	EX	TENDED TO M	IAY	15, 20	20				
<sub>Foૄrm</sub> 990-T	Exempt Orga	nization Bus	sine	ss Inco	me 1	「ax Re	turn	ا ۱	OMB No 1545-0687
æ	(a	ind proxy tax und	ler se	ction 603	3(e))		190		0040
ı	For calendar year 2018 or other tax y						201	9	2018
Department of the Treasury	► Go to www	rirs gov/Form990T for in	nstructio	ns and the la	test inforn	nation			
Internal Revenue Service	▶ Do not enter SSN number					zation is a 50	)1(c)(3)		pen to Public Inspection for 01(c)(3) Organizations Only
A Check box if address changed	Name of organization ( {	Check box if name o	hanged	and see instru	uctions )			D Employ (Emplo instruc	yer identification number yees' trust, see tions )
B Exempt under section	Print GREENSBORO	JEWISH FEDE	RAT	ION				23	3-7107693
X 501( <u>c<b>0</b></u> 3)	or Number, street, and room or suite no. If a P.O. box, see instructions						E Unrelat	ed business activity code structions)	
408(e)220(e)	00000	RIENDLY AVE	NUE		_			(366 111	siructions )
408A 530(a)	1 1 ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	ovince, country, and ZIP o	-	•				3231	100
C Book value of all assets	F Group exemption num		<u>∓21.</u>	<u>+</u>				7271	
at end of year 41,742,7	38. G Check organization typ		poration	50	1(c) trust		401(a)	trust	Other trust
	organization's unrelated trades or		1		` '	the only (or	<del></del>		04101 11 001
trade or business here	NEWSPAPER ADVE	RTISING		I		complete Pa			han one.
describe the first in the b	plank space at the end of the previo	us sentence, complete Pa	arts I and						
business, then complete	Parts III-V.								
	the corporation a subsidiary in an		nt-subsi	diary controlle	d group?		▶ [	Yes	X No
	and identifying number of the pare								
	MARILYN CHAN				Teleph	one number	<b>▶</b> 3	36-8	352-5433
Part I Unrelate	d Trade or Business Inc	come		(A) Inco	me	(B) E:	kpenses		(C) Net
1 a Gross receipts or sale	es								
b Less returns and allo	wances	c Balance	1c						
2 Cost of goods sold (S	•		2						
3 Gross profit. Subtrac			3						
4a Capital gain net incor			4a			NE CO	TVE	B	<b>1</b>
	4797, Part II, line 17) (attach Forn	n 4797)	4b		<u> </u>				ပ္ခ
c Capital loss deduction			4c		<u> </u>	1 A A D A	ነ ኃበታ	<u>,                                    </u>	70 00 00
	partnership or an S corporation (a	ttach statement)	5		821	MAR 0	9 200	.u	<u> </u>
6 Rent income (Schedu	-		6						<u> </u>
	ced income (Schedule E)		7			OGDE	N, I	JT	
	yalties, and rents from a controlled		8						
	f a section 501(c)(7), (9), or (17) o vity income (Schedule I)	rganization (Schedule 6)	10						
11 Advertising income (	• •		11	13	062.				13,062.
	structions; attach schedule)		12		,002.				13,062.
13 Total. Combine lines			13	13	062.				13,062.
	ns Not Taken Elsewhe	re (See instructions fo		tions on ded	uctions)				13,002.
	contributions, deductions mus								
14 Compensation of off	ficers, directors, and trustees (Schi	edule K)					ļ	14	
15 Salaries and wages							,	15	
16 Repairs and mainter	ance							16	
17 Bad debts								17	
·	dule) (see instructions)							18	
19 Taxes and licenses	_							19	
	ons (See instructions for limitation	rules)			1			20	
21 Depreciation (attach	,			r-	21				
	aimed on Schedule A and elsewher	e on return		L	22a			22b	
23 Depletion								23	<del></del>
	erred compensation plans						}	24	
25 Employee benefit pro	•						}	25	
26 Excess exempt expe	,						}	26	
27 Excess readership of	· ·			ann	Om z m	n Marin	, }	27 oh	25 050
28 Other deductions (at	•			SEE	STAT	EMENT	اد <del>ر ج</del>	28	25,850.
	dd lines 14 through 28	n loce deducation Cultima	t luca DO	from line 40			28	29	25,850.
	axable income before net operating				ations\		ŀ	30	-12,788.
	erating loss arising in tax years be	•	ıy I, 20	10 (256 IIISI(N)	Juons)		_>ı	31	_12 700
	axable income Subtract line 31 from Panerwork Reduction Act Notice		<del></del>				<u> </u>	ηk	-12,788.

