

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

**A For the 2016 calendar year, or tax year beginning 07-01-2016, and ending 06-30-2017**

- B** Check if applicable
- Address change
  - Name change
  - Initial return
  - Final
  - Return/terminated
  - Amended return
  - Application pending

**C** Name of organization  
GREENSBORO JEWISH FEDERATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
5509-C W FRIENDLY AVENUE

City or town, state or province, country, and ZIP or foreign postal code  
GREENSBORO, NC 274104211

**F** Name and address of principal officer  
MARILYN CHANDLER  
5509-C W FRIENDLY AVENUE  
GREENSBORO, NC 274104211

**D** Employer identification number  
23-7107693

**E** Telephone number  
(336) 852-5433

**G** Gross receipts \$ 11,561,826

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶

**I** Tax-exempt status  501(c)(3)  501(c) ( ) ◀ (insert no )  4947(a)(1) or  527

**J** Website: ▶ WWW.SHALOMGREENSBORO.ORG

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1940

**M** State of legal domicile NC

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities  
THE GREENSBORO JEWISH FEDERATION BUILDS COMMUNITY AMONG THE JEWISH PEOPLE OF GREENSBORO, PROMOTING THE WELFARE OF THE JEWISH PEOPLE IN OUR COMMUNITY, IN ISRAEL, AND WORLDWIDE. LOCALLY, THE FEDERATION OFFERS PROGRAMMING, NETWORKING, AND SOCIAL EVENTS, SCHOLARSHIPS AND GRANTS, BROKERS COMMUNITY RELATIONS, ADVOCATES FOR ISRAEL, AND ORGANIZES CITY-WIDE RELIGIOUS OBSERVANCES AND CELEBRATIONS. THE JEWISH FOUNDATION OF GREENSBORO, A CONSTITUENT AGENCY OF THE FEDERATION, OFFERS MANY PHILANTHROPIC OPTIONS INCLUDING DONOR ADVISED FUNDS, ENDOWMENT FUNDS, AND TESTAMENTARY GIFTS. AS ANOTHER CONSTITUENT AGENCY, JEWISH FAMILY SERVICES OFFERS CLINICAL SERVICES, SENIOR SERVICES, EMPLOYMENT AND VOLUNTEER RECRUITMENT, AND ADDITIONAL RESOURCES.

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	50
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	50
<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	27
<b>6</b> Total number of volunteers (estimate if necessary)	997
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	-8,046
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	-8,046

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	17,293,081	9,898,902
<b>9</b> Program service revenue (Part VIII, line 2g)	616,806	531,137
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	21,373	1,132,852
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-8,147	-1,065
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,923,113	11,561,826
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,604,339	8,354,488
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	679,800	763,712
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 184,809		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,354,080	1,140,493
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	8,638,219	10,258,693
<b>19</b> Revenue less expenses Subtract line 18 from line 12	9,284,894	1,303,133

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	38,331,709	41,409,978
<b>21</b> Total liabilities (Part X, line 26)	852,671	740,885
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	37,479,038	40,669,093

**Part II Signature Block**

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 officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: \_\_\_\_\_ Date: 2018-02-08

MARILYN CHANDLER EXECUTIVE DIRECTOR  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: STACY M WEST CPA  
Preparer's signature: STACY M WEST CPA  
Date: \_\_\_\_\_  
Check  if self-employed  
PTIN: P00452212

Firm's name: ▶ D M J & CO PLLC  
Firm's EIN: ▶ 56-0570567

Firm's address: ▶ 703 GREEN VALLEY ROAD SUITE 201  
Phone no: (336) 275-9886  
GREENSBORO, NC 27408

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

**1** Briefly describe the organization's mission

THE GREENSBORO JEWISH FEDERATION BUILDS COMMUNITY AMONG THE JEWISH PEOPLE OF GREENSBORO, ASSURING CONTINUITY FROM GENERATION TO GENERATION RECOGNIZING THAT EACH JEW IS RESPONSIBLE, ONE FOR ANOTHER, THE FEDERATION PROMOTES THE WELFARE OF THE JEWISH PEOPLE IN OUR COMMUNITY, IN ISRAEL, AND WORLDWIDE

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 342,215 including grants of \$ 33,313 ) (Revenue \$ 78,950 )  
See Additional Data

**4b** (Code ) (Expenses \$ 1,363,889 including grants of \$ 590,718 ) (Revenue \$ 12,398 )  
See Additional Data

**4c** (Code ) (Expenses \$ 8,116,091 including grants of \$ 7,730,457 ) (Revenue \$ 439,789 )  
See Additional Data

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e Total program service expenses** ▶ 9,822,195

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .	Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .		No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . . . . .		No
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> . . . . .		No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> . . . . .	Yes	
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> . . . . .		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> . . . . .		No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .	Yes	
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> . . . . .	Yes	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> . . . . .	Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> . . . . .		No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> . . . . .		No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> . . . . .		No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> . . . . .		No
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> . . . . .	Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> . . . . .	Yes	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> . . . . .		No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . .		No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . .		No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . .		No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) . . . . .		No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .		No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .		No

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	Yes	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	Yes	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		No
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	Yes	
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	Yes	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>	Yes	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>		No
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		No
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and 501(c)(7), (12), and (29) organizations.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (50); 1b Enter the number of voting members included in line 1a, above, who are independent (50); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [ ] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: MARILYN CHANDLER 5509-C W FRIENDLY AVENUE GREENSBORO, NC 274104211 (336) 852-5433







