

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

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): 5509-C W FRIENDLY AVENUE Room/suite: _____
 City or town, state or province, country, and ZIP or foreign postal code: GREENSBORO, NC 274104211

D Employer identification number: 23-7107693
E Telephone number: (336) 852-5433
G Gross receipts \$ 6,388,405

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

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

| | | |
|--|-----------|---------|
| 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 53 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 53 |
| 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) | 5 | 32 |
| 6 Total number of volunteers (estimate if necessary) | 6 | 1,136 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | -12,756 |
| 7b Net unrelated business taxable income from Form 990-T, line 34 | 7b | -12,788 |

| | Prior Year | Current Year |
|--|------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) | 4,251,847 | 3,581,540 |
| 9 Program service revenue (Part VIII, line 2g) | 546,077 | 804,655 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 3,070,218 | 2,014,761 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -320 | -12,551 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 7,867,822 | 6,388,405 |

| | Prior Year | Current Year |
|---|------------|--------------|
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 4,318,646 | 5,198,335 |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 1,148,699 | 1,252,235 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 224,500 | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 1,045,404 | 1,297,698 |
| 18 Total expenses—add lines 13-17 (must equal Part IX, column (A), line 25) | 6,512,749 | 7,748,268 |
| 19 Revenue less expenses—subtract line 18 from line 12 | 1,355,073 | -1,359,863 |

| | Beginning of Current Year | End of Year |
|---|---------------------------|-------------|
| 20 Total assets (Part X, line 16) | 43,172,489 | 41,742,738 |
| 21 Total liabilities (Part X, line 26) | 754,952 | 724,054 |
| 22 Net assets or fund balances—subtract line 21 from line 20 | 42,417,537 | 41,018,684 |

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: 2020-02-28
 MARILYN CHANDLER EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____
 Firm's name ▶ D M J & CO PLLC Firm's EIN ▶ 56-0570567
 Firm's address ▶ 703 GREEN VALLEY ROAD SUITE 201 Greensboro, NC 27408 Phone no (336) 275-9886
 PTIN P00452212

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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 THE FEDERATION ACCOMPLISHES ITS MISSION BY DEVELOPING JEWISH EDUCATIONAL AND CULTURAL ACTIVITIES FOSTERING COOPERATION AND EFFECTIVENESS OF EXISTING JEWISH ORGANIZATIONS PROMOTING AN UNDERSTANDING OF JEWISH CULTURE AND CONCERNS DEVELOPING HUMAN AND FINANCIAL RESOURCES TO MEET JEWISH NEEDS BUILDING A STRONG RELATIONSHIP WITH OUR COMMUNITY-AT-LARGE

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 \$ 450,710 including grants of \$ 42,853) (Revenue \$ 39,181)
See Additional Data

4b (Code) (Expenses \$ 1,804,770 including grants of \$ 619,588) (Revenue \$ 169,553)
See Additional Data

4c (Code) (Expenses \$ 4,961,362 including grants of \$ 4,535,894) (Revenue \$ 595,921)
See Additional Data

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

4e Total program service expenses ▶ 7,216,842

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|------------|--|-----|-----|
| 23 | 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> | 23 | Yes |
| 24a | 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> | 24a | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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> | 25a | No |
| 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> | 25b | No |
| 26 | 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> | 26 | No |
| 27 | 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> | 27 | No |
| 28 | 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) | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | No |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | Yes |
| c | 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> | 28c | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | Yes |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | No |
| 32 | 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> | 32 | No |
| 33 | 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> | 33 | Yes |
| 34 | 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> | 34 | No |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | No |
| 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> | 35b | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | No |
| 37 | 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> | 37 | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | 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

| | | Yes | No |
|-----------|--|-----|-----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 12 |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes |

| | | | | | |
|--|--|------------|----|-----|----|
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | 2a | 32 | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | 2b | | Yes | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | | 3a | | Yes | |
| b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> | | 3b | | Yes | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | 4a | | | No |
| b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5a | | | No |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | 5b | | | No |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | 5c | | | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | 6a | | | No |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | 6b | | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | 7a | | | No |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | | | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | 7c | | | No |
| d If "Yes," indicate the number of Forms 8282 filed during the year | | 7d | | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | 7e | | | No |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | 7f | | | No |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | 7g | | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | 7h | | | |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | 8 | | | |
| 9a Did the sponsoring organization make any taxable distributions under section 4966? | | 9a | | | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | 9b | | | |
| 10 Section 501(c)(7) organizations. Enter | | | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | | 10a | | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | 10b | | | |
| 11 Section 501(c)(12) organizations. Enter | | | | | |
| a Gross income from members or shareholders | | 11a | | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | 11b | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | 12a | | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | 12b | | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O | | 13a | | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | 13b | | | |
| c Enter the amount of reserves on hand | | 13c | | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | | 14a | | | No |
| b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> | | 14b | | | |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N | | 15 | | | No |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O | | 16 | | | No |

