[and proxy tax under section 6033(e)]       PC animity entry ULL 1, 2023,, section, ULN 30, 2024       Description, ULN 30, 2024       Desc	Form	990-T	E	OMB No. 1545-0047			
Get to www.irs.gow/form@00T for instructions and the latest information.         Determination of the main structure and the latest information.           A         Check tox if         Nume of agrinulation (							つりつつ
Data Reserved         De not entre SBN number on this form as it may be made pable if your organization is a 501(c)(3).         Descent Reserved           A Back too         Name of organization ()         Check too if more changed and see instructions.)         Defects Reserved           B Long but (a) (a) (a) (b) (b) (b) (b) (b) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c			For cal			<u>4</u> .	Ζυζυ
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XI 501C (X3 )       0       <	A			Name of organization ( Check box if name changed and see instru	ctions.)		
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Statu       BOSTON, MA 02210       For provide and status and of year       64,850,910.       enamediad return.         6 Check organization type       \$501(c) comporation       501(c) trust       401(a) trust       Other trust       State college/university         H Check if sign only to claim       Creat true normality       Beturn dishown on Form 2439       Elective payment amount from Form 3800         1 Check if a 601(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation       2         K During the tax year, was the corporation a subsidiary in an affiliated group or parent-subsidiary controlled group?       Yes.       XI No         If Yes.       Full through the super.       (617) 426-6500       2       XI No         If Yes.       Full Unrelated business traable income computed from all unrelated trades or businesses (see instructions)       1       147.         2 Add lines 1 and 2       3       147.       3       147.         6 Countraliab business taxable income before net operating losses. Subtract line 4 from line 3       5       147.         6 Deduction for net operating losse. Subtract line 4 from line 3       5       147.         6 Deduction for net operating losse. Subtract line 10 Madeduction.       7       1       100.         9       0       1       0.00.       1       0.00.         9 T						-	
6       Check organization type       X       901(c) corporation       501(c) trust       401(a) trust       Other trust       State college/university         H       Check if a 501(c) organization film a consolidated return with a 501(c) trust intervent and trust organization film a consolidated return with a 501(c) trust intervent organization film a consolidated return with a 501(c) trust intervent organization film a consolidated return with a 501(c) trust intervent organization film a consolidated return with a 501(c) trust intervent organization film a consolidated return with a 501(c) trust intervent organization film a consolidated return with a 501(c) trust intervent organization film a consolidated return with a 501(c) trust intervent organization film a consolidated return with a 501(c) trust intervent organization film a consolidated return with a 501(c) trust intervent organization film a consolidated return with a 501(c) trust intervent organization film a consolidated return with a 501(c) trust intervent organization film a consolidated return with a 501(c) trust intervent organization film a consolidated return with a 501(c) trust intervent organization film a consolidated return with a 501(c) trust intervent organization film a consolidated return with a 501(c) trust intervent organization film a consolidated return with a 501(c) trust intervent organization film a consolidated return with a 501(c) trust intervent organization film a consolidated return with a 501(c) trust intervent organization film a consolidated return with a 501(c) trust intervent organization film a consolidated return with a 501(c) trust intervent organization film a consolidated return with a 501(c) trust intervent organization film a consolidated return organization for exceptions)       1       1       1         1       Total of u				BOSTON, MA 02210		F	Check box if
Image: Credit filling only to claim       Credit time Form B841       Retund shown on Form 2439       Elective payment amount from Form 3800         Credit if a Soft(s) organization films a consolidated return with a Soft(s) organization films a consolidated form all unrelated trades or businesses (see instructions)       1         1       Total of unrelated Dusiness taxable income computed form all unrelated trades or businesses (see instructions)       1       147.         2       Add lines 1 and 2       3       147.       6       147.         3       Add lines 1 and 2       3       147.       6       147.         4       Charchide ductions (see instructions for instanto nules)       5       147.       6       147.         5       Data of the deduction see instructions for exceptions)       8       1,000.       7 <td< td=""><td></td><td></td><td>С Во</td><td>ok value of all assets at end of year 64 ,</td><td>,850,910.</td><td></td><td>an amended return.</td></td<>			С Во	ok value of all assets at end of year 64 ,	,850,910.		an amended return.
I    Check if Iling any to claim    Credit from Form 3841    Return stown or Form 2343    Elective payment amount from Form 3800      Check if a 501(s)(3) organization filing a consolidated return with a 501(s)(2) titleholding corporation    2      X    During the tax year, was the corporation a subsidiary in a affiliated group or a parent subsidiary controlled group?    Yes, 'ent the name and identifying number of the parent corporation    2      X    During the tax year, was the corporation a subsidiary in a affiliated group or a parent subsidiary controlled group?    Yes, 'ent the name and identifying number of the parent corporation    1      I    Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)    1    1477.      2    Add lines 1 and 2    3    1477.      3    Add lines 1 and 2    3    1477.      4    O.    5    1477.      5    Total unrelated business taxable income before specific deduction and section 199A deduction.    7      8    Specific deduction (generally \$1,000, but see instructions for exceptions)    9    1      9    Total deductions. Add lines 8 and 9    10    0      10    Total deductions. Add lines 8 and 9    10    0      11    Unrelated business taxable income before specific deduction income tax on the amount on part, line 11, non.    7      11    Organizations taxable as corporations. Multipti Pa	G Cł	neck organization t	type		Other trust	State	college/university
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Image: The the number of attached Schedules A (Form 990-1)       2         K       During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?       Yes       X       No         If "Yes," enter the name and identifying number of the parent corporation       Telephone number       (617) 4266-6500         Part       Total of unrelated Business taxable income computed from all unrelated trades or businesses (see instructions)       1       147.         2       Reserved       3       1447.       3       1447.         3       Add times 1 and 2       3       1447.       4       0.         4       0.       5       1447.       6       1447.         5       Total of unrelated business taxable income before net operating tosses. Subtract line 4 from line 3       5       1447.         7       Total of unrelated business taxable income before specific deduction and section 199A deduction.       7       8         9       Total of deduction (generally \$1.000, but see instructions for exceptions)       8       1,000.       7         9       Total adductions. Add lines 8 and 9       10       1,000.       1       0.         10       Organizations taxable accoprotations. Nultiply Part 1, line 10 is greater than line 7, enter zero       11       0.							
IIT Yes, 'enter the name and identifying number of the parent corporation       Telephone number       (617) 426-6500         Part       Total of unrelated Business Taxable income computed from all unrelated trades or businesses (see instructions)       1       147.         2       3       Add lines 1 and 2       3       147.         3       Add lines 1 and 2       3       147.         4       Charitable contributions (see instructions for limitation rules)       5       147.         5       Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3       5       147.         6       Deduction for net operating loss. See instructions for exceptions)       8       1,000.       7         7       Total al of unrelated business taxable income before net operating loss. Subtract line 19A deduction.       7       8       8       1,000.       9       10       1,000.       1       100.       1,000.       10       1,000.       10       1,000.       10       1,000.       10       1,000.       10       1,000.       10       1,000.       10       1,000.       10       1,000.       10       1,000.       10       1,000.       10       1,000.       10       1,000.       10       1,000.       10       1,000.       10       1	-						
Interbooks are in care of JERL APPIER       Telephone number       (617) 426-6500         Part I       Total Unrelated Business Taxable Income       1       147.         1       Total ornelated business taxable income computed from all unrelated trades or businesses (see instructions)       1       147.         2       Reserved       3       Add lines 1 and 2       3       147.         4       Ocharitable contributions (see instructions for limitation rules)       5       147.       4       0.         5       Total ornelated business taxable income before net operating losses. Subtract line 4 from line 3       5       147.         6       Deduction for net operating loss. See instructions       STERMENT 1       6       147.         7       Total ornelated business taxable income before specific deduction and section 199A deduction.       8       1,000.         9       Total ordeuctions. Add lines 8 and 9       10       1,000.       10       1,000.         11       Organization staxable as corporations. Multiply Part I, line 11 by 21% (0.21)       1       0.       1       0.         10       Trusts scabe instructions       Schedule D (Form 1041)       3       3       0.         2       Trusts taxable at rust rates schedule or       Schedule D (Form 1041)       2       2       0	<b>Κ</b> Dι	uring the tax year,	was the	e corporation a subsidiary in an affiliated group or a parent-subsic	liary controlled group?		Yes X No
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1       Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)       1       1417.         2       Reserved       3       1417.         3       Add lines 1 and 2       3       1417.         4       Charitable contributions (see instructions for limitation rules)       3       1417.         5       Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3       5       1417.         6       1417.       6       1417.       6       1417.         7       Total of unrelated business taxable income before specific deduction and section 199A deduction.       5       1417.         8       Specific deductions. Add lines 8 and 9       7       0       7         9       Total deductions. Add lines 8 and 9       10       1,000.       1       0       1,000.         11       Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero       11       0.       1       0       1,000.         12       Trusts taxable at trust rates. See instructions       1       1       0.       1       0.         14       Organizations taxable is corporations. Multiply Part I, line 11 by 219(.02.1)       1       0.       1       0.					Telephone number	(617	)426-6500
2       Reserved       2         3       Add lines 1 and 2       3       147.         4       0.       5       147.         6       6       147.       6       147.         6       6       147.       6       147.         6       6       147.       6       147.         6       6       147.       6       147.         7       70al ourrelated business taxable income before specific deduction and section 199A deduction.       5       147.         7       70al ourrelated business taxable income before specific deduction and section 199A deduction.       7       8         7       7       8       8       147.       6       147.         7       7       8       8       147.       6       147.         8       Specific deduction (generally \$1,000, but see instructions for exceptions)       9       9       10       0.         9       10       0.       1       0.0       1       0.0       1       0.0         1       Order taxable at rout rates. See instructions for exceptions)       1       0.0       1       0.0       1       0.0       1       0.0       0.0       1       0.	Part	I Total Unr	elate	d Business Taxable Income			
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6       Deduction for net operating loss. See instructions       STATEMENT 1       6       147.         7       Total of unrelated business taxable income before specific deduction and section 199A deduction.       7       8       1,000.         9       7       8       1,000.       9       10       1,000.         9       10       1,000.       9       10       1,000.       9         10       Total deductions. Add lines 8 and 9       10       1,000.       10       1,000.         11       Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero       11       0.         Part II       Tax Computation       1       0.       1       0.         12       Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11, from:       1       1       0.         2       Trust a mounts. See instructions       4       5       6       6       -7       0.         3       Part I, line 11, from:       Tax rate schedule or       Schedule D (Form 1041)       2       -7       0.       -         3       Atternative minimum tax       5       -6       -7       0.       -       -       -       -       -							
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8       Specific deduction (generally \$1,000, but see instructions for exceptions)       8       1,000.         9       10       Totats. Section 199A deduction. See instructions       9         10       Totat deductions. Add lines 8 and 9       10       1,000.         11       Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero       11       0.         Part III       Tax Computation       1       0.       1       0.         2       Trusts taxable a trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11, from:       Tax rate schedule or       Schedule D (Form 1041)       2         3       Proxy tax. See instructions       4       4       5       6         6       Tax and Payments       5       6       7       0.         7       Total. Add lines 3 through 6 to line 1 or 2, whichever applies       7       0.       7         9       Uther radit (corporations attach Form 1116)       1a       1a       6       7       0.         1a       Foreign tax credit (corporations attach Form 3800 (see instructions)       1c       1c       1c       1c         1a       General business credit. Attach Form 3800 (see instructions)       1d       1e       2       0.	-			•		7	