**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>				
	<b>d</b> Related organizations . . . . .	<b>1d</b>				
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	9,898,902			
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____					
	<b>h Total.</b> Add lines 1a-1f . . . . .		9,898,902			
<b>Program Service Revenue</b>		Business Code				
	<b>2a</b> MANAGEMENT FEE INCOME . . . . .	900099	439,789	439,789		
	<b>b</b> PARTICIPANT FEE INCOME-JFS . . . . .	900099	78,950	78,950		
	<b>c</b> PARTICIPANT FEE INCOME-COMMUNITY . . . . .	900099	12,398	12,398		
	<b>d</b> _____ . . . . .					
	<b>e</b> _____ . . . . .					
	<b>f</b> All other program service revenue . . . . .					
<b>g Total.</b> Add lines 2a-2f . . . . .		531,137				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		760,504		760,504	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b> Royalties . . . . .					
	<b>6a</b> Gross rents . . . . .	(i) Real				
		6,750	(ii) Personal			
		<b>b</b> Less rental expenses . . . . .	0			
		<b>c</b> Rental income or (loss) . . . . .	6,750			
	<b>d</b> Net rental income or (loss) . . . . .		6,750		6,750	
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities				
		372,348	(ii) Other			
		<b>b</b> Less cost or other basis and sales expenses . . . . .	0			
		<b>c</b> Gain or (loss) . . . . .	372,348			
	<b>d</b> Net gain or (loss) . . . . .		372,348		372,348	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>				
	<b>b</b> Less direct expenses . . . . .	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events . . . . .						
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
<b>b</b> Less direct expenses . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . .						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory . . . . .						
Miscellaneous Revenue	Business Code					
<b>11a</b> OTHER INCOME . . . . .	323100	231			231	
<b>b</b> NEWSPAPER REVENUES-NET . . . . .	323100	-8,046		-8,046		
<b>c</b> _____ . . . . .						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . .		-7,815				
<b>12 Total revenue.</b> See Instructions . . . . .		11,561,826	531,137	-8,046	1,139,833	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	8,342,675	8,342,675		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	11,813	11,813		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	252,260	45,712	112,915	93,633
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	420,397	383,237	30,181	6,979
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	2,037	1,691	19	327
<b>9</b> Other employee benefits.	40,463	33,794	5,924	745
<b>10</b> Payroll taxes.	48,555	32,773	9,535	6,247
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management.				
<b>b</b> Legal.				
<b>c</b> Accounting.	16,794	8,733	4,870	3,191
<b>d</b> Lobbying.				
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.	341,282	341,282		
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).				
<b>12</b> Advertising and promotion.				
<b>13</b> Office expenses.	16,706	9,238	4,512	2,956
<b>14</b> Information technology.	8,778	4,701	2,463	1,614
<b>15</b> Royalties.				
<b>16</b> Occupancy.	27,637	15,941	7,066	4,630
<b>17</b> Travel.	19,010	15,515	1,549	1,946
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	69,717	29,666	2,441	37,610
<b>20</b> Interest.	3,024		3,024	
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	50,356		50,356	
<b>23</b> Insurance.	20,039	13,264	4,093	2,682
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> JEWISH FAMILY COMMUNITY	513,399	502,831	2,313	8,255
<b>b</b> BAD DEBT	43,752	43,752		
<b>c</b> REPAIRS AND MAINTENANCE	28,792	14,972	8,350	5,470
<b>d</b> PRINTING AND PUBLICATIO	12,048	6,215		5,833
<b>e</b> All other expenses	-30,841	-35,610	2,078	2,691
<b>25</b> Total functional expenses. Add lines 1 through 24e.	10,258,693	9,822,195	251,689	184,809
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	536,294	<b>1</b>	521,893
	<b>2</b> Savings and temporary cash investments . . . . .	901,243	<b>2</b>	1,015,629
	<b>3</b> Pledges and grants receivable, net . . . . .	1,048,259	<b>3</b>	1,091,156
	<b>4</b> Accounts receivable, net . . . . .	205,719	<b>4</b>	252,408
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 1,839,214		
	<b>b</b> Less accumulated depreciation	<b>10b</b> 747,601	1,139,355	<b>10c</b> 1,091,613
	<b>11</b> Investments—publicly traded securities . . . . .	33,884,578	<b>11</b>	36,789,051
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	616,261	<b>15</b>	648,228
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	38,331,709	<b>16</b>	41,409,978	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	489,833	<b>17</b>	437,552
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	39,505	<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	323,333	<b>23</b>	303,333
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	852,671	<b>26</b>	740,885
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	29,167,413	<b>27</b>	30,625,284
	<b>28</b> Temporarily restricted net assets . . . . .	7,999,208	<b>28</b>	9,081,392
	<b>29</b> Permanently restricted net assets	312,417	<b>29</b>	962,417
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	37,479,038	<b>33</b>	40,669,093	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	38,331,709	<b>34</b>	41,409,978	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	11,561,826
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	10,258,693
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	1,303,133
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	37,479,038
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	1,886,922
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	40,669,093

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<p><b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____                      If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p><b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?                      If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	<b>2a</b>		No
<p><b>b</b> Were the organization's financial statements audited by an independent accountant?                      If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	<b>2b</b>	Yes	
<p><b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?                      If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	<b>2c</b>	Yes	
<p><b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>	<b>3a</b>		No
<p><b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>	<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 23-7107693

**Name:** GREENSBORO JEWISH FEDERATION

Form 990 (2016)

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### Form 990, Part III, Line 4a:

JEWISH FAMILY SERVICES (JFS), A CONSTITUENT AGENCY OF THE GREENSBORO JEWISH FEDERATION, IS A FAMILY SERVICES AGENCY PRIMARILY SERVING THE JEWISH COMMUNITY OF GREENSBORO. A CLINICAL PROGRAM OFFERS COUNSELING, CASE MANAGEMENT, INFORMATION AND REFERRAL, AND OUTREACH, SERVING OVER 800 FAMILIES THROUGH LICENSED SOCIAL WORKERS AND A CONGREGATIONAL NURSE. ADDITIONAL SERVICES PROVIDED TO SENIORS INCLUDE VAN TRANSPORTATION FOR OVER 62 RIDERS TO DOCTOR'S APPOINTMENTS, COMMUNITY AND SOCIAL EVENTS, AND RELIGIOUS SERVICES, THREE HOLIDAY LUNCHEONS SERVING OVER 330 GUESTS, 296 GIFT BAGS DELIVERED TO HOMEBOUND SENIORS AND THOSE IN FACILITIES AT EACH OF THREE HOLIDAYS, AND AN ARTS PROGRAM, CHAI NOTES, WHICH CONNECTS SOME 80 OLDER ADULTS AND THEIR FAMILIES AND FRIENDS THROUGH THE ARTS. A YIDDISH CLUB AND AN ENGLISH AS A SECOND LANGUAGE CLASS FOR OLDER ADULTS FROM THE FORMER SOVIET UNION MEET WEEKLY. MITZVAH DAY, A COMMUNITY WIDE DAY OF SERVICE AND SOCIAL RESPONSIBILITY, CONNECTS OVER 400 VOLUNTEERS WITH 25+ PROJECTS THROUGHOUT GREATER GREENSBORO, AS A WAY OF GIVING BACK AND PROVIDING FOR THOSE IN NEED. ON CHRISTMAS EVE AND DAY, 62 VOLUNTEERS LOGGED 203 HOURS AT MOSES CONE AND WESLEY LONG HOSPITALS, RELIEVING REGULAR STAFF AND VOLUNTEERS ON THEIR HOLIDAY THROUGHOUT THE YEAR, 15 VOLUNTEERS SERVE AS FRIENDLY VISITORS, CALLING ON HOMEBOUND SENIORS IN NEED OF COMPANIONSHIP. AN AVERAGE OF 94 VOLUNTEERS EACH MONTH ASSIST INDIVIDUALS AND ORGANIZATIONS IN OUR COMMUNITY ABOUT 751 UNDEREMPLOYED AND UNEMPLOYED INDIVIDUALS RECEIVE SERVICES THROUGH OUR JOBS EMAIL DISTRIBUTION LIST, WEEKLY NETWORKING GROUP, VOCATIONAL COUNSELING SERVICES, AND WORKSHOPS. OUR FOOD PANTRY SERVES 123 FAMILIES, OUR CLIENT ASSISTANCE PROGRAM MET EMERGENCY NEEDS OF 28 FAMILIES. 19 GOODWILL VOUCHERS WERE ALSO DISTRIBUTED TO 14 FAMILIES. SCHOLARSHIP ASSISTANCE WAS PROVIDED TO STUDENTS STUDYING IN ISRAEL AND YOUNG PEOPLE ATTENDING JEWISH OVERNIGHT SUMMER CAMP. JELF PROVIDES ASSISTANCE TO 18 STUDENTS. CHILDREN AND FAMILY PROGRAM ADDRESSES THE NEEDS OF FAMILIES IN OUR COMMUNITY, INCLUDING THOSE WITH SPECIAL NEEDS. WE OFFER WORKSHOPS AND EDUCATIONAL PROGRAMS, INFORMATION AND REFERRAL, AND SOCIAL SUPPORT. APPROXIMATELY 788 INFORMATION AND REFERRAL CALLS WERE RECEIVED.