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included in line 1a... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 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... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following... 8a The governing body... 8b Each committee with authority to act on behalf of the governing body... 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.

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? 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? 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 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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 15b Other officers or key employees of the organization 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? 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 3 columns: Question, Yes, No. 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-A 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 VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

| (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 | | | |
| See Additional Data Table | | | | | | | | | | |
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (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 | | | |
| See Additional Data Table | | | | | | | | | | |
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| | | | | | | | | | | |
| 1b Sub-Total | | | | | | | | | | |
| 1c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| 1d Total (add lines 1b and 1c) | | | | | | | 388,407 | 0 | 48,720 | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** **2**

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*

| | | |
|----------|------------|-----------|
| | Yes | No |
| 3 | | No |

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*

| | | |
|----------|------------|-----------|
| | Yes | No |
| 4 | Yes | |

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

| | | |
|----------|------------|-----------|
| | Yes | No |
| 5 | | No |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶** **0**

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 | |
|--|---|--|--|---|--|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | | |
| | b Membership dues | 1b | | | | |
| | c Fundraising events | 1c | | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) | 1e | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 3,581,540 | | | |
| | g Noncash contributions included in lines 1a - 1f \$ _____ | | | | | |
| | h Total. Add lines 1a-1f | | 3,581,540 | | | |
| Program Service Revenue | 2a MANAGEMENT FEE INCOME | Business Code | | | | |
| | | 900099 | 595,921 | 595,921 | | |
| | b PARTICIPANT FEE INCOME-COMMUNITY | 900099 | 200,412 | 200,412 | | |
| | c PARTICIPANT FEE INCOME-JFS | 900099 | 8,322 | 8,322 | | |
| | d _____ | | | | | |
| | e _____ | | | | | |
| | f All other program service revenue | | | | | |
| g Total. Add lines 2a-2f | | 804,655 | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 963,266 | | 963,266 | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 Royalties | | | | | |
| | 6a Gross rents | (i) Real | | | | |
| | | (ii) Personal | | | | |
| | | b Less rental expenses | | | | |
| | | c Rental income or (loss) | | | | |
| | d Net rental income or (loss) | | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | | | | |
| | | (ii) Other | | | | |
| | | b Less cost or other basis and sales expenses | | 0 | | |
| | | c Gain or (loss) | | 1,051,495 | | |
| | d Net gain or (loss) | | 1,051,495 | | 1,051,495 | |
| | 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 | a | | | | |
| | | b Less direct expenses | b | | | |
| c Net income or (loss) from fundraising events | | | | | | |
| 9a Gross income from gaming activities See Part IV, line 19 | a | | | | | |
| | b Less direct expenses | b | | | | |
| | c Net income or (loss) from gaming activities | | | | | |
| 10a Gross sales of inventory, less returns and allowances | a | | | | | |
| | b Less cost of goods sold | b | | | | |
| | c Net income or (loss) from sales of inventory | | | | | |
| Miscellaneous Revenue | Business Code | | | | | |
| 11a OTHER INCOME | 323100 | 205 | | 205 | | |
| b NEWSPAPER REVENUES-NET | 323100 | -12,756 | -12,756 | | | |
| c _____ | | | | | | |
| d All other revenue | | | | | | |
| e Total. Add lines 11a-11d | | -12,551 | | | | |
| 12 Total revenue. See Instructions | | 6,388,405 | 804,655 | -12,756 | 2,014,966 | |