Part	II Total Unrelated Business Taxable Income			20,05	<u> </u>	
33,	Total of unrelated business taxable income computed from all unrelated trades or businesses (si	ee instruc	ctions)	33	-12	,788.
34	Amounts paid for disallowed fringes			34		•
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instr	uctions)	STMT 2	35		0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the s	sum of				
	lines 33 and 34		~	36	-12	,788.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		3	\$ 3₹		,000.
38	Unrelated business taxable income Subtract line 37 from line 36 If line 37 is greater than line	36,	3	a 🗍		·
	enter the smaller of zero or line 36			38	-12	,788.
Part	V Tax Computation					
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)		)	<b>►</b> 39		0.
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount	on line 3	8 from			
	Tax rate schedule or Schedule D (Form 1041)		•	▶ 40		
41	Proxy tax See instructions		)	► <u>41</u>		
42	Alternative minimum tax (trusts only)			42		
43	Tax on Noncompliant Facility Income See Instructions			43		
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44		0.
Part \		1 1	<del></del>		<del></del>	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a		i		
b	Other credits (see instructions)	45b		_		
C	General business credit Attach Form 3800	45c		_		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d				
	Total credits Add lines 45a through 45d			45e		
46	Subtract line 45e from line 44  Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 88	cc [	045	46		0.
47	Total tax Add lines 46 and 47 (see instructions)	66	Other (attach schedul			
48 49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			48		<u> </u>
	Payments: A 2017 overpayment credited to 2018	50a		49	<del></del>	
	2018 estimated tax payments	50a				
	Tax deposited with Form 8868	50c				
	Foreign organizations Tax paid or withheld at source (see instructions)	50d				
	Backup withholding (see instructions)	50e				
	Credit for small employer health insurance premiums (attach Form 8941)	50f				
	Other credits, adjustments, and payments Form 2439	1 301	<del>.</del>	-		
	☐ Form 4136 ☐ Other Total ▶	50g				
51	Total payments. Add lines 50a through 50g			51		
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached			52		
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		•	▶ 53		
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		•	▶ 54		
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax		Refunded	▶ 55		
Part \	/I Statements Regarding Certain Activities and Other Information	on (see	instructions)			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature	or other	authority		<u>Y</u> (	es No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	n may hav	ve to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign o	ountry			
	here >					X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or trade	ansferor	to, a foreign trust?			X_
	If "Yes," see instructions for other forms the organization may have to file					
58	Enter the amount of tax-exempt interest received or accrued during the tax year > \$					
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and scorrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer.			knowledge an	id belief, it is true	9,
Here	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		_	May the IRS	discuss this ret	urn with
11616	Supplying of August Ohnac Andrew Title	VE D	IRECTOR		r shown below (s	
	Signature of Africer Date Title			instructions	1 4 4 1 1 1 1 1 1	No
	Print ype predarer's name Preparer's signature Dai	te	Check	I If PTIN	J	
Paid	OTH OV M WHOM ONE XT M W	/_/_	self- employ		0045001	
Prepa		1-10	7 7	-	0045221	
Use C	Only Firm's name ► D M J & CO., PLLC	001	Firm's EIN	<b>►</b> 50	<u>6-05705</u>	7 00
	703 GREEN VALLEY ROAD, SUITE 2 Firm's address FGREENSBORO, NC 27408	OI	Dhone no	336	275 000	26
823711 01			Phone no.	220-	275–988 -Form <b>990</b>	
023/11 01	90-10				LOUIN 220.	- I (ZUIB)

Schedule A - Cost of Goods	Sold. Enter	method of inve	ntory v	aluation ► N/A					
1 Inventory at beginning of year	11			Inventory at end of year			6	1	
2 Purchases	2		٦.	Cost of goods sold Si		line 6	"		
3 Cost of labor	3		┦ ΄	from line 5 Enter here					
4 a Additional section 263A costs			7	line 2	u., u.,		7		
(attach schedule)	4a		8	Do the rules of section	263A (	with respect to		Yes	No
b Other costs (attach schedule)	4b	<u>.                                      </u>	٦ Ĭ	property produced or a					+
5 Total Add lines 1 through 4b	5		7	the organization?		a tor todato, apply to			
Schedule C - Rent Income ( (see instructions)	From Real	Property an	d Pe		Leas	ed With Real Pro	pert	у)	<del></del> -
1 Description of property						,			
(1)									
(2)		-						<del></del>	
(3)									
(4)									
	2 Rent receiv	ed or accrued				.,,			
(a) From personal property (if the perconal property is more 10% but not more than 50%)	than	of rent for	personal	onal property (if the percent property exceeds 50% or if ed on profit or income)	age	3(a) Deductions directly columns 2(a) ai		cted with the incom (attach schedule)	e in
(1)									
(2)	-								
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income Add totals of columns 2 here and on page 1, Part I, line 6, column		ter 🕨			0.	(b) Total deductions Enter here and on page 1, Part I, line 6 column (B)	<b>&gt;</b>		0.
Schedule E - Unrelated Deb	t-Financed	l Income (see	ınstru	ctions)					
			2	Gross income from		3 Deductions directly control to debt-finance			
1 Description of debt-fin	anced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule	
(1)			1			<del></del>			
(2)							<del></del>		
(3)			<u> </u>				-		
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property ischedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 8)	(	8 Allocable dedu column 6 x total of 6 3(a) and 3(b)	columns
(1)	•			%			1		
(2)				%					
(3)				%					
(4)			i	%					
					1	nter here and on page 1, Part I, line 7, column (A)		Enter here and on pa Part I, line 7, colum	
Totals				•		0			0.
Total dividends-received deductions inc	luded in column	18							0.