10       Total deductions. Add lines 8 and 9       10       1,000.         11       Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero       11       0.         Part II       Tax Computation       1       0.       1       0.         10       organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)       1       0.       0.         2       Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11, from:       Tax rate schedule or       Schedule D (Form 1041)       2         3       Proxy tax. See instructions       4       .       .       .         5       Alternative minimum tax       5       .       .       .       .         6       Tax and Payments       7       0.       .       .       .       .         11       Tax and Payments       1       1       .	8	Specific deduction	n (gene			8	1,000.
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Part I, line 11, from:       Tax rate schedule or       Schedule D (Form 1041)       2         3       Proxy tax. See instructions       3         4       Other tax amounts. See instructions       4         5       Alternative minimum tax       5         6       Tax on noncompliant facility income. See instructions       6         7       Total. Add lines 3 through 6 to line 1 or 2, whichever applies       7       0.         Part III       Tax and Payments       7       0.         1a       Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)       1a       1a         b       Other credits (see instructions)       1c       1d       1d         c       General business credit. Attach Form 8800 (see instructions)       1d       1e       2       0.         3       Amount due from Form 4255       3a       3a       3a       3a       3a         b       Amount due from Form 8861       3c       3a       3a <t< td=""><td>1</td><td>Organizations ta</td><td>xable a</td><td>as corporations. Multiply Part I, line 11 by 21% (0.21)</td><td></td><td>1</td><td>0.</td></t<>	1	Organizations ta	xable a	as corporations. Multiply Part I, line 11 by 21% (0.21)		1	0.
3       Proxy tax. See instructions       3         4       Other tax amounts. See instructions       4         5       Alternative minimum tax       5         6       Tax on noncompliant facility income. See instructions       6         7       Total. Add lines 3 through 6 to line 1 or 2, whichever applies       7       0.         Part III       Tax and Payments       1a       1a       1a       1b         1a       Foreign tax credit (corporations attach Form 1118), trusts attach Form 1116)       1a       1a       1c       1a         b       Other credits (see instructions)       1b       1c       1d       1d       1d       1d       1d       1d       1d       1d       1d       1c       1a       1c       1a       1c       1a       1d	2	Trusts taxable a	t trust				
4       Other tax amounts. See instructions       4         5       Alternative minimum tax       5         6       Tax on noncompliant facility income. See instructions       6         7       Total. Add lines 3 through 6 to line 1 or 2, whichever applies       7       0.         Part III       Tax and Payments         1a       Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)       1a       1a         b       Other credits (see instructions)       1b       1c       1d         c       General business credit. Attach Form 3800 (see instructions)       1c       1d       1e         d       Credit for prior-year minimum tax (attach Form 8801 or 8827)       1d       1e       2       0.         3a       Amount due from Pornt III, line 7       2       0.       3a       3b       3d         c       Amount due from Form 8697       3a       3b       3d       3d       3d       0.         d       Amount due from Form 8866       3d       3d       3d       0.       4       0.       6       0.         4       Total amounts due. (see instructions)       Imount form lens 3 athrough 3e       3f       0.       0.       4       0.       0.		Part I, line 11, fro	m: 🗋	_ Tax rate schedule or Schedule D (Form 1041)			
5       Alternative minimum tax       5         6       Tax on noncompliant facility income. See instructions       6         7       Total. Add lines 3 through 6 to line 1 or 2, whichever applies       7       0.         Part III       Tax and Payments       7       0.         1a       Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)       1a       1a         b       Other credits (see instructions)       1b       1c       1d         c       General business credit. Attach Form 3800 (see instructions)       1c       1d       1e         c       General business credit. Attach Form 8801 or 8827)       1d       1e       2       0.         a       Amount due from Porm Part II, line 7       3a       3a       3a       3a       3a       3a       3a       3a       3b       3a       3b       3a       3b       3d       3d </td <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td>		-					
6       Tax on noncompliant facility income. See instructions       6         7       Total. Add lines 3 through 6 to line 1 or 2, whichever applies       7       0.         Part III       Tax and Payments       7       0.         1a       Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)       1a       1a       1b         b       Other credits (see instructions)       1b       1c       1c       1d         c       General business credit. Attach Form 8800 (see instructions)       1c       1d       1e       2       0.         d       Credit for prior-year minimum tax (attach Form 8801 or 8827)       1d       1e       2       0.         a       Amount due from Form 4255       3a       3a       1e       2       0.         3a       Amount due from Form 8611       3b       3c       3d       3f       0.       0.       3f       0.       3f       0.       0.       3f       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.<							
7       Total. Add lines 3 through 6 to line 1 or 2, whichever applies       7       0.         Part III       Tax and Payments       1	_						
Part III       Tax and Payments         1a       Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)       1a         b       Other credits (see instructions)       1b         c       General business credit. Attach Form 3800 (see instructions)       1c         d       Credit for prior-year minimum tax (attach Form 8801 or 8827)       1d         e       Total credits. Add lines 1a through 1d       1e         2       O.       3a         3a       Amount due from Porm 4255       3a         b       Amount due from Form 8611       3b         c       Amount due from Form 8697       3c         d       Amount due from Form 8866       3d         e       Other amounts due (see instructions)       Check if includes tax previously deferred under         4       Total tax. Add lines 2 and 3f (see instructions).       Check if includes tax previously deferred under         section 1294. Enter tax amount here       5       0.         5       Current net 965 tax liability paid from Form 965-A, Part II, column (k)       5       0.							0.
1a       Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)       1a         b       Other credits (see instructions)       1b         c       General business credit. Attach Form 3800 (see instructions)       1c         d       Credit for prior-year minimum tax (attach Form 8801 or 8827)       1d         e       Total credits. Add lines 1a through 1d       1e         2       0.       3a         3a       amount due from Part II, line 7       2         3a       Amount due from Form 4255       3a         b       Amount due from Form 8611       3b         c       Amount due from Form 8697       3c         d       Amount due from Form 8866       3d         e       Other amounts due (see instructions)       1chcek if includes tax previously deferred under         f       Total tax. Add lines 2 and 3f (see instructions).       1chcek if includes tax previously deferred under         5       Current net 965 tax liability paid from Form 965-A, Part II, column (k)       5       0.         LHA       For Paperwork Reduction Act Notice, see instructions.       323701 11-20-23       S23701 11-20-23							
b       Other credits (see instructions)       1b       1c         c       General business credit. Attach Form 3800 (see instructions)       1c       1d         d       Credit for prior-year minimum tax (attach Form 8801 or 8827)       1d       1e         e       Total credits. Add lines 1a through 1d       1e       2       0.         3a       Amount due from Part II, line 7       3a       2       0.         3a       Amount due from Form 4255       3a       3a       4         b       Amount due from Form 86611       3b       3c       4         c       Amount due from Form 8667       3d       3d       4         d       Amount due from Form 8866       3d       4       0.         f       Total amounts due (see instructions)       Check if includes tax previously deferred under section 1294. Enter tax amount here       4       0.         5       Current net 965 tax liability paid from Form 965-A, Part II, column (k)       5       0.       0.         LHA       For Paperwork Reduction Act Notice, see instructions.       323701 11-20-23       Form 990-T (2023)	1a	Foreign tax credit	t (corpo	rations attach Form 1118; trusts attach Form 1116)	1a		
c General business credit. Attach Form 3800 (see instructions) 1c   d Credit for prior-year minimum tax (attach Form 8801 or 8827)   e Total credits. Add lines 1a through 1d   2 Subtract line 1e from Part II, line 7   3a Amount due from Form 4255   b Amount due from Form 8611   c Amount due from Form 8697   d Amount due from Form 8866   a 3d   d Amounts due (see instructions)   f Total amounts due (see instructions).   f Total tax. Add lines 2 and 3f (see instructions).   Current net 965 tax liability paid from Form 965-A, Part II, column (k)   LHA For Paperwork Reduction Act Notice, see instructions.		•	· ·				
e       Total credits. Add lines 1a through 1d       1e         2       Subtract line 1e from Part II, line 7       2       0.         3a       Amount due from Form 4255       3a       3a       3a         b       Amount due from Form 8611       3b       3c       3d       3d         c       Amount due from Form 8697       3c       3d       3d </td <td>с</td> <td>General business</td> <td>credit.</td> <td>Attach Form 3800 (see instructions)</td> <td>1c</td> <td></td> <td></td>	с	General business	credit.	Attach Form 3800 (see instructions)	1c		
2       Subtract line 1e from Part II, line 7       2       0.         3a       Amount due from Form 4255       3a       3a         b       Amount due from Form 8611       3b       3c         c       Amount due from Form 8697       3c       3d         d       Amount due from Form 8866       3d       3d         e       Other amounts due (see instructions)       3e       3f       0.         f       Total amounts due. Add lines 3a through 3e       3f       0.       3f       0.         4       Total tax. Add lines 2 and 3f (see instructions).       Check if includes tax previously deferred under       4       0.         5       Current net 965 tax liability paid from Form 965-A, Part II, column (k)       5       0.         LHA       For Paperwork Reduction Act Notice, see instructions.       323701 11-20-23       Form 990-T (2023)	d	Credit for prior-ye	ar mini	mum tax (attach Form 8801 or 8827)	1d	4	
3a       Amount due from Form 4255       3a       3a         b       Amount due from Form 8611       3b       3c         c       Amount due from Form 8697       3c       3d         d       Amount due from Form 8866       3d       3d         e       Other amounts due (see instructions)       3e       3f       0.         f       Total amounts due. Add lines 3a through 3e       3f       0.         4       Total tax. Add lines 2 and 3f (see instructions).       Check if includes tax previously deferred under section 1294. Enter tax amount here       4       0.         5       Current net 965 tax liability paid from Form 965-A, Part II, column (k).       5       0.         LHA       For Paperwork Reduction Act Notice, see instructions.       323701 11-20-23       Form 990-T (2023)	е	Total credits. Ad	ld lines	1a through 1d		1e	
b       Amount due from Form 8611       3b       3b         c       Amount due from Form 8697       3c       3c         d       Amount due from Form 8866       3d       3d         e       Other amounts due (see instructions)       3e       3f       0.         f       Total amounts due. Add lines 3a through 3e       3f       0.         4       Total tax. Add lines 2 and 3f (see instructions).       Check if includes tax previously deferred under section 1294. Enter tax amount here       4       0.         5       Current net 965 tax liability paid from Form 965-A, Part II, column (k)       5       0.         LHA       For Paperwork Reduction Act Notice, see instructions.       323701 11-20-23       Form 990-T (2023)	2				I	2	0.
c       Amount due from Form 8697       3c       3d         d       Amount due from Form 8866       3d       3d         e       Other amounts due (see instructions)       3e       3f       0.         f       Total amounts due. Add lines 3a through 3e       3f       0.         4       Total tax. Add lines 2 and 3f (see instructions).       Check if includes tax previously deferred under       4       0.         5       Current net 965 tax liability paid from Form 965-A, Part II, column (k)       5       0.       0.         LHA       For Paperwork Reduction Act Notice, see instructions.       323701 11-20-23       Form 990-T (2023)						-	
d       Amount due from Form 8866       3d       3d         e       Other amounts due (see instructions)       3e       3f       0.         f       Total amounts due. Add lines 3a through 3e       3f       0.         4       Total tax. Add lines 2 and 3f (see instructions).       Check if includes tax previously deferred under       4       0.         5       Current net 965 tax liability paid from Form 965-A, Part II, column (k)       5       0.         LHA       For Paperwork Reduction Act Notice, see instructions.       323701 11-20-23       Form 990-T (2023)	b					-	
e       Other amounts due (see instructions)       3e       3f       0.         f       Total amounts due. Add lines 3a through 3e       3f       0.         4       Total tax. Add lines 2 and 3f (see instructions).       Check if includes tax previously deferred under section 1294. Enter tax amount here       4       0.         5       Current net 965 tax liability paid from Form 965-A, Part II, column (k)       5       0.         LHA       For Paperwork Reduction Act Notice, see instructions.       323701 11-20-23       Form 990-T (2023)	ч С			2000		-	
f       Total amounts due. Add lines 3a through 3e       3f       0.         4       Total tax. Add lines 2 and 3f (see instructions).       Check if includes tax previously deferred under       4       0.         5       Current net 965 tax liability paid from Form 965-A, Part II, column (k)       5       0.         LHA       For Paperwork Reduction Act Notice, see instructions.       323701 11-20-23       Form 990-T (2023)				· · · · ·			
4       Total tax. Add lines 2 and 3f (see instructions).       Check if includes tax previously deferred under       4       0.         5       Current net 965 tax liability paid from Form 965-A, Part II, column (k)       5       0.         LHA       For Paperwork Reduction Act Notice, see instructions.       323701 11-20-23       Form 990-T (2023)			•	· · · · · · · · · · · · · · · · · · ·		3f	0.
section 1294. Enter tax amount here         4         0.           5         Current net 965 tax liability paid from Form 965-A, Part II, column (k)         5         0.           LHA         For Paperwork Reduction Act Notice, see instructions.         323701 11-20-23         Form 990-T (2023)						<u> </u>	
5       Current net 965 tax liability paid from Form 965-A, Part II, column (k)       5       0.         LHA       For Paperwork Reduction Act Notice, see instructions.       323701 11-20-23       Form 990-T (2023)						4	
	5					5	
	LHA	For Paperwork R	eductio				Form <b>990-T</b> (2023)