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

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | | | |
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. | 5,183,982 | 5,183,982 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22. | 14,353 | 14,353 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16. | | | | |
| 4 Benefits paid to or for members. | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees. | 254,911 | 46,566 | 115,212 | 93,133 |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). | | | | |
| 7 Other salaries and wages. | 856,341 | 770,563 | 62,252 | 23,526 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions). | | | | |
| 9 Other employee benefits. | 64,385 | 52,502 | 8,017 | 3,866 |
| 10 Payroll taxes. | 76,598 | 58,548 | 10,905 | 7,145 |
| 11 Fees for services (non-employees) | | | | |
| a Management. | | | | |
| b Legal. | | | | |
| c Accounting. | 31,323 | 23,217 | 4,897 | 3,209 |
| d Lobbying. | | | | |
| e Professional fundraising services. See Part IV, line 17. | | | | |
| f Investment management fees. | 379,717 | 379,717 | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). | | | | |
| 12 Advertising and promotion. | | | | |
| 13 Office expenses. | 19,958 | 13,456 | 3,928 | 2,574 |
| 14 Information technology. | 44,295 | 37,287 | 4,234 | 2,774 |
| 15 Royalties. | | | | |
| 16 Occupancy. | 46,567 | 23,478 | 23,089 | |
| 17 Travel. | 17,283 | 13,820 | 2,092 | 1,371 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. | | | | |
| 19 Conferences, conventions, and meetings. | 47,405 | 21,073 | 578 | 25,754 |
| 20 Interest. | 7,173 | | 7,173 | |
| 21 Payments to affiliates. | | | | |
| 22 Depreciation, depletion, and amortization. | 46,103 | | 46,103 | |
| 23 Insurance. | 14,970 | 9,424 | 3,140 | 2,406 |
| 24 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.) | | | | |
| a MISSIONS AND LEADERSHIP | 292,622 | 292,622 | | |
| b PROGRAM EXPENSE | 96,610 | 66,558 | 2,022 | 28,030 |
| c ALLOCATION | 68,450 | 68,450 | | |
| d BAD DEBT | 45,752 | 45,752 | | |
| e All other expenses | 139,470 | 95,474 | 13,284 | 30,712 |
| 25 Total functional expenses. Add lines 1 through 24e. | 7,748,268 | 7,216,842 | 306,926 | 224,500 |
| 26 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 | |
|---|---|--------------------------|------------|--------------------|-----------|
| Assets | 1 Cash—non-interest-bearing | 638,654 | 1 | 649,144 | |
| | 2 Savings and temporary cash investments | 245,137 | 2 | 198,917 | |
| | 3 Pledges and grants receivable, net | 1,081,283 | 3 | 1,230,272 | |
| | 4 Accounts receivable, net | 260,868 | 4 | 277,457 | |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | | 5 | |
| | 6 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 | | | 6 | |
| | 7 Notes and loans receivable, net | | | 7 | |
| | 8 Inventories for sale or use | | | 8 | |
| | 9 Prepaid expenses and deferred charges | | | 9 | |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 1,837,639 | | | |
| | b Less accumulated depreciation | 800,907 | 1,074,550 | 10c | 1,036,732 |
| | 11 Investments—publicly traded securities | 39,187,128 | 11 | 37,651,025 | |
| | 12 Investments—other securities See Part IV, line 11 | | | 12 | |
| | 13 Investments—program-related See Part IV, line 11 | | | 13 | |
| | 14 Intangible assets | | | 14 | |
| | 15 Other assets See Part IV, line 11 | 684,869 | 15 | 699,191 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 43,172,489 | 16 | 41,742,738 | | |
| Liabilities | 17 Accounts payable and accrued expenses | 471,619 | 17 | 460,721 | |
| | 18 Grants payable | | 18 | | |
| | 19 Deferred revenue | | 19 | | |
| | 20 Tax-exempt bond liabilities | | 20 | | |
| | 21 Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | | |
| | 22 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 | | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 283,333 | 23 | 263,333 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | | |
| | 25 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 | | 25 | | |
| | 26 Total liabilities. Add lines 17 through 25 | 754,952 | 26 | 724,054 | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | |
| | 27 Unrestricted net assets | 32,491,361 | 27 | 30,881,711 | |
| | 28 Temporarily restricted net assets | 8,963,534 | 28 | 10,136,973 | |
| | 29 Permanently restricted net assets | 962,642 | 29 | 0 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | | |
| | 31 Paid-in or capital surplus, or land, building or equipment fund | | 31 | | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | | |
| 33 Total net assets or fund balances | 42,417,537 | 33 | 41,018,684 | | |
| 34 Total liabilities and net assets/fund balances | 43,172,489 | 34 | 41,742,738 | | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|---|-----------|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 6,388,405 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 7,748,268 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | -1,359,863 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 42,417,537 |
| 5 | Net unrealized gains (losses) on investments | 5 | -38,990 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 41,018,684 |