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**Form 990, Part III, Line 4b:**

THE FEDERATION ACCOMPLISHES ITS MISSION BY DEVELOPING JEWISH EDUCATION AND CULTURAL ACTIVITIES, PROMOTING AN UNDERSTANDING OF JEWISH CULTURE AND CONCERNS, FOSTERING COOPERATION AND EFFECTIVENESS OF EXISTING JEWISH ORGANIZATIONS, DEVELOPING HUMAN AND FINANCIAL RESOURCES TO MEET JEWISH NEEDS, AND BUILDING A STRONG RELATIONSHIP WITH OUR COMMUNITY-AT-LARGE THERE ARE MORE THAN 1050 DONORS SUPPORTING FEDERATION MORE SPECIFICALLY, THE ORGANIZATION RUNS AN ANNUAL COMMUNITY-WIDE FILM FESTIVAL, SPONSORS HOLOCAUST EDUCATION FOR TEACHERS AND STUDENTS, EXECUTES MISSIONS AROUND THE WORLD INCLUDING FACILITATING A SUMMER CAMP IN BELTSY, MOLDOVA AND A STUDY MISSION TO ISRAEL, AND PUBLISHES A MONTHLY NEWSPAPER THAT IS DISTRIBUTED TO OVER 1,400 HOUSEHOLDS FUTURE LEADERS ARE DEVELOPED THROUGH THE GREENSBORO FEDERATION LEADERSHIP INSTITUTE, COMMUNITY WIDE YOUNG ADULT PROGRAMS AND SPECIFIC PROGRAMS FOR HIGH SCHOOL-AGED STUDENTS, L'TAKEN, MARCH OF THE LIVING, AND SEMESTERS IN ISRAEL AND JEWISH SUMMER CAMP EXPERIENCES ADDITIONALLY, FUNDS ARE ALLOCATION TO THIRTEEN 501 (3) ORGANIZATIONS SUPPORTING LOCAL, NATIONAL, AND INTERNATIONAL EFFORTS

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**Form 990, Part III, Line 4c:**

THE JEWISH FOUNDATION OF GREENSBORO IS A CONSTITUENT AGENCY OF THE GREENSBORO JEWISH FEDERATION. THE FOUNDATION IS A PRIMARY, TRUSTED, AND EXPERT RESOURCE FOR PLANNED GIVING AND ENDOWMENTS. THE FOUNDATION ENGAGES, EDUCATES, AND INSPIRES DONORS TO CREATE ONGOING RESOURCES FOR CHARITABLE, RELIGIOUS, COMMUNITY, AND EDUCATIONAL NEEDS. THROUGH THE CREATE A JEWISH LEGACY INITIATIVE, THE FOUNDATION PROMOTES AWARENESS OF BEQUESTS, ENDOWMENTS, AND OTHER PLANNED GIFTS AND EDUCATES THE COMMUNITY ON HOW TO CREATE A MEANINGFUL CHARITABLE LEGACY.

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BERKELHAMMER MICHAEL ..... PAST PRESIDENT	1 00 .....	X						0	0	0
BOCHKIS MARK ..... AFFILIATED ORGANIZATION RE	1 00 .....	X						0	0	0
BROD ANDREW ..... VICE PRESIDENT	1 00 .....	X		X				0	0	0
COHEN DONNA ..... JEWISH FAMILY SERVICES CHA	1 00 .....	X		X				0	0	0
COHEN JOHN ..... MEN'S CAMPAIGN CHAIR	1 00 .....	X		X				0	0	0
DAVID CHERYL ..... TRUSTEE AT LARGE 2017	1 00 .....	X						0	0	0
DREW GLENN ..... AFFILIATED ORGANIZATION RE	1 00 .....	X						0	0	0
FELDMAN SCOTT ..... PRESIDENTIAL APPOINTMENTS	1 00 .....	X						0	0	0
FRIEDMAN JEFF ..... TRUSTEE AT LARGE 2018	1 00 .....	X						0	0	0
GAUSS ARI ..... PROFESSIONALS (EX-OFFICIO)	1 00 .....	X						0	0	0