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Form 9	990-T (2023)		F	age 2
Part	III Tax and Payments (continued)			
6 a	Payments: Preceding year's overpayment credited to the current year	6a		
b	Current year's estimated tax payments. Check if section 643(g) election			
	applies	6b		
с	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)			
е	Backup withholding (see instructions)	. 6e		
f	Credit for small employer health insurance premiums (attach Form 8941)			
g	Elective payment election amount from Form 3800	. 6g		
h	Payment from Form 2439	6h		
i	Credit from Form 4136			
j	Other (see instructions)			
7	Total payments. Add lines 6a through 6j			
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached			
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount over	Daid 10		
_11	Enter the amount of line 10 you want: Credited to 2024 estimated tax	Refunded 11		
Part	IV Statements Regarding Certain Activities and Other Informat	ion (see instructions)		
1	At any time during the 2023 calendar year, did the organization have an interest in or	r 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 th	e name of the foreign country		
	here			X
2	During the tax year, did the organization receive a distribution from, or was it the gra	ntor of, or transferor to, a		
	foreign trust?			X
	If "Yes," see instructions for other forms the organization may have to file.			
3	Enter the amount of tax-exempt interest received or accrued during the tax year			
4	Enter available pre-2018 NOL carryovers here \$ 204,305. Do not	include any post-2017 NOL carryover		
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by	any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017	7 NOL carryovers. Don't reduce		
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 fo	r the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover		
		<u>\$ 309,361.</u>		
	523000	<u>\$ 15.</u>		
		\$		
		\$		
6 a	Reserved for future use			
b	Reserved for future use			
Part	V Supplemental Information			
Provid	e 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.								
Here		CFAO	CFAO			May the IRS discuss this return with the preparer shown below (see			
	Signature of officer	Date	Title			instru	actions)? X Yes No		
	Print/Type preparer's name	Preparer's signature		Date	Check	] if	PTIN		
Paid					self-employe	ed			
Preparer	EUGENE BORGONZI			04/23/25			P01269879		
Use Only		Firm's name EAG NEW ENGLAND LLC							
eee eniy	160 FEDERAL STREET, 9TH FLOOR								
	Firm's address BOSTON , MA	02110			Phone no.	61	7-227-6161		
							Form <b>990-T</b> (2023)		