(1) (2) (3) (4) Nonexempt Co 7 Taxab (1) (2) (3) (4)	ontrolled organiza	identi		(loss) (see	related income e instructions)		al of specified nents made	5 Part of coluincluded in the organization's g	controlling	6 Deductions directly connected with income in column 5
(2) (3) (4)  Nonexempt Co 7 Taxab  (1) (2) (3) (4)  Totals  Schedule Co (1)		8 Net unrelated inco		9 Total	denotified					
(2) (3) (4)  Nonexempt Co 7 Taxab  (1) (2) (3) (4)  Totals  Schedule Co (1)		8 Net unrelated inco		9 Total	of coopering and					
(3) (4) Nonexempt Co 7 Taxab (1) (2) (3) (4)  Totals  Schedule Co (1)		8 Net unrelated inco		9 Total	ot specifical activities					
(4) Nonexempt Co 7 Taxab  (1) (2) (3) (4)  Totals  Schedule Co		8 Net unrelated inco		9 Total	of specified as a				<del></del>	
Nonexempt Co 7 Taxab (1) (2) (3) (4)  Totals  Schedule Co		8 Net unrelated inco		9 Total	of appearing and					
7 Taxab (1) (2) (3) (4)  Totals  Schedule C		8 Net unrelated inco		9 Total	of enought = 5 :-					
(2) (3) (4) Totals Schedule C					of specified paym made	nents		in 9 that is incluing organization's		eductions directly connected h income in column 10
(2) (3) (4) Totals Schedule C				-						
(3) (4) Totals Schedule C						i			+-	
(4) Totals Schedule C									<del></del>	
Totals Schedule C									-	
Schedule C							Add column Enter here and c	on page 1, Part I olumn (A)	l, Enter t	dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
	3 - Investme	ent Income of a	Section	501(c)(	7), (9), or (	17) Or	ganization		0.	0
		ription of income			2 Amount of (	ncome	3 Deductions directly connect (attach schedu	ted 4	Set-asides ach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
										(401.5 ).405 507 1/
( <del>-</del> )										
(3)										-
(4)										
		-			Enter here and o Part I, line 9, coli					Enter here and on page 1 Part I, line 9, column (B)
Totals				<u> </u>		0.				0
Schedule I	- Exploited (see instru	Exempt Activity (ctions)	/ Incom	ie, Othei	r Than Adv	vertisii	ng Income			
	cription of d activity	2 Gross unrelated business income from trade or business	directly of with pro of uni	penses connected oduction related s income	4 Net income from unrelated business (coliminus column gain, compute through 7	trade or umn 2 3) If a cols 5	5 Gross incomfrom activity the is not unrelated business incom	at att	Expenses tributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)									· · ·	
(4)										
Totals		Enter here and on page 1, Part I, line 10, col (A)	page 1	re and on I, Part I, col (B)						Enter here and on page 1, Part II, line 26
	l - Advertisi	ng Income (see	nstruction		l					
		Periodicals Rep			solidated	Basis				
<b>1</b> Na	ame of periodical	2 Gross advertising income		3 Direct ertising costs	4 Advertis or (loss) (col col 3) If a gai cols 5 thr	2 minus n, compute	5 Circulatio		Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) (2)										
(3) (4)					_]					
		t			_1			<del></del>		
Totals (carry to F			0.	0						0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) FEDERATION NEWS	13,062.		13,062.			
(2)						
(3)						
(4)						
Totals from Part I	0.	0.	<u> </u>			0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11 col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	13,062.	0.	d Trucks as (see			0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		_ %	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		ļ	0.

Form 990-T (2018)

FORM 990-T		OTHER DEDUCTI	CONS	STATEMENT		
DESCRIPTION	1			AMOUNT		
NEWSPAPER I	- EXPENSES			25,85		
TOTAL TO FO	DRM 990-T, PAGE 1,	LINE 28		25,850		
FORM 990-T	NET	OPERATING LOSS I	DEDUCTION	STATEMENT		
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR		
06/30/02	11,743.	0.	11,743.	11,743		
06/30/03 06/30/04	5,520.	0.	5,520. 9,003.	5,520 9,003		
06/30/04	9,003. 8,883.	0.	8,883.	8,883		
06/30/06	2,682.	0.	2,682.	2,682		
06/30/07	11,603.	0.	11,603.	11,603		
06/30/08	12,399.	0.	12,399.	12,399		
06/30/09	6,590.	0.	6,590.	6,590		
06/30/10	15,440.	0.	15,440.	15,440		
06/30/11	20,727.	0.	20,727.	20,727		
06/30/12	11,337.	0.	11,337.	11,337		
06/30/13	12,905.	0.	12,905.	12,905		
06/30/14	21,659.	0.	21,659.	21,659		
06/30/15	6,001. 15,170	0.	6,001. 15,170.	6,001 15,170		
06/30/16 06/30/17	15,170. 8,046.	0.	8,046.	8,046		
06/30/17	8,414.	0.	8,414.	8,414		
	VER AVAILABLE THIS	VEAR	188,122.	188,122		