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GUTTMAN RABBI FRED ..... TRUSTEE	1 00 .....	X						0	0	0
HAVIVI RABBI ELIEZER ..... TRUSTEE	1 00 .....	X						0	0	0
HERMAN ERICA ..... TRUSTEE AT LARGE 2017	1 00 .....	X						0	0	0
ISAACSON MARC ..... PRESIDENT	1 00 .....	X		X				0	0	0
JACOBS SARA ..... AFFILIATED ORGANIZATION RE	1 00 .....	X						0	0	0
JACOBSON ALBERT ..... PAST PRESIDENT	1 00 .....	X						0	0	0
KAISER JENNY ..... VICE PRESIDENT	1 00 .....	X		X				0	0	0
KAPLAN CAROLE ..... AFFILIATED ORGANIZATION RE	1 00 .....	X						0	0	0
KAPLAN LEONARD ..... DECEASED-EMERITUS BOARD SE	1 00 .....	X						0	0	0
KAPLAN SCOTT ..... TRUSTEE AT LARGE 2018	1 00 .....	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KAPLAN TOBEE ..... EMERITUS BOARD SEAT	1 00 .....	X						0	0	0
KOREN RABBI ANDREW ..... TRUSTEE-NON VOTING	1 00 .....	X						0	0	0
KRANZ EMILY ..... IMMEDIATE PAST CHAIR WOMEN	1 00 .....	X						0	0	0
LIEB PAUL ..... TRUSTEE AT LARGE 2017	1 00 .....	X						0	0	0
LUTINS NEIL ..... TRUSTEE AT LARGE 2018	1 00 .....	X						0	0	0
MANNING KATHY ..... JFNA BOARD (EX-OFFICIO)	1 00 .....	X						0	0	0
MANNING PATSY ..... AFFILIATED ORGANIZATION RE	1 00 .....	X						0	0	0
MENGERT PAUL ..... AFFILIATED ORGANIZATION RE	1 00 .....	X						0	0	0
MILLER DEBBY ..... JDC (EX-OFFICIO)	1 00 .....	X						0	0	0
MILSTEIN RONALD ..... TRUSTEE AT LARGE 2018	1 00 .....	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MILSTEIN VICTORIA CARLIN ..... VICE PRESIDENT	1 00 .....	X		X				0	0	0
PLOTKIN RABBI JOSEF ..... TRUSTEE	1 00 .....	X						0	0	0
RAFKIN SCOTT ..... TRUSTEE AT LARGE 2017	1 00 .....	X						0	0	0
ROBINSON SUSAN ..... PAST PRESIDENT	1 00 .....	X						0	0	0
ROSEN ERIN ..... WOMENS PHILANTHROPY DIVISI	1 00 .....	X		X				0	0	0
ROSEN KEITH ..... IMMEDIATE PAST PRESIDENT	3 00 .....	X		X				0	0	0
ROSS BRIAN ..... TRUSTEE AT LARGE 2017	1 00 .....	X						0	0	0
SAMET ALYSSA ..... AFFILIATED ORGANIZATION RE	1 00 .....	X						0	0	0
SAMET ARTHUR ..... SECRETARY	1 00 .....	X		X				0	0	0
SAMET LENNY ..... IMMEDIATE PAST CHAIR, MENS	1 00 .....	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SAPERSTEIN SARA LEE ..... PAST PRESIDENT	1 00 .....	X						0	0	0
SCHLEIEN DANA ..... WOMEN'S CAMPAIGN CHAIR	1 00 .....	X		X				0	0	0
SHAVITZ STEVE ..... IMMEDIATE PAST PRESIDENT	3 00 .....	X						0	0	0
SHERIDAN DESMOND ..... TRUSTEE AT LARGE 2017	1 00 .....	X						0	0	0
SHUMAN JOYCE ..... JEWISH FOUNDATION OF GREEN	1 00 .....	X		X				0	0	0
SIEGEL SUSAN ..... PROFESSIONALS (EX-OFFICIO)	1 00 .....	X						0	0	0
SIMEL RAFFI ..... TRUSTEE AT LARGE 2018	1 00 .....	X						0	0	0
SIMMONS SUSAN ..... PRESIDENT ELECT	1 00 .....	X		X				0	0	0
SLOAN THOMAS ..... PAST PRESIDENT	1 00 .....	X						0	0	0
SPAULDING ALINA ..... VICE CHAIR WOMENS CAMPAIGN	1 00 .....	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STRASSER AARON ..... AFFILIATED ORGANIZATION RE	1 00 .....	X						0	0	0
THURM TAMMI ..... VICE PRESIDENT	1 00 .....	X		X				0	0	0
TODARO MAMIE ..... TRUSTEE AT LARGE 2018	1 00 .....	X						0	0	0
TROY ALEXANDER ..... AFFILIATED ORGANIZATION RE	1 00 .....	X						0	0	0
WITRIOL KEVIN ..... TREASURER	1 00 .....	X		X				0	0	0
CHANDLER MARILYN ..... EXECUTIVE DIRECTOR	40 00 .....			X				181,986	0	27,611
PERRELL MICHELE ..... DIR FINANCE AND HR	40 00 .....			X				62,440	0	7,436
GUTTERMAN SUSAN ..... ENDOWMENT DIRECTOR	40 00 .....					X		127,044	0	11,657

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
GREENSBORO JEWISH FEDERATION

Employer identification number

23-7107693

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box )

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations \_\_\_\_\_
  - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	4,311,862	4,721,981	3,336,710	17,293,081	9,898,902	39,562,536
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	4,311,862	4,721,981	3,336,710	17,293,081	9,898,902	39,562,536
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						18,726,714
<b>6 Public support.</b> Subtract line 5 from line 4						20,835,822

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>7</b> Amounts from line 4	4,311,862	4,721,981	3,336,710	17,293,081	9,898,902	39,562,536
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	814,025	930,042	1,019,389	1,009,493	760,504	4,533,453
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	-12,905	-15,521	-6,001	-15,170	-8,046	-57,643
<b>11 Total support.</b> Add lines 7 through 10						44,038,346

**12** Gross receipts from related activities, etc (see instructions) **12** 2,290,069

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	47.310%
<b>15</b> Public support percentage for 2015 Schedule A, Part II, line 14	<b>15</b>	45.760%

**16a 33 1/3% support test—2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14</b>	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span>						

**Section C. Computation of Public Support Percentage**

<b>15</b>	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2015 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2015</b> Schedule A, Part III, line 17	<b>18</b>	
<b>19a</b>	<b>33 1/3% support tests—2016.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>b</b>	<b>33 1/3% support tests—2015.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>20</b>	<b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <span style="float: right;">► <input type="checkbox"/></span>		



**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
	<b>6</b>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>8</b>		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9a</b>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9b</b>		
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9c</b>		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
		<b>11a</b>	
		<b>11b</b>	
		<b>11c</b>	

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
		<b>1</b>	
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
		<b>2</b>	

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
		<b>1</b>	

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
		<b>1</b>	
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
		<b>2</b>	
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
		<b>3</b>	

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)
- a**  The organization satisfied the Activities Test. Complete **line 2** below.
- b**  The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c**  The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

		Yes	No
<b>2</b>	<b>Activities Test Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
		<b>2a</b>	
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
		<b>2b</b>	
<b>3</b>	<b>Parent of Supported Organizations Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
		<b>3a</b>	
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
		<b>3b</b>	

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

**Section A - Adjusted Net Income**

	(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>	
<b>2</b> Recoveries of prior-year distributions	<b>2</b>	
<b>3</b> Other gross income (see instructions)	<b>3</b>	
<b>4</b> Add lines 1 through 3	<b>4</b>	
<b>5</b> Depreciation and depletion	<b>5</b>	
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b> Other expenses (see instructions)	<b>7</b>	
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

**Section B - Minimum Asset Amount**

	(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b> Average monthly value of securities	<b>1a</b>	
<b>b</b> Average monthly cash balances	<b>1b</b>	
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b> Subtract line 2 from line 1d	<b>3</b>	
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b> Multiply line 5 by .035	<b>6</b>	
<b>7</b> Recoveries of prior-year distributions	<b>7</b>	
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

**Section C - Distributable Amount**

		Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b> Enter 85% of line 1	<b>2</b>	
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b> Income tax imposed in prior year	<b>5</b>	
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2016</b>	<b>(iii) Distributable Amount for 2016</b>
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2016			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013. . . . .			
<b>d</b> From 2014. . . . .			
<b>e</b> From 2015. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2016 from Section D, line 7			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b> Excess from 2013. . . . .			
<b>c</b> Excess from 2014. . . . .			
<b>d</b> Excess from 2015. . . . .			
<b>e</b> Excess from 2016. . . . .			