323711 11-20-23

ORM 990-T	PRE 2018 NOL SCHEDULE	STATEMENT 1
	RY FORWARD FROM PRIOR YEAR UCTION INCLUDED IN PART I, LINE 6	204,305. 147.
SCHEDULE A PORTIC SCHEDULE A ENTI	ON OF PRE-2018 NOL TY SCHEDULE A SHARE	
1 2	0.0.	
NET OPERATING DE	E-2018 NOL DEDUCTION	0. 147. 0. 0.
	NET OPERATING LOSS	204,158.
'ORM 990-T	PRE-2018 NET OPERATING LOSS DEDUCTION	N STATEMENT 2
	LOSS	

LOSS SUSTAINED	PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
27,534.	27,534.	0.	0.
111,347.	63,077.	48,270.	48,270.
22,288.	0.	22,288.	22,288.
29,569.	0.	29,569.	29,569.
74,462.	0.	74,462.	74,462.
29,716.	0.	29,716.	29,716.
VER AVAILABLE THIS	YEAR	204,305.	204,305.
	27,534. 111,347. 22,288. 29,569. 74,462. 29,716.	LOSS SUSTAINED         PREVIOUSLY APPLIED           27,534.         27,534.           111,347.         63,077.           22,288.         0.           29,569.         0.           74,462.         0.	PREVIOUSLY APPLIEDLOSS REMAINING27,534.27,534.111,347.63,077.22,288.0.29,569.0.74,462.0.29,716.0.

## SCHEDULE A (Form 990-T)

F

# **Unrelated Business Taxable Income** From an Unrelated Trade or Business

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). Internal Revenue Service

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

2

Α	Name of the	organization	
	THE	CHILDRENS	MUSEUM

**C** Unrelated business activity code (see instructions)

531120

B Employer identification number 04 - 2103993

of

1

D Sequence:

#### UNRELATED DEBT-FINANCED INCOME Describe the unrelated trade or business

Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	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					
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7	835,495.	863,888.	-28,393.
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	835,495.	863,888.	-28,393.

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

1	Compensation of officers, directors, and trustees (Part X)		 1	
2	Salaries and wages		2	
3	Repairs and maintenance		 3	
4	Bad debts		4	
5	Interest (attach statement). See instructions		5	
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	8b	
9	Depletion		 9	
10	Contributions to deferred compensation plans		10	
11	Employee benefit programs		11	
12	Excess exempt expenses (Part VIII)		12	
13	Excess readership costs (Part IX)		13	
14	Other deductions (attach statement)		14	
15	Total deductions. Add lines 1 through 14		15	0.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from			
	column (C)		 16	-28,393.
17	Deduction for net operating loss. See instructions		17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16		18	-28,393.
For F	Paperwork Reduction Act Notice, see instructions.		Schedu	e A (Form 990-T) 2023

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						1
Sched Part	ule A (Form 990-T) 2023 III Cost of Goods Sold Enter met	bad of inventory valuet	ion			Page 2
1	Inventory at beginning of year	hod of inventory valuati			1	
2	Purchases				2	
3	Cost of labor				3	
4	Additional section 263A costs (attach statement)				4	
5	Other costs (attach statement)				5	
6	Total. Add lines 1 through 5				6	
7	Inventory at end of year				7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter				8	
9 Part	Do the rules of section 263A (with respect to property IV Rent Income (From Real Property and					Yes No
1	Description of property (property street address, city, s	•	-		<b>'''</b>	
•	A			detions.		
	B					
	c 🗌					
	D 🗌					
		A	В	С		D
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					
	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 L line 6 o	column (Δ)		0.
Ū	Deductions directly connected with the income					
4	in lines 2a and 2b (attach statement)					
	· · · · · · · · · · · · · · · · · · ·	L				
5	Total deductions. Add line 4, columns A through D. E	nter here and on Part I,	line 6, column (B)			0.
Part	V Unrelated Debt-Financed Income (s	ee instructions)				
1	Description of debt-financed property (street address,		heck if a dual-use. See	e instructions.		
	A X OFFICE SPACE @ 308 CONG	RESS STREET				
	В					
	D		P			
2	Gross income from or allocable to debt-financed	A	В	C		D
2	property	2,306,659.				
3	Deductions directly connected with or allocable	2,000,0000				
•	to debt-financed property					
а	Straight line depreciation (attach statement)	0.				
b	Other deductions (attach statement) STMT 5	2,385,048.				
с	Total deductions (add lines 3a and 3b,					
	columns A through D)	2,385,048.				
4	Amount of average acquisition debt on or allocable					
	to debt-financed property (attach statement) $STMT$	68,625,000.				
5	Average adjusted basis of or allocable to debt-					
	financed property (attach statement) STMT 4	23,812,195.				
6	Divide line 4 by line 5	36.221%	%		%	%
7	Gross income reportable. Multiply line 2 by line 6 $\dots$	835,495.				0.05 (.05
8	Total gross income (add line 7, columns A through D	). Enter here and on Par	t I, line 7, column (A)			835,495.
_		062.000				
9	Allocable deductions. Multiply line 3c by line 6	863,888.	l en Deut L l'es . Z 1			863,888.
10 11	Total allocable deductions. Add line 9, columns A th Total dividends-received deductions included in line		a on Part I, line 7, colui	тп (В)		003,000.
<b>11</b> 323721 (				<u> </u>	chedulo /	
J23121 1	J         -   -	88		3		1 0 0 0 0 0 0 0 0 2 0 2 0 2 0 2 0 2 0 2

											1
Schedu Part	ule A (Form 990-T) 2023	, uities, Rovaltio	es, and R	ents Fro	m Contro	lled O	rganization	<b>S</b> (s)	ee instruct	ione)	Page 3
rait			so, ana m				Exempt Control	,		,	
	1. Name of controlled	d <b>2.</b>	Employer	3. Net	unrelated		al of specified		art of colur		6. Deductions directly
organization		ide	ntification	incon	ne (loss)	payn	ments made		s included olling orga		connected with
		r	number	(see ins	structions)				s gross inc		income in column 5
(1)											
(2)											
(3)											
(4)											
		O Nationa		-	Controlled O	•					
	'. Taxable Income	<b>8.</b> Net unr income (			otal of specif yments mad		<b>10.</b> Part of that is included controlling	luded	in the		Deductions directly connected with
		(see instru	ctions)					incorr		inc	ome in column 10
<u>(1)</u>											
(2)											
<u>(3)</u>											
(4)											
							Add colum Enter here				columns 6 and 11. r here and on Part I,
							line 8, c		,		ne 8, column (B).
Totals									0.		0.
Part	VII Investment I	Income of a S	ection 50	)1(c)(7), (	9), or (17)	Orgar	nization (s	ee inst	ructions)		
		cription of income			2. Amou	-	3. Deductio		4. Set-	asides	5. Total deductions
					incon		directly conne (attach stater		(attach st	atement	t) and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)											
					Add amou column 2						Add amounts in column 5. Enter
					here and o	n Part I,					here and on Part I,
<b>T</b>					line 9, colu						line 9, column (B).
Totals Part		xempt Activit	v Income	Other T	∣ 'han ∆dve	0.		lage in			0.
1	Description of exploite		,				g moone (	see in:	Structions)		
2	Gross unrelated busine		trade or husi	iness Ente	r here and o	n Part I	line 10 colum	n (Δ)		2	
3	Expenses directly con										
•	line 10, column (B)									3	
4	Net income (loss) from										
	lines 5 through 7									4	
5	Gross income from act									5	
6	Expenses attributable									6	
7	Excess exempt expense										
	4. Enter here and on P	Part II, line 12	<u></u>							7	

Schedule A (Form 990-T) 2023

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	ule A (Form 990-T) 2023					Page 4
Part	IX Advertising Income					
1	Name(s) of periodical(s). Check box if reporting	ng two or more periodi	cals on a c	onsolidated basis	5.	
	A 🗌					
	в 🛄					
	c 🗌					
	D					
Enter a	amounts for each periodical listed above in the	corresponding colum	า.			
				В	С	D
2	Gross advertising income					
	Add columns A through D. Enter here and or		ן ה (A)		I.	0.
а			• • • • • • • • • • • • • • • • • • • •			
3	Direct advertising costs by periodical					
a	Add columns A through D. Enter here and or		) (B)			0.
a	Add coldmins A through D. Enter here and or	r Fart 1, inter 11, column	г (Б)			
4	Advartiging gain (lago) Subtract ling 2 from li	no				
4	Advertising gain (loss). Subtract line 3 from lin					
	2. For any column in line 4 showing a gain,	-				
	complete lines 5 through 8. For any column i					
	line 4 showing a loss or zero, do not complet					
_						
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than					
	line 5, subtract line 6 from line 5. If line 5 is le					
	than line 6, enter -0-					
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain of					
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the g					•
	Part II, line 13					0.
Part	X Compensation of Officers, Di	rectors, and Trus	tees <sub>(se</sub>	e instructions)	<u>г т</u>	
					3. Percentage	4. Compensation
	1. Name	:	2. Title		of time devoted	attributable to
					to business	unrelated business
<u>(1)</u>					%	
(2)					%	
(3)					%	
(4)					%	
	Enter here and on Part II, line 1					0.
Part	XI Supplemental Information (se	ee instructions)				

1

990-T SCH A	POST-201	7 NET OPERATING	LOSS DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19 06/30/20 06/30/22 06/30/23	51,539. 36,941. 39,366. 181,515.	0. 0. 0. 0.	51,539. 36,941. 39,366. 181,515.	51,539. 36,941. 39,366. 181,515.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	309,361.	309,361.