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** 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
 Separate basis Consolidated basis Both consolidated and separate basis
- 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
 Separate basis Consolidated basis Both consolidated and separate basis
- c** 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
- 3a** 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?
- 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

| | Yes | No |
|-----------|-----|----|
| 2a | | No |
| 2b | Yes | |
| 2c | Yes | |
| 3a | | No |
| 3b | | |

Additional Data

Software ID:

Software Version:

EIN: 23-7107693

Name: GREENSBORO JEWISH FEDERATION

Form 990 (2018)

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 53 RIDERS TO DOCTOR'S APPOINTMENTS, COMMUNITY AND SOCIAL EVENTS, AND RELIGIOUS SERVICES, TWO HOLIDAY LUNCHEONS SERVING OVER 266 GUESTS, 323 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. AN ENGLISH AS A SECOND LANGUAGE CLASS FOR OLDER ADULTS FROM THE FORMER SOVIET UNION MEETS WEEKLY. MITZVAH DAY, A COMMUNITY WIDE DAY OF SERVICE AND SOCIAL RESPONSIBILITY, CONNECTS OVER 322 VOLUNTEERS WITH 25+ PROJECTS THROUGHOUT GREATER GREENSBORO, AS A WAY OF GIVING BACK AND PROVIDING FOR THOSE IN NEED. ON CHRISTMAS EVE AND DAY, 145 VOLUNTEERS LOGGED 370 HOURS AT MOSES CONE AND WESLEY LONG HOSPITALS, RELIEVING REGULAR STAFF AND VOLUNTEERS ON THEIR HOLIDAY. THROUGHOUT THE YEAR, 8 VOLUNTEERS SERVE AS FRIENDLY VISITORS, CALLING ON HOMEBOUND SENIORS IN NEED OF COMPANIONSHIP. AN AVERAGE OF 72 VOLUNTEERS EACH MONTH ASSIST INDIVIDUALS AND ORGANIZATIONS IN OUR COMMUNITY. ABOUT 550 UNDEREMPLOYED AND UNEMPLOYED INDIVIDUALS RECEIVE SERVICES THROUGH THE JOBS EMAIL DISTRIBUTION LIST, VOCATIONAL COUNSELING SERVICES, AND WORKSHOPS. THE FOOD PANTRY SERVES 138 FAMILIES, THE CLIENT ASSISTANCE PROGRAM MET EMERGENCY NEEDS OF 35 FAMILIES. 40 GOODWILL VOUCHERS WERE ALSO DISTRIBUTED TO 22 FAMILIES. SCHOLARSHIP ASSISTANCE WAS PROVIDED TO STUDENTS STUDYING IN ISRAEL AND YOUNG PEOPLE ATTENDING JEWISH OVERNIGHT SUMMER CAMP. JEWISH EDUCATIONAL LOAN FUND PROVIDES ASSISTANCE TO 14 STUDENTS. CHILDREN AND FAMILY PROGRAM ADDRESSES THE NEEDS OF FAMILIES IN THE COMMUNITY, INCLUDING THOSE WITH SPECIAL NEEDS. JFS OFFERS WORKSHOPS AND EDUCATIONAL PROGRAMS, INFORMATION AND REFERRAL, AND SOCIAL SUPPORT. APPROXIMATELY 850 INFORMATION AND REFERRAL CALLS WERE RECEIVED.