**Part VI Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

<b>Facts And Circumstances Test</b>

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	NEWSPAPER ADVERTISING INCOME NET OF EXPENSE - 2012 AMOUNT \$ -12,905 2013 AMOUNT \$ -15,5 21 2014 AMOUNT \$ -6,001 2015 AMOUNT \$ -15,170 2016 AMOUNT \$ -8,046

Schedule A Form 990 of 990-E 2016

**SCHEDULE D**  
(Form 990)

**Supplemental Financial Statements**

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
GREENSBORO JEWISH FEDERATION

**Employer identification number**  
23-7107693

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	95	
2 Aggregate value of contributions to (during year)	23,382,055	
3 Aggregate value of grants from (during year)	25,026,644	
4 Aggregate value at end of year	24,522,008	

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
- Preservation of land for public use (e.g., recreation or education)
  - Preservation of an historically important land area
  - Protection of natural habitat
  - Preservation of a certified historic structure
  - Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- 4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- |  | Amount     |
|--|------------|
| <b>c</b> Beginning balance             | 30,393,824 |
| <b>d</b> Additions during the year     |            |
| <b>e</b> Distributions during the year |            |
| <b>f</b> Ending balance                | 30,393,824 |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	9,727,899	10,102,351	10,143,691	8,836,042	8,124,039
<b>b</b> Contributions	2,196,579	181,153	237,983	535,220	201,673
<b>c</b> Net investment earnings, gains, and losses	1,011,229	-3,237	232,983	1,512,833	934,762
<b>d</b> Grants or scholarships	526,174	500,661	455,107	645,044	366,836
<b>e</b> Other expenditures for facilities and programs				37,420	
<b>f</b> Administrative expenses	57,559	51,707	57,199	57,940	57,596
<b>g</b> End of year balance	12,351,974	9,727,899	10,102,351	10,143,691	8,836,042

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 26 240 %
  - b** Permanent endowment ▶ 68 540 %
  - c** Temporarily restricted endowment ▶ 5 220 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |                                    | Yes                      | No                       |
|------------------------------------|--------------------------|--------------------------|
| <b>(i)</b> unrelated organizations | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>(ii)</b> related organizations  | <input type="checkbox"/> | <input type="checkbox"/> |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		150,492		150,492
<b>b</b> Buildings		1,342,320	432,148	910,172
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		346,402	315,453	30,949
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				1,091,613



**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )		

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 )		

**Part IX Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	

**Part X Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	

**2.** Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	13,408,451
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	1,886,922	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	71,375	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII) . . . . .	<b>2d</b>	25,766	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 1,984,063
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 11,424,388
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII) . . . . .	<b>4b</b>	137,438	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 137,438
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12) . . . . .			<b>5</b> 11,561,826

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	10,218,396
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	71,375	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII) . . . . .	<b>2d</b>	25,766	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 97,141
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 10,121,255
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII) . . . . .	<b>4b</b>	137,438	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 137,438
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18) . . . . .			<b>5</b> 10,258,693

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 23-7107693

**Name:** GREENSBORO JEWISH FEDERATION

## Supplemental Information

Return Reference	Explanation
PART IV, LINE 1B	THE JEWISH FOUNDATION OF GREENSBORO, A DIVISION OF THE GREENSBORO JEWISH FEDERATION, MANAGES THE ENDOWMENTS AND CHARITABLE FUNDS FOR JEWISH AGENCIES THROUGHOUT NORTH CAROLINA AND THE SOUTHEASTERN UNITED STATES. THE FOUNDATION ADVANCES PHILANTHROPY AT THESE ORGANIZATIONS THROUGH EDUCATION AND BY PROVIDING INVESTMENT MANAGEMENT EXPERTISE. ALTHOUGH THE FOUNDATION SERVES IN A CUSTODIAL CAPACITY OVER THESE ASSETS, THEY ARE NOT GREENSBORO JEWISH FEDERATION FUNDS. THUS, THESE ASSETS DO NOT APPEAR ON THE GREENSBORO JEWISH FEDERATION FINANCIAL STATEMENT OR FEDERAL FORM 990.

## Supplemental Information

Return Reference	Explanation
PART V, LINE 4	TO FUND OPERATIONS AND PROGRAMS OF THE GREENSBORO FEDERATION WITH RESPECT TO THE DONOR'S RESTRICTIONS

**Supplemental Information**

Return Reference	Explanation
PART X, LINE 2	THE FEDERATION IS A RECOGNIZED CHARITABLE ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND, ACCORDINGLY, IS EXEMPT FROM FEDERAL AND NORTH CAROLINA INCOME TAXES HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE FEDERATIONS TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME AS OF JUNE 30, 2017, MANAGEMENT BELIEVES THERE ARE NO UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2017 AND INCLUDING THE PREVIOUS THREE YEARS CONSIDERING EXTENSIONS, THE FEDERATIONS INCOME TAX RETURNS ARE OPEN AND SUBJECT TO EXAMINATION BY TAX AUTHORITIES WITH RELEVANT JURISDICTION SHOULD SUCH AN EXAMINATION TAKE PLACE, MANAGEMENT DOES NOT ANTICIPATE ANY SIGNIFICANT ISSUES RELATED TO THE OPEN YEARS

# Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	NEWSPAPER EXPENSES INCLUDED IN INCOME ON 990 25,766

# Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	INCOME NETTED WITH EXPENSES ON AUDITED FINANCIAL STATEMENTS 137,438



## Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	NEWSPAPER EXPENSE INCLUDED IN INCOME ON 990 25,766

## Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	INCOME NETTED WITH EXPENSES ON AUDITED FINANCIAL STATEMENTS 137,438