FORM 990-T (A)	PART V - UNRELATED AVERAGE ADJUS	INCOME	STATEMENT	4

DESCRIPTION OF DEBT-FINANCED PROPERTY	NUMBER	
OFFICE SPACE @ 308 CONGRESS STREET	1	AMOUNT
AVERAGE ADJUSTED BASIS OF PROPERTY HELD ON FIRST DAY OF AVERAGE ADJUSTED BASIS OF PROPERTY HELD ON LAST DAY OF Y		23,988,809. 23,635,581.
AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR		23,812,195.

TOTAL TO FORM 990-T, SCHEDULE A, PART V, LINE 5

ACTIVITY

THE CHILDRENS MU	JSEUM
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## 04-2103993

FORM 990-T (A) PAR'	r v – other	DEDUCTIONS		STATEMENT 5
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	PERCENT ALLOCABLE	ALLOCABLE TOTAL
TRAVEL & MEETINGS		1,434.		
BUILDING OPERATING EXPENSES		885,919.		
CONTRACT SERVICES		164,318.		
REPAIRS AND MAINTENANCE		82,523.		
TELEPHONE, INTERNET & FAX		6,777.		
POSTAGE AND DELIVERY		41.		
COMPUTER AND EQUIPMENT		9,191.		
MATERIALS AND SUPPLIES		6,886.		
INSURANCE		66,538.		
PROFESSIONAL FEES		15,871.		
DEPRECIATION AND AMORTIZATION		551,774.		
BOND EXPENSE INCLUDING				
INTEREST		151,001.		
DUES AND SUBSCRIPTIONS		1,082.		
UTILITIES		226,789.		
EQUIPMENT AND RENTALS		5,805.		
MISCELLANEOUS		3,220.		
SALARIES		159,346.		
PAYROLL TAXES		11,325.		
BENEFITS		19,729.		
PROFESSIONAL DEVELOPMENT		1,568.		
PRINTING AND DUPLICATING		1,587.		
OTHER FEES		3,930.		
INTEREST		4,321.		
BOND COST EXCLUDING INTEREST		4,052.		
MARKETING & ADVERTISING - SUBTOTAL ·	- 1	21. 2,385,048.	1.00	2,385,048
TOTAL OF FORM 990-T, SCHEDULE	A, PART V,	LINE 3(B)		2,385,048

FORM 990-T (A)	AVERAGE ACQU ALLOCABLE TO D			STATEMENT 6
DESCRIPTION		ACTIV NUME		NT TOTAL
AVERAGE ACQUISITIC		TOTAL -	8,62	5,000. 8,625,000.
TOTAL OF FORM 990-	-T, SCHEDULE A, I	PART V, LINE	4	8,625,000.

92 STATEMENT(S) 5, 6 2023.05070 THE CHILDRENS MUSEUM 17805\_1

## SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

Е

# **Unrelated Business Taxable Income** From an Unrelated Trade or Business

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).

OMB No. 1545-0047

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

2

B Employer identification number

2

of

04 - 2103993

D Sequence:

Α	Name of the	organization	
	THE	CHILDRENS	MUSEUM

Unrelated business activity code (see instructions) С

52300

#### **OUALIFYING PARTNERSHIP INTERESTS** Describe the unrelated trade or business

Pa	t I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net	
1a	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	0.		
b		4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement) STATEMENT 7	5	149.		149.
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	149.		149.

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

1	Compensation of officers, directors, and trustees (Part X)				. 1	
2	Salaries and wages				. 2	
3	Repairs and maintenance				. 3	
4	Bad debts					
5	Interest (attach statement). See instructions	SE	E S	TATEMENT 8	5	2.
6	Taxes and licenses				6	
7	Depreciation (attach Form 4562). See instructions		7			
8	Less depreciation claimed in Part III and elsewhere on return				8b	
9	Depletion				9	
10	Contributions to deferred compensation plans					
11	Employee benefit programs					
12	Excess exempt expenses (Part VIII)					
13	Excess readership costs (Part IX)					
14	Other deductions (attach statement)					
15	Total deductions. Add lines 1 through 14					2.
16	Unrelated business income before net operating loss deduction. Subtract line 15					
	column (C)				16	147.
17	Deduction for net operating loss. See instructions					0.
18						147.
For I	Paperwork Reduction Act Notice, see instructions.				Sched	ule A (Form 990-T) 2023

LHA 323741 01-19-24

0
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<u>.</u>					2
Part	ule A (Form 990-T) 2023 III Cost of Goods Sold Enter meti	nod of inventory valuation			Page 2
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter h	nere and in Part I, line 2			
9	Do the rules of section 263A (with respect to property p				Yes No
Part					
1	Description of property (property street address, city, s	tate, ZIP code). Check if a	dual-use. See instruct	ions.	
	B				
	D	•	P	0	
0	Rent received or accrued	Α	<u> </u>	C	D
2					
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
h	but not more than 50%) From real and personal property (if the				
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.				
U	Add lines 2a and 2b, columns A through D				
5 Part 1	Total deductions. Add line 4, columns A through D. En         V       Unrelated Debt-Financed Income       (sr         Description of debt-financed property (street address, or a	ee instructions) city, state, ZIP code). Cheo			0.
	c				
	D				
		A	В	С	D
2	Gross income from or allocable to debt-financed				
	property	0.			
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)	0.			
b	Other deductions (attach statement)	0.			
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)	0.			
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)	0.			
6	Divide line 4 by line 5	0.000%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6	0.			
8	Total gross income (add line 7, columns A through D)	. Enter here and on Part I,	line 7, column (A)	·····	0.
9	Allocable deductions. Multiply line 3c by line 6	0.			
10	Total allocable deductions. Add line 9, columns A thr		n Part I, line 7, column	(B)	0.
11	Total dividends-received deductions included in line				0.
323721 (	)1-19-24				Form 990-T) 2023
		94			

2023.05070 THE CHILDRENS MUSEUM

											2
Schedu	ule A (Form 990-T) 2023	ution D	waltion and D	onto Ero	m Contro		raonization	<u> </u>	·		Page <b>3</b>
Part	VI Interest, Annu	iilies, ni	byailies, and he		II Contro		-	,	ee instruct		
	1. Name of controlled 2. Emplo		2. Employer	3 Net	unrelated		Exempt Control al of specified		art of colur		6. Deductions directly
	organization	u	identification	income (loss)			nents made	that is	s included	in the	connected with
			number		tructions)				olling orga s gross inc		income in column 5
(1)									5 gr033 mo	Joine	
(2)											
(3)											
(4)											
			No	nexempt C	Controlled Or	ganizati	ons				
7	. Taxable Income		Net unrelated	<b>9.</b> To	otal of specif	ied	<b>10.</b> Part o			11.	Deductions directly
			come (loss)	pa	yments mad	е	that is inc				connected with
		(see	e instructions)					incom		inc	come in column 10
<u>(1)</u>											
<u>(2)</u>											
<u>(3)</u>											
(4)										مام	l a alumana C and 11
							Add colum Enter here				d columns 6 and 11. Fr here and on Part I,
							line 8, c		,		ine 8, column (B).
Totals									0.		0.
Part	VII Investment I	ncome	of a Section 50	1(c)(7), (	9), or (17)	Orgar	hization (s	ee inst	ructions)		
		cription of i			2. Amou		3. Deductio		<b>4.</b> Set-	asides	5. Total deductions
					incon	ne	directly conne		(attach st	atemer	
							(attach stater	nent)			(add cols 3 and 4)
(1)											
(2)											
(3)											
(4)					Add amai	into in					Add amounta in
					Add amou column 2.						Add amounts in column 5. Enter
					here and or	,					here and on Part I,
<b>T</b>					line 9, colu	mn (A).					line 9, column (B).
Totals Part	VIII Exploited E	vemnt A	ctivity Income	Other T	han Δdve		lincome /	ooo in	structions)		0.
1	Description of exploite			, ouier i		ausing	g income (	see m	structions)		
2	Gross unrelated busin			ness Enter	r here and or	Dart I	line 10 colum	n (Δ)		2	
3	Expenses directly con										
5	line 10, column (B)		•							3	
4	Net income (loss) from										
-	lines 5 through 7									4	
5	Gross income from ac									5	
6	Expenses attributable									6	
7	Excess exempt expension										
	4. Enter here and on P	art II, line <sup>.</sup>	12							7	