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 ALMOST 800 DONORS SUPPORTING FEDERATION MORE SPECIFICALLY, THE ORGANIZATION RUNS AN ANNUAL COMMUNITY-WIDE FILM FESTIVAL, SPONSORS HOLOCAUST EDUCATION FOR TEACHERS AND STUDENTS, AND PUBLISHES A BI-MONTHLY MAGAZINE THAT IS DISTRIBUTED TO OVER 1,400 HOUSEHOLDS STUDY MISSIONS ARE PLANNED IN LOCATIONS AROUND THE WORLD INCLUDING ISRAEL AND THE ORGANIZATION FINANCIALLY SUSTAINS A JEWISH SUMMER CAMP IN BELTSY, MOLDOVA ACTIVE MEMBERSHIP IN THE SOUTHEASTERN CONSORTIUM AND HADERA-EIRON FOSTERS PEOPLE-TO-PEOPLE CONNECTIONS WHILE BUILDING COMMUNITY AND LEADERSHIP THROUGH RICH AND DIVERSE PROGRAMMING 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 ALLOCATED TO THIRTEEN 501(C)(3) ORGANIZATIONS SUPPORTING LOCAL, NATIONAL, AND INTERNATIONAL EFFORTS

Form 990, Part III, Line 4c:

THE JEWISH FOUNDATION OF GREENSBORO (JFG) IS A CONSTITUENT AGENCY OF THE GREENSBORO JEWISH FEDERATION ESTABLISHED TO CREATE PERMANENT ENDOWMENTS TO ENSURE THE VIABILITY OF JEWISH COMMUNITY LIFE AND EDUCATION FOR FUTURE GENERATIONS JFG IS A RESOURCE OFFERING ONGOING EDUCATIONAL PROGRAMS AND PROVIDING ADVICE AND ASSISTANCE FOR DONORS TO GIVE STRATEGICALLY JFG PROVIDES DONORS WITH THE ABILITY TO ESTABLISH LEGACY ENDOWMENTS WHICH CAN BENEFIT ONE OR MORE ORGANIZATIONS THAT ARE IMPORTANT TO THEM GIFTS TO JFG CAN BE MADE OUTRIGHT DURING THE DONOR'S LIFETIME OR THROUGH ONE OF THE PLANNED GIVING VEHICLES GIFTS CAN BE MADE WITH CASH OR APPRECIATED ASSETS, CHARITABLE BEQUESTS, RETIREMENT PLANS ASSETS, INSURANCE PROGRAMS, AND REAL ESTATE TRANSFERS DONORS CAN ESTABLISH DONOR ADVISED FUNDS THAT JFG WILL ADMINISTER, DISTRIBUTE AND STEWARD ON A DONOR'S BEHALF