## Supplemental Information

Return Reference	Explanation
SCHEDULE D PART XII AND XIII, LINES 2D AND 4B	EXPENSES RELATED DIRECTLY TO ADVERTISING ARE NETTED AGAINST REVENUE FOR NET ADVERTISING LOSS RECORDED ON 990 PART VIII IN ADDITION, OTHER EXPENSES HAVE BEEN NETTED AGAINST REVENUE FOR CONSISTENCY PURPOSES AND TO BEST REFLECT THE CHANGE IN NET ASSETS

**Schedule I  
(Form 990)**

Department of the  
Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States**

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization  
GREENSBORO JEWISH FEDERATION

Employer identification number  
23-7107693

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
--	---------	-------------------------------	--------------------------	-----------------------------------	---	--	------------------------------------

See Additional Data Table

(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ \_\_\_\_\_
- 3** Enter total number of other organizations listed in the line 1 table . . . . . ▶ \_\_\_\_\_

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) JEWISH FAMILY SERVICES	28	11,541			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	HOW GRANTS ARE MONITORED - 501(C)(3) STATUS IS CONFIRMED FOR ALL GRANTEES ON AN ANNUAL BASIS ALL GRANTS REQUIRE BOARD APPROVAL PRIOR TO DISTRIBUTION

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 23-7107693  
**Name:** GREENSBORO JEWISH FEDERATION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
A WIDER CIRCLE 9159 BROOKVILLE ROAD SILVER SPRING, MD 20910	52-2345144	501(3)	5,000				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
AERIE AFRICA 1249 HAZELWOOD DR FT WASHINGTON, PA 19034	27-0382888	501(3)	5,175				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN HEBREW ACADEMY 4334 HOBBS ROAD GREENSBORO, NC 27410	56-1985976	501(3)	15,200				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE 711 3RD AVENUE 10TH FLOOR NEW YORK, NY 10017	13-1656634	501(3)	11,390				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN PHYSIOLOGICAL SOCIETY 9650 ROCKVILLE PIKE BETHESDA, MD 20814	53-0204660	501(3)	5,000				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
APPALACHIAN STATE UNIVERSITY 287 RIVERS STREET BOONE, NC 23608		501(3)	10,400				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ARTSGREENSBORO PO BOX 877 GREENSBORO, NC 27402	56-0746180	501(3)	25,610				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
ASHEVILLE SCHOOL 360 SCHOOL ROAD ASHEVILLE, NC 28806	56-0530248	501(3)	8,500				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BALLET HAWAII 777 S HOTEL STREET SUITE 101 HONOLULU, HI 96813	99-0163014	501(3)	6,000				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
BBYO INC EASTERN REGION 2020 K STREET NW WASHINGTON, DC 20006	31-1794932	501(3)	5,500				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BETH DAVID SYNAGOGUE 804 WINVIEW DRIVE GREENSBORO, NC 27410	56-0731131	501(3)	220,702				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
B'NAI SHALOM DAY SCHOOL 804-A WINVIEW DRIVE GREENSBORO, NC 27410	56-0952340	501(3)	573,596				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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BROWN UNIVERSITY GIFT CASHIER BOX 1877 PROVIDENCE, RI 02912	05-0258809	501(3)	50,000				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
CAMP JUDAEA 1440 SPRING STREET NW ATLANTA, GA 30309	58-6014651	501(3)	9,850				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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CHABAD LUBAVITCH OF GREENSBORO 5203 W FRIENDLY AVE GREENSBORO, NC 27410	26-3642700	501(3)	34,198				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
CHEST FOUNDATION 2595 PATRIOT BOULEVARD GLENVIEW, IL 60026	36-3286520	501(3)	10,000				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHILDREN'S HOME SOCIETY OF NORTH CAROLINA 604 MEADOW STREET GREENSBORO, NC 27405	56-0529946	501(3)	20,950				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
COMMUNITY FOUNDATION OF GREATER GREENSBORO 330 SOUTH GREENE STREET GREENSBORO, NC 27401	56-1380249	501(3)	437,350				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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COMMUNITY THEATRE OF GREENSBORO 520 SOUTH ELM STREET GREENSBORO, NC 27406	56-6085349	501(3)	12,200				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
CONE HEALTH OFFICE OF FUND DEVELOPMENT 1200 NORTH ELM ST GREENSBORO, NC 27401	58-1588823	501(3)	45,967				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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CONGREGATION BETH ISRAEL NER TAMID 6880 N GREEN BAY AVENUE MILWAUKEE, WI 53209		501(3)	25,111				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
DELIVERING GOOD INC (FORMERLY KIDS FASHION DELIVERS INC) 266 W 37TH ST 22ND FLOOR NEW YORK, NY 10018	13-3300271	501(3)	11,360				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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DENTAL FOUNDATION OF NORTH CAROLINA UNC SCHOOL OF DENTISTRY CAMPUS BOX 7450 CHAPEL HILL, NC 27599	56-6304130	501(3)	7,500				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
EASTERN MUSIC FESTIVAL PO BOX 22026 GREENSBORO, NC 27420	56-0771005	501(3)	33,990				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EDUCATIONAL FOUNDATION INC PO BOX 2446 CHAPEL HILL, NC 27515	56-6058412	501(3)	7,754				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
ELON UNIVERSITY UNIVERSITYADVANCEMENT 2600 CAMPUS BOX ELON, NC 27244	56-0532303	501(3)	7,500				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ELSEWHERE 606 S ELM STREET GREENSBORO, NC 27406	20-1026041	501(3)	8,500				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
GEORGETOWN DAY SCHOOL ADVANCEMENT OFFICE 4530 MACARTHUR BOULEVARD NW WASHINGTON, DC 20007	53-0204701	501(3)	5,550				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GREENSBORO BEAUTIFUL 1001 FOURTH STREET GREENSBORO, NC 27405	23-7099248	501(3)	33,783				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
GREENSBORO CHILDREN'S MUSEUM 220 NORTH CHURCH STREET GREENSBORO, NC 27401	56-1959695	501(3)	8,250				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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GREENSBORO DAY SCHOOL 5401 LAWDALE DRIVE GREENSBORO, NC 27408	56-0949932	501(3)	27,000				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
GREENSBORO OPERA COMPANY 200 NORTH DAVIE STREET SUITE 315 BOX 17 GREENSBORO, NC 27401	58-1379465	501(3)	5,050				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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GREENSBORO POLICE FOUNDATION P O BOX 26140 GREENSBORO, NC 27402	45-3815105	501(3)	5,000				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
GREENSBORO SCIENCE CENTER ATTN DEVELOPMENT 4301 LAWNDALE DRIVE GREENSBORO, NC 27455	56-0885727	501(3)	5,450				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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GREENSBORO SYMPHONY ORCHESTRA 200 NORTH DAVIE STREET SUITE 301 GREENSBORO, NC 27401	56-6063111	501(3)	20,765				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
GREENSBORO URBAN MINISTRY 305 WEST GATE CITY BOULEVARD GREENSBORO, NC 27406	56-0890545	501(3)	12,450				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS

