g your 201	5 tax y	year (see	e instru	ctions):								
						e instru	ctions):								
. Am	ortization of costs to ortization of costs to ortization of costs at. Add amounts in	that began before	e your 201:	5 tax y	ear							43			

Credit for Prior Year Minimum Tax - Corporations

OMB No. 1545-0123

2015

Department of the Treasury Internal Revenue Service Attach to the corporation's tax return.

▶ Information about Form 8827 and its instructions is at www.irs.gov/form8827

Name UNITED JEWISH APPEAL-FEDERATION OF Employer identification nun JEWISH PHILANTHROPIES OF NEW YORK, INC. 51-0172429 1 Alternative minimum tax (AMT) for 2014. Enter the amount from line 14 of the 2014 Form 4626 1 144,770. 2 Minimum tax credit carryforward from 2014. Enter the amount from line 9 of the 2014 Form 8827 2 3 Enter any 2014 unallowed qualified electric vehicle credit (see instructions) 3 4 144,770. 5 Enter the corporation's 2015 regular income tax liability minus allowable tax credits (see 5 240,875. 6 Is the corporation a "small corporation" exempt from the AMT for 2015 (see instructions)? Yes. Enter 25% of the excess of line 5 over \$25,000. If line 5 is \$25,000 or less, enter -0-• No. Complete Form 4626 for 2015 and enter the tentative minimum tax from line 12 292,060. 7a Subtract line 6 from line 5. If zero or less, enter -0-7a 0. b For a corporation electing to accelerate the minimum tax credit, enter the bonus depreciation amount attributable to the minimum tax credit (see instructions) 7b 7c 8a Enter the smaller of line 4 or line 7c. If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions b Current year minimum tax credit. Enter the smaller of line 4 or line 7a here and on Form 1120, Schedule J, Part I, line 5d (or the applicable line of your return). If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions. If you made an entry on line 7b, go to line 8c. Otherwise, skip line 8c c Subtract line 8b from line 8a. This is the refundable amount for a corporation electing to accelerate the minimum tax credit. Include this amount on Form 1120, Schedule J, Part II, line 19c (or the applicable line of 8c 9 Minimum tax credit carryforward to 2016. Subtract line 8a from line 4. Keep a record of this amount to carry forward and use in future years 9 144 770

2

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT BUSINESS ACTIVITY

WORKING INTEREST IN OIL AND GAS PROPERTIES WHICH WERE DONATED TO UNITED JEWISH APPEAL-FEDERATION OF JEWISH PHILANTHROPIES OF NEW YORK, INC. AND UNRELATED BUSINESS INCOME FROM INVESTMENTS IN LIMITED PARTNERSHIPS, AND SUBPART F INSURANCE INCOME.

TO FORM 990-T, PAGE 1

DESCRIPTION	AMOUNT
7.08% LIMITED PARTNERSHIP INTEREST IN B. BROS REALTY LLC	172,795.
25% MEMBERSHIP INTEREST IN 225 FOURTH COMPANY HOLDING LLC .57% LIMITED PARTNERSHIP INTEREST IN APOLLO REAL ESTATE	28,205.
INVESTMENT FUND III 1.62% LIMITED PARTNERSHIP INTEREST IN ASP III ALTERNATIVE	-47,153.
INVESTMENTS, L.P. 1.71% LIMITED PARTNERSHIP INTEREST IN ASP IV ALTERNATIVE	41,851.
INVESTMENTS L.P32% LIMITED PARTNERSHIP INTEREST IN ASP V ALTERNATIVE	55,848.
INVESTMENTS, L.P. 3.69% LIMITED PARTNERSHIP INTEREST IN BAUPOST VALUE	-17,892.
PARTNERS, L.P I	28,633.
.12% LIMITED PARTNERSHIP INTEREST IN CCP II AIV II, L.P11% LIMITED PARTNERSHIP INTEREST IN CCP II PWD-TFK AIV,	-821.
L.P.	784.
.17% LIMITED PARTNERSHIP INTEREST IN CCP III AIV II, L.P28% LIMITED PARTNERSHIP INTEREST IN CENTERBRIDGE CAPITAL PARTNERS AIV II, LP	33,344.
.32% LIMITED PARTNERSHIP INTEREST IN COLUMBIA CAPITAL EQUITY PARTNERS III LP	12,980.
.38% LIMITED PARTNERSHIP INTEREST IN COLUMBIA CAPITAL EQUITY	-18.
PARTNERS IV, LP	-34,790.
.16% LIMITED PARTNERSHIP INTEREST IN CP FALCON AIV, L.P. 7.7% LIMITED PARTNERSHIP INTEREST IN KKR ENERGY INCOME & GROWTH FUND I-TE LP	4,580.
1.06% LIMITED PARTNERSHIP INTEREST IN LS POWER EQUITY	-498,930.
PARTNERS, LP .47% LIMITED PARTNERSHIP INTEREST IN LS POWER EQUITY	107,631.
PARTNERS II, LP .10% LIMITED PARTNERSHIP INTEREST IN NEW CENTURY HOLDINGS	196,841.
XI, L.P40% LIMITED PARTNERSHIP INTEREST IN PINE BROOK CAPITAL	2,864.
PARTNERS II, L.P. 1.29% LIMITED PARTNERSHIP INTEREST IN REALTY FINANCIAL	~359,643.
PARTNERS VI, LP	-1,575,945.
FOTAL TO FORM 990-T, PAGE 1, LINE 5	-1,848,836.