Schedule A (Form 990-T) 2023

323731 01-19-24

Part 1	ule A (Form 990-T) 2023				Page 4
1	IX Advertising Income				
	Name(s) of periodical(s). Check box if reporting two	o or more periodicals on a	consolidated basis	S.	
	A 🛄				
	в				
	с 🗌				
	D				
Enter :	amounts for each periodical listed above in the corre	esponding column			
	amounts for each periodical listed above in the corre		В	с	D
0	Cross advartising income		B	<b>v</b>	
2	Gross advertising income	-			0.
	Add columns A through D. Enter here and on Part	I, line 11, column (A)			
а		[	1		
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on Part	I, line 11, column (B)			0.
4	Advertising gain (loss). Subtract line 3 from line				
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter -0- on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is less				
	than line 6, enter -0-				
8	Excess readership costs allowed as a				
Ū	deduction. For each column showing a gain on				
	line 4, enter the lesser of line 4 or line 7				
_	Add line 8, columns A through D. Enter the greater		l al au O baua analu		
а		r of the line ba columns tot			0.
Part	Part II, line 13           X         Compensation of Officers, Director	ore and Trustees (			0.
Γαιι			ee instructions)	0 Deservations	4.0
	1. Name	o		3. Percentage	4. Compensation
	1 Name	<b>2.</b> Title		of time devoted	
	<b>ii</b> Nume	<b>Li</b> 1110			attributable to
		2. 1100		to business	unrelated business
(1)		2. 110		%	
(2)				%	
				%	
(2)				%	
(2) (3)				%	unrelated business
(2) (3) (4) Total	. Enter here and on Part II, line 1			%	
(2) (3) (4)	Enter here and on Part II, line 1			%	unrelated business
(2) (3) (4) Total	. Enter here and on Part II, line 1			%	unrelated business
(2) (3) (4) Total	. Enter here and on Part II, line 1			%	unrelated business
(2) (3) (4) Total	. Enter here and on Part II, line 1			%	unrelated business
(2) (3) (4) Total	. Enter here and on Part II, line 1			%	unrelated business
(2) (3) (4) Total	. Enter here and on Part II, line 1			%	unrelated business
(2) (3) (4) Total	. Enter here and on Part II, line 1			%	unrelated business
(2) (3) (4) Total	. Enter here and on Part II, line 1			%	unrelated business
(2) (3) (4) Total	. Enter here and on Part II, line 1			%	unrelated business
(2) (3) (4) Total	. Enter here and on Part II, line 1			%	unrelated business
(2) (3) (4) Total	. Enter here and on Part II, line 1			%	unrelated business
(2) (3) (4) Total	. Enter here and on Part II, line 1			%	unrelated business
(2) (3) (4) Total	. Enter here and on Part II, line 1			%	unrelated business
(2) (3) (4) Total	. Enter here and on Part II, line 1			%	unrelated business
(2) (3) (4) Total	. Enter here and on Part II, line 1			%	unrelated business
(2) (3) (4) Total	. Enter here and on Part II, line 1			%	unrelated business

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2

THE CHILDRENS	MUSEUM
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FORM 990-T (A)	STATEMENT 7						
DESCRIPTION					NET INCOME OR (LOSS)		
	NE FUND LP - NE FUND LP - NE FUND LP -	DIVIDE	ND INCO	МЕ	1 4 144		
TOTAL INCLUDED ON S	SCHEDULE A, I	PART I,	LINE 5		149		
FORM 990-T (A)		INTEI	REST PA	ID	STATEMENT 8		
DESCRIPTION					AMOUNT		
INVESTMENT INTEREST EXPENSE PER K-1					2		
TOTAL TO SCHEDULE A, PART II, LINE 5					2		
990-T SCH A	POST-2017	NET OPI	ERATING	LOSS DEDUCTION	STATEMENT 9		
TAX YEAR LOSS SU	JSTAINED	LOS: PREVIO APPL	JSLY	LOSS REMAINING	AVAILABLE THIS YEAR		

06/30/21	15.	0.	15.	15.
NOL CARRYOVER	R AVAILABLE THIS	YEAR	15.	15.

Name

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

<u>2023</u>

Yes 🔀 No

Employer identification number

04-2103993

# THE CHILDRENS MUSEUM

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	

Part I Short-Te	rm Capital Gains	and Losses - Ass	ets Held One Year	or Less		
See instructions for how to f to enter on the lines below.	igure the amounts	<b>(d)</b> Proceeds	<b>(e)</b> Cost	(g) Adjustments to ga or loss from Form(s) 89		(h) Gain or (loss) Subtract column (e) from
This form may be easier to co round off cents to whole dollar	omplete if you ars.	(sales price)	(or other basis)	Part I, line 2, column		column (d) and combine the result with column (g)
1a Totals for all short-term reported on Form 1099-	B for which basis					
was reported to the IRS have no adjustments (se						
However, if you choose t transactions on Form 89	to report all these					
blank and go to line 1b						
<b>1b</b> Totals for all transaction	'					
Form(s) 8949 with <b>Box</b>						
2 Totals for all transaction	'					
Form(s) 8949 with Box I						
3 Totals for all transaction	'					-84.
Form(s) 8949 with Box (		m Form 60E0, line 06 or 0	7		4	-04.
4 Short-term capital gain f					<u>4</u> 5	
<ul><li>5 Short-term capital gain of</li><li>6 Unused capital loss carry</li></ul>					<u> </u>	
		,			7	-84.
7 Net short-term capital ga	rm Capital Gains	and Losses - Ass	ets Held More Tha	n One Year	- 1	010
See instructions for how to f		(d)	(e)	(g) Adjustments to ga	in	(h) Gain or (loss)
to enter on the lines below.	amplete if you	Proceeds	Cost	or loss from Form(s) 89	49,	Subtract column (e) from column (d) and combine the
This form may be easier to co round off cents to whole dolla	ars.	(sales price)	(or other basis)	Part II, line 2, column	(g)	result with column (g)
8a Totals for all long-term t	ransactions reported					
on Form 1099-B for white reported to the IRS and the term of t						
no adjustments (see inst	ructions). However,					
if you choose to report a on Form 8949, leave this						
<b>8b</b> Totals for all transaction	'					
Form(s) 8949 with <b>Box I</b>						
9 Totals for all transaction						
Form(s) 8949 with Box I						
10 Totals for all transaction						-272.
Form(s) 8949 with Box I						-2/2.
11 Enter gain from Form 47	,		7		11	
12 Long-term capital gain f 13 Long-term capital gain o					<u>12</u> 13	
14 Capital gain distribution	-	9			14	
15 Net long-term capital ga			 n h		14	-272.
	y of Parts I and II	oo oa antougit 14 in coluin			10	
16 Enter excess of net shor	-	) over net long-term capita	l loss (line 15)		16	
17 Net capital gain. Enter ex					17	
<b>18</b> Add lines 16 and 17. En					18	0.
		in the instructions.				•

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

Schedule D (Form 1120) 2023

321051 12-26-23

Form	8949
	nent of the Treasury

Name(s) shown on return

# 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
0000
<b>ZUZ</b> 3
Attachment Sequence No. <b>12A</b>

Social security number or taxpayer identification no.

С

04 - 2103993

THE	CHILDRENS	MUSEUM
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Before you check Box A, B, or C bell statement will have the same information		you received any	/ Form(s) 1099-B c	or substitute statem	nent(s) from r cost) was	n your broker. A su	bstitute
broker and may even tell you which l	box to check.				-		
<b>Part I</b> Short-Term. Transact transactions, see page 2.	ions involving capit	al assets you held	1 year or less are ge	nerally short-term (see	e instruction	s). For long-term	
Note: You may aggregate al codes are required. Enter the							
You must check Box A, B, or C below.	Check only one bo Il fit on this page for on	<b>x.</b> If more than one be or more of the boxes	ox applies for your shor s, complete as many forr	t-term transactions, comp ns with the same box che	olete a separat ecked as you r	te Form 8949, page 1, for need.	each applicable box.
(A) Short-term transactions re	ported on Form(s	) 1099-B showin	g basis was repor	ted to the IRS (see	Note ab	ove)	
(B) Short-term transactions re		,	0	eported to the IRS			
<b>X</b> (C) Short-term transactions no	ot reported to you	u on Form 1099-l	3	1			
1 (a)	(b)	(c)	(d) Proceeds	(e)	Adjustmei   loss. If v	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	(sales price)	Cost or other basis. See the	in column	(g), enter a code in	Gain or (loss). Subtract column (e)
(Example: 100 SII: XTZ CO.)	(100., day, yr.)	(Mo., day, yr.)		Note below and	(f)	). See instructions.	from column (d) &
		(,		see Column (e) in the instructions	Code(s)	(g) Amount of	combine the result with column (g)
THE TIFF						adjustment	with column (g)
CENTERSTONE FUND							
LP							-84.
							-04.
2 Totals. Add the amounts in colur	mns (d), (e), (g), a	nd (h) (subtract					
negative amounts). Enter each to	tal here and inclu	ude on your					
Schedule D, <b>line 1b</b> (if <b>Box A</b> abo	ove is checked),	line 2 (if Box B					
above is checked), or <b>line 3</b> (if <b>B</b>							-84.
Note: If you checked Box A above b	out the basis repo	orted to the IRS	was incorrect, ente	er in column (e) the	basis as r	reported to the IRS	, and enter an