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 |
| BROWN MIRIAM AFFILIATED ORGANIZATION RE | 1 00 | X | | | | | | 0 | 0 | 0 |
| BROD ANDREW VICE PRESIDENT | 1 00 | X | | X | | | | 0 | 0 | 0 |
| VILLALBA RACHEL JEWISH FAMILY SERVICES CHA | 1 00 | X | | X | | | | 0 | 0 | 0 |
| SIMEL RAFFI MEN'S CAMPAIGN CHAIR | 1 00 | X | | X | | | | 0 | 0 | 0 |
| BOWEN ANDREW TRUSTEE AT LARGE 2019 | 1 00 | X | | | | | | 0 | 0 | 0 |
| MILSTEIN RON PRESIDENTIAL APPOINTMENTS | 1 00 | X | | | | | | 0 | 0 | 0 |
| BERNSTEIN PEGGY PRESIDENTIAL APPOINTMENTS | 1 00 | X | | | | | | 0 | 0 | 0 |
| BARGEBUHR GARY TRUSTEE AT LARGE 2020 | 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 |
| BEN-GIDEON RABBI JOSHUA TRUSTEE | 1 00 | X | | | | | | 0 | 0 | 0 |
| FRIEDLAND STEVE TRUSTEE AT LARGE 2019 | 1 00 | X | | | | | | 0 | 0 | 0 |
| SIMMONS SUSAN PRESIDENT | 3 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 |
| HENZA ARLENE 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 2020 | 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 DECEASED-EMERITUS BOARD SE | 1 00 | X | | | | | | 0 | 0 | 0 |
| KOREN RABBI ANDREW TRUSTEE-NON VOTING | 1 00 | X | | | | | | 0 | 0 | 0 |
| SPAULDING ALINA IMMEDIATE PAST CHAIR WOMEN | 1 00 | X | | | | | | 0 | 0 | 0 |
| LIEB PAUL TRUSTEE AT LARGE 2019 | 1 00 | X | | | | | | 0 | 0 | 0 |
| HAMPTON CORIE TRUSTEE AT LARGE 2020 | 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 |
| THOMPSON AMY AFFILIATED ORGANIZATION RE | 1 00 | X | | | | | | 0 | 0 | 0 |
| MILLER DEBBY JDC (EX-OFFICIO) | 1 00 | X | | | | | | 0 | 0 | 0 |
| MILSTEIN VICTORIA TRUSTEE AT LARGE 2020 | 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 | | | |
| COHEN JOHN VICE PRESIDENT | 1 00 | X | | X | | | | 0 | 0 | 0 |
| PLOTKIN RABBI JOSEF TRUSTEE | 1 00 | X | | | | | | 0 | 0 | 0 |
| RAFKIN SCOTT TRUSTEE AT LARGE 2019 | 1 00 | X | | | | | | 0 | 0 | 0 |
| ROBINSON SUSAN PAST PRESIDENT | 1 00 | X | | | | | | 0 | 0 | 0 |
| ROSEN ERIN VICE PRESIDENT | 1 00 | X | | X | | | | 0 | 0 | 0 |
| ROSEN KEITH PAST PRESIDENT | 1 00 | X | | | | | | 0 | 0 | 0 |
| HERMAN ERICA TRUSTEE AT LARGE 2019 | 1 00 | X | | | | | | 0 | 0 | 0 |
| THURM TAMMI PRESIDENTIAL APPOINTMENTS | 1 00 | X | | | | | | 0 | 0 | 0 |
| SAMET ARTHUR SECRETARY | 1 00 | X | | X | | | | 0 | 0 | 0 |
| ROSS BRIAN 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 | Insttutchnal Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| SAPERSTEIN SARA LEE PAST PRESIDENT | 1 00 | X | | | | | | 0 | 0 | 0 |
| PROCTON ERICA WOMEN'S CAMPAIGN CHAIR | 1 00 | X | | X | | | | 0 | 0 | 0 |
| SHAVITZ STEVE IMMEDIATE PAST PRESIDENT | 1 00 | X | | | | | | 0 | 0 | 0 |
| KRANZ EMILY TRUSTEE AT LARGE 2019 | 1 00 | X | | | | | | 0 | 0 | 0 |
| ROBINSON FREDDY JEWISH FOUNDATION OF GREEN | 1 00 | X | | X | | | | 0 | 0 | 0 |
| SIEGEL SUSAN PROFESSIONALS (EX-OFFICIO) | 1 00 | X | | | | | | 0 | 0 | 0 |
| SHEIDLER VIVIAN TRUSTEE AT LARGE 2020 | 1 00 | X | | | | | | 0 | 0 | 0 |
| CONE TOM PRESIDENT ELECT | 1 00 | X | | X | | | | 0 | 0 | 0 |
| SLOAN THOMAS PAST PRESIDENT | 1 00 | X | | | | | | 0 | 0 | 0 |
| LIEBLING JOEL PAST PRESIDENT | 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 |
| ISAACSON MARC IMMEDIATE PAST PRESIDENT | 1 00 | X | | X | | | | 0 | 0 | 0 |
| YARDENAY RON TRUSTEE AT LARGE 2020 | 1 00 | X | | | | | | 0 | 0 | 0 |
| TAWIL ABRAHAM AFFILIATED ORGANIZATION RE | 1 00 | X | | | | | | 0 | 0 | 0 |
| ROSENSTEIN DAVID TREASURER | 1 00 | X | | X | | | | 0 | 0 | 0 |
| SCHLEIEN DANA WOMENS PHILANTHROPY DIVISI | 1 00 | X | | X | | | | 0 | 0 | 0 |
| GLAZMAN JON FINANCE COMMITTEE CHAIR | 1 00 | X | | | | | | 0 | 0 | 0 |
| MOFF DAVID HUMAN RESOURCE COMMITTE CH | 1 00 | X | | | | | | 0 | 0 | 0 |
| CHANDLER MARILYN EXECUTIVE DIRECTOR | 40 00 | | | X | | | | 185,726 | 0 | 25,998 |
| PERRELL MICHELE DIR FINANCE AND HR | 40 00 | | | X | | | | 68,374 | 0 | 10,857 |

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 | | | |
| GUTTERMAN SUSAN ENDOWMENT DIRECTOR | 40 00 | | | | | X | | 134,307 | 0 | 11,865 |

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.
 Go to www.irs.gov/Form990 for the latest information.