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HILLEL THE FOUNDATION FOR JEWISH CAMPUS LIFE CHARLES AND LYNN SCHUSTERMAN INTERNATIONAL CENTER 800 EIGHTH STR WASHINGTON, DC 20001	52-1844823	501(3)	1,985,000				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
HOSPICE AND PALLIATIVE CARE OF GREENSBORO 2500 SUMMIT AVENUE GREENSBORO, NC 27405	56-1249146	501(3)	10,250				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS



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HOSPICE FOUNDATION OF GREATER GREENSBORO 2500 SUMMIT AVENUE GREENSBORO, NC 27405	47-1169471	501(3)	5,100				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
INTERACTIVE RESOURCE CENTER PO BOX 20568 GREENSBORO, NC 27420	80-0315285	501(3)	5,200				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS

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JEWISH COMMUNITY COUNCIL OF WINSTON-SALEM 2150 COUNTRY CLUB RD SUITE 222 WINSTONSALEM, NC 27104	58-1410327	501(3)	5,000				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
JEWISH FAMILY SERVICES OF THE GREENSBORO JEWISH FEDERATION 5509-C WEST FRIENDLY AVENUE GREENSBORO, NC 27410	23-7107693	501(3)	8,058				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS

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JEWISH FEDERATIONS OF NORTH AMERICA 25 BROADWAY SUITE 1700 NEW YORK, NY 10004	43-1624240	501(3)	338,853				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
JEWISH FUNDERS NETWORK 150 WEST 30TH STREET SUITE 900 NEW YORK, NY 10001	23-2742482	501(3)	5,000				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS

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JEWISH SOCIAL SERVICE AGENCY 200 WOOD HILL ROAD ROCKVILLE, MD 20850	53-0196598	501(3)	7,500				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
MAKE A WISH FOUNDATION OF THE MID ATLANTIC INC 5272 RIVER ROAD BETHESDA, MD 20816	52-1306075	501(3)	150,000				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS

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MILWAUKEE JEWISH FEDERATION 1360 NORTH PROSPECT AVENUE MILWAUKEE, WI 53202	39-0806312	501(3)	5,000				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
NATIONAL ASSOCIATION FOR EQUAL OPPORTUNITY IN HIGHER EDUCATION 1800 K ST NW STE 900 WASHINGTON, DC 20006	23-7439804	501(3)	120,000				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS

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NCCJ 713 NORTH GREENE STREET GREENSBORO, NC 27401	06-1753756	501(3)	36,630				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
NORTH CAROLINA CENTER FOR THE ADVANCEMENT OF TEACHING 276 NCCAT DRIVE CULLOWHEE, NC 28723	56-1884667	501(3)	18,213				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS

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NORTH CAROLINA HILLEL 210 WEST CAMERON AVENUE CHAPEL HILL, NC 27516	56-6094521	501(3)	86,140				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
NORTH CAROLINA STATE UNIVERSITY FOUNDATION INC BOX 7474 RALEIGH, NC 27695	56-6049503	501(3)	5,000				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS

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PRIZMAH- CENTER FOR JEWISH DAY SCHOOLS 315 WEST 36TH STREET NEW YORK, NY 10018	81-1750864	501(3)	42,500				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
RAMAH DAROM INC 6400 POWERS FERRY ROAD NW SUITE 215 215 ATLANTA, GA 30339	58-2146741	501(3)	14,527				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS



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ROTARY CLUB OF GREENSBORO FOUNDATION INC 330 SOUTH GREEN STREET SUITE 304 GREENSBORO, NC 27401	56-2046035	501(3)	10,300				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
SALVATION ARMY HURRICANE MATTHEWS EMERGENCY SERVICES PO BOX 241808 CHARLOTTE, NC 28224		501(3)	5,200				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS

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SHEPHERD'S STAFF INC 30 CARROLL STREET WESTMINSTER, MD 21157	52-1710096	501(3)	25,000				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
SIT-IN MOVEMENT INC INTERNATIONAL CIVIL RIGHTS CENTER AND MUSEUM 134 S ELM ST GREENSBORO GREENSBORO, NC 27401	56-1856093	501(3)	8,000				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS

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SOME INC 71 O STREET NW WASHINGTON, DC 20001	23-7098123	501(3)	10,000				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
TEMPLE EMANUEL 1129 JEFFERSON ROAD GREENSBORO, NC 27410	56-0543235	501(3)	154,533				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS

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TEMPLE EMANU-EL 2550 PALI HIGHWAY HONOLULU, HI 96817	99-6001133	501(3)	9,118				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
THE ARTS AND SCIENCES FOUNDATION 523 E FRANKLIN STREET CHAPEL HILL, NC 27514	56-1150509	501(3)	35,000				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS

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TRIAD STAGE 232 SOUTH ELM STREET GREENSBORO, NC 27401	62-1743981	501(3)	22,350				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
TULANE UNIVERSITY PO BOX 61075 NEW ORLEANS, LA 70161	72-0423889	501(3)	200,000				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNC - CHAPEL HILL OFFICE OF UNIVERSITY DEVELOPMENT PO BOX 309 CHAPEL HILL, NC 27514	56-6001393	501(3)	8,035				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
UNC - GREENSBORO FINANCIAL AID OFFICE YOLANDA MCLEAN PO BOX 26170 GREENSBORO, NC 27402		501(3)	2,702,600				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF GREATER GREENSBORO FINANCE DEPARTMENT 1500 YANCEYVILLE ST GREENSBORO, NC 27405	56-0668555	501(3)	107,278				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
UNIVERSITY OF BALTIMORE FOUNDATION 1130 N CHARLES ST BALTIMORE, MD 21201	23-7036780	501(3)	55,000				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF CINCINNATI FOUNDATION PO BOX 19970 CINCINNATI, OH 45219	31-0896555	501(3)	10,250				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
UNIVERSITY OF MARYLAND COLLEGE PARK FOUNDATION INC GIFT AND ACCEPTANCE 4603 CALVERT RD COLLEGE PARK, MD 20740	52-2197313	501(3)	13,000				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
URJ SIX POINTS SPORTS ACADEMY 275 GROVE STREET SUITE 2-400 NEWTON, MA 02466		501(3)	5,750				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
WASHINGTON HEBREW CONGREGATION 3935 MACOMB STREET NW WASHINGTON, DC 20016		501(3)	12,850				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WASHINGTON PERFORMING ARTS SOCIETY 1400 K STREET SUITE 500 WASHINGTON, DC 20005	52-6062439	501(3)	25,000				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
WE WILL SURVIVE CANCER 5903 MOUNT EAGLE DRIVE SUITE 318 ALEXANDRIA, VA 22303	27-0463904	501(3)	75,000				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WEATHERSPOON ART MUSEUM ASSOCIATION UNCG PO BOX 26170 GREENSBORO, NC 27402	23-7111684	501(3)	8,800				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
WEST MIFFLIN AREA SCHOOL DISTRICT 1020 LEBANON ROAD STE 250 WEST MIFFLIN, PA 15122		501(3)	10,000				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WOMEN'S RESOURCE CENTER OF GREENSBORO 628 SUMMIT AVENUE GREENSBORO, NC 27405	56-1891618	501(3)	16,264				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
YMCA OF GREENSBORO 620 GREEN VALLEY ROAD SUITE 210 GREENSBORO, NC 27408	56-0543243	501(3)	16,600				CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS