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

Form 8949 (2023)				Attachm	nent Sequen	ice No. <b>12A</b>	Page <b>2</b>	
Name(s) shown on return. Name and	I SSN or taxpaye	er identification no	o. not required if			Social secur	ity number or ntification no.	
THE CHILDRENS	MUSEUM						103993	
Before you check Box D, E, or F belo statement will have the same informa	ow, see whether y ation as Form 109	/ou received any 99-B. Either will s	Form(s) 1099-B how whether you	or substitute statem ur basis (usually you	ent(s) from y r cost) was r	our broker. A sub eported to the IR	bstitute S by your	
Part II Long-Term. Transaction	ons involving capita	al assets you held m	nore than 1 year are	e generally long-term (s	ee instruction	s). For short-term ti	ansactions,	
see page 1. Note: You may aggregate all codes are required. Enter the	long-term transact	ions reported on Fo	orm(s) 1099-B show	ving basis was reported	d to the IRS ar	nd for which no adj rm 8949 (see instru	ustments or ctions).	
You must check Box D, E, or F below. C If you have more long-term transactions than will	Check only one bo	x. If more than one bo	ox applies for your long	-term transactions, compl	ete a separate F	orm 8949, page 2, for e		
(D) Long-term transactions rep								
(E) Long-term transactions rep			· ·	•		,		
<b>X</b> (F) Long-term transactions not	reported to you	on Form 1099-B		-				
1 (a)	(b)	(c)	<b>(d)</b> Proceeds	(e) Cost or other		if any, to gain or enter an amount	(h)	
Description of property (Example: 100 sh. XYZ Co.)	Date acquired (Mo., day, yr.)	Date sold or disposed of	(sales price)	basis. See the	in column (g	g), enter a code in <b>See instructions</b> .	Gain or (loss). Subtract column (e)	
	(1010., day, yr.)	(Mo., day, yr.)		Note below and	(f)	(g)	from column (d) & combine the result	
				see Column (e) in the instructions	Code(s)	Amount of adjustment	with column (g)	
THE TIFF						aajaotmont		
CENTERSTONE FUND								
LP							-273.	C
FORM 6781, PART I							<u> </u>	С
2 Totale Add the amounts in calling		nd (b) (aubtraat		+				
2 Totals. Add the amounts in columnegative amounts). Enter each tot								
Schedule D, line 8b (if Box D abo		2						
above is checked), or line 10 (if E		·					-272.	
Note: If you checked Box D above b					-			
adjustment in column (g) to correct t	he basis. See C	o <i>lumn (g</i> ) in the s	eparate instructi	ons for how to figur	e the amour			
323012 01-05-24						F	orm <b>8949</b> (2023)	

Form <b>6781</b>
Department of the Treasury Internal Revenue Service
Name(s) shown on tax return

# Gains and Losses From Section 1256 Contracts and Straddles

Attach to your tax return. Go to www.irs.gov/Form6781 for the latest information. 2023 Attachment Sequence No. 82

OMB No. 1545-0644

Identifying number

THE CHILDRENS MUSEUM									0	4-21	.03993
	ed straddle elec	ction			(	c 🗌	Mixed stra	ddle acco	unt e	lection	
See instructions. B Stra	ddle-by-straddl		1 electi	ion		D	Net sectior	n 1256 co	ntrac	ts loss	election
		ivial ket	<u> </u>								
(a) Identification of ac	count			(b) (	Loss)	)	(c)	Gain			
1 THE TIFF CENTERSTONE	FUND L	P							1.		
			(						4		
2 Add the amounts on line 1 in columns			(			)			1.		1.
<ul> <li>3 Net gain or (loss). Combine line 2, colu</li> <li>4 Form 1099-B adjustments. See instruct</li> </ul>	., .,								3 4		<u>ــــــــــــــــــــــــــــــــــــ</u>
<ul><li>5 Combine lines 3 and 4</li></ul>									5		1.
<b>Note:</b> If line 5 shows a net gain, skip lir see instructions.											
6 If you have a net section 1256 contract	s loss and che	ecked box D ab	ove, e	enter th	ne amo	ount of lo	oss to				
be carried back. Enter the loss as a pos									6		1.
7 Combine lines 5 and 6									7		<b></b> • _
8 Short-term capital gain or (loss). Mu Schedule D or on Form 8949. See instr									8		
9 Long-term capital gain or (loss). Mul											
Schedule D or on Form 8949. See instr									9		1.
Part II Gains and Losses From Section A - Losses From Stradd		Attach a sepa	arate s	tateme	ent list	ting each	straddle an	id its com	ipone	nts.	
(b) Date	63				(f) Los	s					
(a) Description of property (c) Date	(d) Gross	(e) Cost or other basis			column		(g) Unrecog			lf	cognized loss. column (f)
(a) Description of property (c) Date closed out or sold	sales price	plus expens of sale			differen Otherwi	ce.	gain on offs positio	-		ente	ore than (g), r difference.
Mo. Day Yr.		01 Sale			enter -					Otherv	vise, enter -0-
10											
<b>11a</b> Enter the short-term portion of losses	from line 10, co	olumn (h), here	and ii	nclude	on lir	ne 4 of So	chedule				
D or on Form 8949. See instructions									11a	(	)
<b>b</b> Enter the long-term portion of losses f	rom line 10, co	olumn (h), here	and in	clude	on line	e 11 of S	chedule				
D or on Form 8949. See instructions Section B - Gains From Straddle	<u> </u>								11b	(	)
	(b) Date entered									(f) Gair	n. If column (d)
(a) Description of property	into or acquired (c) Date closed	(d) Gross sa	ales price	e			ost or other bas expense of sale			is m	ore than (e), r difference.
	out or sold Mo. Day Yr.					più		5			vise, enter -0-
12											
	+ $+$ $+$ $+$				-+						
<b>13 a</b> Enter the short-term portion of gains fi	rom line 12. col	lumn (f), here a	and inc	lude o	n line	4 of Sch	edule D				
	,,								13a		
<b>b</b> Enter the long-term portion of gains from	om line 12, colu	umn (f), here ar	nd incl	ude or	n line '	11 of Sch	nedule				
D or on Form 8949. See instructions		<u>- I lala an I</u>			f Ta	Veer			13b		
Part III Unrecognized Gains Fro	POSITION	s neid on L	-	Day o		1	Memo er			(6	ons) e) Unrecognized gain. If column
(a) Description of prope	rty		Mo.	Dave acqu	Yr.	on last b	usiness day of ax year	(d) Cost o as a	r other djusted	basis	(c) is more than (d), enter difference. Otherwise, enter -0-
14											
319701 12-12-23 LHA For Paperwork Redu	ction Act Not	ice, see instru	ictions 10								Form <b>6781</b> (2023)

2023.05070 THE CHILDRENS MUSEUM

Name

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

<u>2023</u>

Yes X No

Employer identification number

04-2103993

# THE CHILDRENS MUSEUM

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	r loss.

Part I Short-Term Capital Gai	ns and Losses - Ass	ets Held One Year	or Less		
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	<b>(e)</b> Cost	(g) Adjustments to ga or loss from Form(s) 89		(h) Gain or (loss) Subtract column (e) from column (d) and combine the
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column	(g)	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					
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked					
<b>2</b> Totals for all transactions reported on					
Form(s) 8949 with <b>Box B</b> checked					
3 Totals for all transactions reported on					
Form(s) 8949 with <b>Box C</b> checked					-84.
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				5	
6 Unused capital loss carryover (attach computa				6	( )
7 Net short-term capital gain or (loss). Combine Part II Long-Term Capital Gain	e lines 1a through 6 in column	h		7	-84.
	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.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	49,	(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 <b>Box D</b> checked					
9 Totals for all transactions reported on					
Form(s) 8949 with <b>Box E</b> checked					
10 Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked					-272.
				11	272.
<b>12</b> Long-term capital gain from installment sales	from Form 6252 line 26 or 2			12	
13 Long-term capital gain or (loss) from like-king				12	
	0			14	
<b>15</b> Net long-term capital gain or (loss). Combine	lines 8a through 14 in colum			15	-272.
Part III Summary of Parts I and				10	
16 Enter excess of net short-term capital gain (lir		Lloss (line 15)		16	
				17	
17 Net capital gain. Enter excess of net long-term	i cadital dain (line 15) over net	Short-renti caunatioss tun			
<ul><li>17 Net capital gain. Enter excess of net long-term</li><li>18 Add lines 16 and 17. Enter here and on Form</li></ul>				18	0.