FORM 990-T	OTHER INCOME		STATEMENT	3
DESCRIPTION			AMOUNT	
WORKING INTEREST IN OIL AND SUBPART F INCLUSION	668,403, 2,349,340			
TOTAL TO FORM 990-T, PAGE 1,	LINE 12		3,017,	743.
FORM 990-T	OTHER DEDUCT:	IONS	STATEMENT	4
DESCRIPTION			AMOUN'T	
OIL & GAS PRODUCTION EXPENSE CONSULTANTS PROFESSIONAL SERVICES INSURANCE AUDIT FEES TAX FEES			485,0 148,0 80,0 64,3 47,9 81,9	40. 00. 62.
CUSTODIAL FEES INVESTMENT SOFTWARE OTHER INVESTMENT OFFICE EXPE COMESTIC PRODUCTION ACTIVITI			22,3 18,5 10,7 70,0	66. 06, 68,
FOTAL TO FORM 990-T, PAGE 1,	LINE 28		1,028,9	31.
ORM 990-T NET	OPERATING LOSS D	EDUCTION	STATEMENT	
'AX YEAR LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
6/30/15 25,844.	0.	25,844.	25,844	-
OL CARRYOVER AVAILABLE THIS	YEAR	25,844.	25,844.	-

UNITED JEWISH APPEAL-FEDERATION OF JEWISH PHILANTHROPIES OF NEW YORK, INC. EIN: 51-0172429
TAX YEAR ENDED 6/30/16

<u>PARTNERSHIP</u>	<u>STCG</u>	<u>LTCG</u>	1231 Gain(Loss)	Total Capital Gain (Loss)
APOLLO REAL ESTATE INVESTMENTS FUND III	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		-	
ASP V ALTERNATIVE INVESTMENTS, LP		2,035		2.035
BAUPOST VALUE PARTNERS, LP - I	11	60,465	215.003	r · · -
CCP II AIV, LP		•	(731)	275,479
CCP II PWD-TFK AIV, LP	(23)		((01)	(731)
CENTERBRIDGE CAPITAL PARTNERS AIV II, LP	()	1,571		(23)
COLUMBIA CAPITAL EQUITY PARTNERS IV, LP		.,	5,660	1,571
CP FALCON AIV, LP			(124)	5,660
FUND III HOLDCO, LLC		195,231	(124)	(124)
FUND III SPONSORSHIP HOLDCO, LLC		2.243		195,231
LS POWER EQUITY PARTNERS, LP			400.040	2,243
LS POWER II EQUITY PARTNERS, LP		24,775	466,816	491,591
REALTY FINANCIAL PARTNERS VI, LP		9,160	729,942	739,102
	(4.5)		(62,898)	(62,898)
TOTAL	(12)	295,480	1,353,668	1,649,136

FORM 4626	OTHER AMT ADJUSTMENTS	STATEMENT 7
DESCRIPTION	AMOUNT	
OTHER FLOW-THROUGH PREDOMESTIC PRODUCTION AC	728,584. -20,593.	
TOTAL TO FORM 4626, LII	NE 20	707,991.

AMT DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD) ADJUSTMENT	STATEMENT 8
1) AMTI BEFORE DPAD	1,550,961 1,007,336
3) SMALLER OF LINE 1 OR LINE 2 BUT NOT LESS THAN 0	1,007,336 90,660 538,877 269,439
7) SMALLER OF LINE 4 OR LINE 6	90,660
9) AMT DPAD (ADD LINES 7 AND 8)	90,660 70,067
11) AMT DPAD ADJUSTMENT (LINE 10 LESS LINE 9)	-20,593

	PRIC	R YEAR MINIMUM TA	AX CREDIT	STATEMENT	9	
TAX YEAR	ORIGINAL	PREVIOUSLY APPLIED	REMAINING	AVAILABLE THIS YEAR		
06/30/15	144,770.	0.	144,770.	144,770.		
AVAILABLE FO	OR CREDIT		144,770.	144,770.		

United Jewish Appear-Federation of Jewish Philanthropies 51-0172429 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 $59^{\rm th}$ 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, 2016.

United Jewish Appear-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, 2016.