**Schedule J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

OMB No 1545-0047

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
**▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
**▶ Attach to Form 990.**

**2015**  
**Open to Public Inspection**

**▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization GREENSBORO JEWISH FEDERATION	Employer identification number 23-7107693
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**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	No
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	<b>4c</b>	No
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization?	<b>5a</b>	No
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	<b>5b</b>	No
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization?	<b>6a</b>	No
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	<b>6b</b>	No
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	<b>7</b>	No
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CHANDLER MARILYN EXECUTIVE DIRECTOR	(i)	181,986 -----	0 -----	0 -----	0 -----	27,611 -----	209,597 -----	0 -----
	(ii)	0	0	0	0	0	0	0

**Part III** **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization GREENSBORO JEWISH FEDERATION

Employer identification number 23-7107693

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance



**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SUSAN GUTTERMAN - ENDOWMENT DIRECTO	SUSAN GUTTERMAN IS THE SPOUSE OF "FORMER" TRUSTEE DAVID GUTTERMAN	133,642	SALARY AND LONG TERM DISABILIY INSURANCE		No

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2016**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
 ▶ **Attach to Form 990.**  
 ▶ **Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
GREENSBORO JEWISH FEDERATION

Employer identification number  
23-7107693

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	87	4,811,711	SELLING PRICE
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31	Yes	
----	-----	--

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a	Yes	
-----	-----	--

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

**Part II Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 32B	DONATIONS OF PUBLICLY TRADED SECURITIES ARE RECEIVED AND SOLD BY A THIRD PARTY BROKER

**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
GREENSBORO JEWISH FEDERATION

Employer identification number

23-7107693

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	MANY OF THE BOARD OF TRUSTEES HAVE BUSINESS RELATIONSHIPS WITH OTHER TRUSTEES DUE TO THE SMALL COMMUNITY AND THE PROLIFERATION OF TRUSTEES WHO ARE IN BUSINESS WITHIN THE COMMUNITY

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 6	ANY PERSON OF THE JEWISH FAITH WHO IS EIGHTEEN (18) YEARS OF AGE OR OLDER, AS WELL AS ANY MEMBER OF SUCH PERSON'S IMMEDIATE FAMILY AND/OR HOUSEHOLD WHO IS EIGHTEEN (18) YEARS OF AGE OR OLDER, SHALL BE ELIGIBLE TO BECOME A MEMBER OF THE CORPORATION. MEMBERSHIP SHALL BE EFFECTIVE UPON THE PAYMENT OF A CONTRIBUTION TO THE CORPORATION AND SHALL BE EFFECTIVE FOR THAT FISCAL YEAR IN WHICH SUCH CONTRIBUTION WAS MADE AND THE FISCAL YEAR IMMEDIATELY FOLLOWING.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 7A	THE ANNUAL MEETING OF THE MEMBERS OF THE CORPORATION SHALL BE HELD EACH YEAR AT SUCH TIME IN THE MONTH OF APRIL, MAY OR JUNE AS THE PRESIDENT OF THE CORPORATION MAY DESIGNATE SUCH MEETING SHALL BE HELD FOR THE PURPOSE OF ELECTING MEMBERS OF THE BOARD OF TRUSTEES AND OFFICERS, RECEIVING REPORTS OF THE PRESIDENT, AND THE TRANSACTING OF ANY AND ALL MATTERS PRESENTED AT SUCH TIME

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 11B	THE FINANCE COMMITTEE IS ENTRUSTED BY THE BOARD OF DIRECTORS WITH THE RESPONSIBILITY OF REVIEWING THE ORGANIZATION'S 990 PRIOR TO FILING THE FINANCE COMMITTEE REPORTS TO THE BOARD OF TRUSTEES ON ANY RECOMMENDED CHANGES AND THE STATUS OF THE RETURN AS REQUIRED IN THE BY-LAWS, THE GREENSBORO JEWISH FEDERATION PRESIDENT AND TREASURER ARE MANDATORY MEMBERS OF THE FINANCE COMMITTEE, ALONG WITH OTHER ORGANIZATION MEMBERS POSSESSING RELATED PROFESSIONAL EXPERTISE

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED ANNUALLY AND EACH TRUSTEE, OFFICER AND COMMITTEE MEMBER WILL SIGN A STATEMENT DISCLOSING ANY CONFLICT OF INTEREST, AS WELL AS ACKNOWLEDGEMENT THAT HE/SHE HAS READ, UNDERSTANDS AND AGREES TO COMPLY WITH THE POLICY ANY CONFLICTS OF INTEREST ARE ADDRESSED AND VOTED ON WHEN NEEDED



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	IN DETERMINING COMPENSATION, THE FEDERATION OBTAINS COMPARABILITY DATA, THEN REQUIRES REVIEW AND APPROVAL OF COMPENSATION BY THE PRESIDENT AND TREASURER, AS WELL AS THE CHAIR OF THE PERSONNEL COMMITTEE AT A MINIMUM

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILAB LE TO THE PUBLIC UPON REQUEST AND AT THE DISCRETION OF THE EXECUTIVE DIRECTOR

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART XII, LINE 2C	THE FINANCE COMMITTEE IS ENTRUSTED BY THE BOARD TO PROVIDE OVERSIGHT OVER THE AUDIT OF THE ORGANIZATION'S FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT THE PROCESS HAS NOT CHANGED IN THE CURRENT TAX YEAR

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2016**

**Open to Public Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
GREENSBORO JEWISH FEDERATION

Employer identification number

23-7107693

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) GJF GIFT LLC 5509-C WEST FRIENDLY AVE GREENSBORO, NC 27410 23-1266013	NO ACTIVITY IN TAX YEAR 2016	NC			GREENSBORO JEWISH FEDERATION

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

**Part VI** **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII** **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

**Return Reference****Explanation**