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

Schedule D (Form 1120) 2023

321051 12-26-23

Form <b>89</b>	49							
Department of the Treasury Internal Revenue Service								

Name(s) shown on return

# 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.



Social security number or taxpayer identification no.

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$\cap \Lambda$	- 2	10	20	03
U4		$\pm u$	.) 7	7.)

THE CHILDRENS							102332
Before you check Box A, B, or C bell statement will have the same informat broker and may even tell you which b		you received any 99-B. Either will s	/ Form(s) 1099-B o show whether you	or substitute staterr r basis (usually you	nent(s) fron r cost) was	n your broker. A su s reported to the IF	ibstitute RS by your
Part I Short-Term. Transact		al assets vou held	1 vear or less are ge	nerally short-term (see	e instruction	s). For long-term	
transactions, see page 2. Note: You may aggregate al codes are required. Enter the	l short-term transac	tions reported on I	Form(s) 1099-B show	ving basis was reporte	ed to the IRS	S and for which no ac	
You must check Box A, B, or C below.	Check only one bo	x. If more than one b	oox applies for your shor	t-term transactions, comp	olete a separa	te Form 8949, page 1, for	r each applicable box.
If you have more short-term transactions than will							
(A) Short-term transactions re		-		-	Note ab	ove)	
(B) Short-term transactions re (X) (C) Short-term transactions no	· · ·	,	0	eported to the IRS			
1 (a)	(b)	(c)	(d)	(e)	Adjustme	nt, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other		où 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 <b>Note</b> below and	column (f	). See instructions.	Subtract column (e) from column (d) &
		(Mo., day, yr.)		see Column (e) in the instructions	(f) Code(s)	(g) Amount of	combine the result with column (g)
THE TIFF						adjustment	with column (g)
CENTERSTONE FUND							
LP							<84.>
2 Totals. Add the amounts in colur							
negative amounts). Enter each to		•					
Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), or <b>line 2</b> (if <b>B</b>							<84.:
above is checked), or line 3 (if B Note: If you checked Box A above b			l was incorrect ant	I		l	1
adjustment in column (g) to correct t						•	

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2023.05070 THE CHILDRENS MUSEUM

Form 8949 (2023)				Attachn	nent Sequer	nce No. 12A	Page <b>2</b>
Name(s) shown on return. Name and	I SSN or taxpaye	er identification n	o. not required if			Social secur	ity number or ntification no.
THE CHILDRENS							103993
Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which b	w, see whether ation as Form 109	you received any 99-B. Either will s	Form(s) 1099-B show whether you	or substitute statem ır basis (usually you	ent(s) from y r cost) was r	your broker. A sul reported to the IR	bstitute S by your
Part II Long-Term. Transaction		al assets you held n	nore than 1 year are	e generally long-term (s	ee instruction	ns). For short-term ti	ansactions,
see page 1. Note: You may aggregate all							
codes are required. Enter the You must check Box D, E, or F below. O If you have more long-term transactions than will	Check only one bo	x. If more than one b	ox applies for your long	-term transactions, compl	ete a separate F	orm 8949, page 2, for e	
(D) Long-term transactions rep					-		
(E) Long-term transactions rep	· ·	, ,	5	eported to the IRS			
<b>X</b> (F) Long-term transactions not				T	<b>A</b> d <sup>1</sup>	16 anu ta asia au	
1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost or other basis. See the	loss. If you in column (	, if any, to gain or u enter an amount g), enter a code in See instructions.	(h) Gain or (loss). Subtract column (e)
		(Mo., day, yr.)		Note below and see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	from column (d) & combine the result with column (g)
THE TIFF						udjuotinione	
CENTERSTONE FUND							
LP							<273.>
FORM 6781, PART I							1.
		a al (la) (au la tura u l					
2 Totals. Add the amounts in colur negative amounts). Enter each to							
Schedule D, line 8b (if Box D abo		-					
above is checked), or line 10 (if E							<272.>
Note: If you checked Box D above b	out the basis repo	orted to the IRS v					
adjustment in column (g) to correct t	he basis. See C	o <i>lumn (g</i> ) in the s	separate instructi	ons for how to figur	e the amou		
323012 01-05-24						F	orm <b>8949</b> (2023)

Form	4	7	<b>'9</b>	7	

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

### 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

Sequence No. 27

THE CHILDRENS MUSEUM		04-2103993
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		
MACRS assets	1b	
c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS		
acceste .	10	

 Part I
 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)

	-		-			,		
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	<b>(C)</b> Date sold (mo., day, yr.)	( <b>d</b> ) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or basis, plu improvement expense of	us is and	<b>(g)</b> Gain or (loss) Subtract (f) from the sum of (d) and (e)
3	Gain, if any, from Form 4684, line 39						3	
4	Section 1231 gain from installment sa	ales from Form 62	252, line 26 or 3	7			4	
5	Section 1231 gain or (loss) from like-k	ind exchanges fr	om Form 8824				5	
6	Gain, if any, from line 32, from other t	6						
7	Combine lines 2 through 6. Enter the	gain or (loss) her	e and on the ap	propriate line as fo	llows		7	
	Partnerships and S corporations. R line 10, or Form 1120-S, Schedule K,		. , .		r Form 1065, Sche	dule K,		
<b>Individuals, partners, S corporation shareholders, and all others.</b> 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	8 Nonrecaptured net section 1231 losses from prior years. See instructions							
9								
	capital gain on the Schedule D filed w	lith your return. S	see instructions				9	

## Part II Ordinary Gains and Losses (see instructions)

10	Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less	3):		
11	Loss, if any, from line 7		11	( )
12	2 Gain, if any, from line 7 or amount from line 8, if applicable		12	
13			13	
14			14	
15			15	
16			16	
17			17	
18				
	a and b below. For individual returns, complete lines a and b below.			
а	a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the lost	s 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	1	8a	
b	b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on S	chedule 1		
	(Form 1040), Part I, line 4		8b	
LH	HA For Paperwork Reduction Act Notice, see separate instructions.			Form <b>4797</b> (2023)

318011 12-27-23

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2023.05070	THE	CHILDRENS	MUSEUM

Page **2** 

(mc) (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:					(b) Date acqui		(c) Date sold
					(mo., day, yr	.)	(mo., day, yr.)
<u>A</u>							
B C							
P							
These columns relate to the properties on			1				
lines 19A through 19D.		Property A	Property	в	Property	с	Property D
20 Gross sales price (Note: See line 1a before completing.)	20					-	
21 Cost or other basis plus expense of sale	21						
22 Depreciation (or depletion) allowed or allowable	22						
Adjusted basis. Subtract line 22 from line 21	23						
24 Total gain. Subtract line 23 from line 20	24						
25 If section 1245 property:							
<b>a</b> Depreciation allowed or allowable from line 22 $\dots$	25a						
<b>b</b> Enter the <b>smaller</b> of line 24 or 25a	25b						
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.							
<b>a</b> Additional depreciation after 1975. See instructions $\dots$	26a						
<b>b</b> Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions	26b						
c 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 26d						
<ul> <li>d Additional depreciation after 1969 and before 1976</li> <li>e Enter the smaller of line 26c or 26d</li> </ul>	260 26e						
f Section 291 amount (corporations only)	26f						
g Add lines 26b, 26e, and 26f If section 1252 property: Skip this section if you didn't	26g						
dispose of farmland or if this form is being completed for a partnership.	07-						
<ul><li>a Soil, water, and land clearing expenses</li><li>b Line 27a multiplied by applicable percentage</li></ul>	27a 27b						
c Enter the smaller of line 24 or 27b	270 27c						
<ul> <li>28 If section 1254 property:</li> <li>a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions</li> </ul>	28a						
<b>b</b> Enter the <b>smaller</b> of line 24 or 28a	28b						
<ul> <li>If section 1255 property:</li> <li>a Applicable percentage of payments excluded from income under section 126. See instructions</li> </ul>	29a						
<b>b</b> Enter the <b>smaller</b> of line 24 or 29a. See instructions	29b						
Summary of Part III Gains. Complete property of	columns	A through D through	line 29b before	goina 1	to line 30.		
30 Total gains for all properties. Add property columns A through D, line 24						30	
Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13							
Subtract line 31 from line 30. Enter the portion from		ty or theft on Form 4	584, line 33. Ente	er the p	ortion		
from other than casualty or theft on Form 4797, line Part IV Recapture Amounts Under Section (acc instructions)	ons 17	9 and 280F(b)(2)	When Busin	ess U	lse Drops to	<u>32</u> 50%	or Less
(see instructions)	n	(b) Section					
					(a) Section 179		280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years 33							
34 Recomputed depreciation. See instructions 34							
85 Recapture amount. Subtract line 34 from line 33. S	ee the ir	nstructions for where	to report	35			
18012 12-27-23							Form <b>4797</b> (202