2018

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 | | |
| | | | | | | |
| Total | | | | | | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|----------|---|-----------|------------|-----------|-----------|-----------|------------|
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.") | 3,336,710 | 17,293,081 | 9,898,902 | 4,251,847 | 3,581,540 | 38,362,080 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 3,336,710 | 17,293,081 | 9,898,902 | 4,251,847 | 3,581,540 | 38,362,080 |
| 5 | 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) | | | | | | 16,640,915 |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 21,721,165 |

Section B. Total Support

| | Calendar year (or fiscal year beginning in) ▶ | (a)2014 | (b)2015 | (c)2016 | (d)2017 | (e)2018 | (f)Total |
|-----------|--|-----------|------------|-----------|-----------|-----------|------------|
| 7 | Amounts from line 4 | 3,336,710 | 17,293,081 | 9,898,902 | 4,251,847 | 3,581,540 | 38,362,080 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 1,019,389 | 1,009,493 | 760,504 | 894,103 | 963,266 | 4,646,755 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | -6,001 | -15,170 | -8,046 | -8,414 | -12,756 | -50,387 |
| 11 | Total support. Add lines 7 through 10 | | | | | | 42,958,448 |
| 12 | Gross receipts from related activities, etc (see instructions) | | | | | 12 | 2,639,997 |

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

| | | | |
|-----------|--|-----------|----------|
| 14 | Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) | 14 | 50.560 % |
| 15 | Public support percentage for 2017 Schedule A, Part II, line 14 | 15 | 50.370 % |

16a 33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 | 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 | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| 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 | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 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

| | | | |
|-----------|--|-----------|--|
| 15 | Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 | Public support percentage from 2017 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | | |
|-----------|--|-----------|--|
| 17 | Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 | Investment income percentage from 2017 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2018. 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 **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2017. 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 **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

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 |
|------------|---|-----|----|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | | |
| | 1 | | |
| 2 | 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | | |
| | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | | |
| | 3a | | |
| 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 Part VI when and how the organization made the determination. | | |
| | 3b | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | | |
| | 3c | | |
| 4a | 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. | | |
| | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | | |
| | 4b | | |
| c | 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 Part VI 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. | | |
| | 4c | | |
| 5a | 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 Part VI , 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). | | |
| | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| | 5b | | |
| c | Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| | 5c | | |
| 6 | 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 Part VI . | | |
| | 6 | | |
| 7 | 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). | | |
| | 7 | | |
| 8 | 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). | | |
| | 8 | | |
| 9a | 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 Part VI . | | |
| | 9a | | |
| 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 Part VI . | | |
| | 9b | | |
| c | 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 Part VI . | | |
| | 9c | | |
| 10a | 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. | | |
| | 10a | | |
| 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.) | | |
| | 10b | | |

Part IV Supporting Organizations (continued)

| | | Yes | No |
|-----------|---|------------|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | |
| a | 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 | A family member of a person described in (a) above? | | |
| c | 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> | | |
| | | 11a | |
| | | 11b | |
| | | 11c | |

Section B. Type I Supporting Organizations

| | | Yes | No |
|----------|--|----------|----|
| 1 | 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> | | |
| | | 1 | |
| 2 | 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> | | |
| | | 2 | |

Section C. Type II Supporting Organizations

| | | Yes | No |
|----------|---|----------|----|
| 1 | 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> | | |
| | | 1 | |

Section D. All Type III Supporting Organizations

| | | Yes | No |
|----------|--|----------|----|
| 1 | 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? | | |
| | | 1 | |
| 2 | 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> | | |
| | | 2 | |
| 3 | 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> | | |
| | | 3 | |

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 | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c | <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 | Activities Test Answer (a) and (b) below. | | |
| a | 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> | Yes | No |
| | | 2a | |
| 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> | | |
| | | 2b | |
| 3 | Parent of Supported Organizations Answer (a) and (b) below. | | |
| a | 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> | | |
| | | 3a | |
| 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> | | |
| | | 3b | |

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

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **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) |
|---|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | 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) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | 1 | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI) | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <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)

| Section D - Distributions | Current Year |
|---|---------------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI) See instructions | |
| 7 Total annual distributions. Add lines 1 through 6 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions | |
| 9 Distributable amount for 2018 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2018 | (iii) Distributable Amount for 2018 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2018 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions | | | |
| 3 Excess distributions carryover, if any, to 2018 | | | |
| a From 2013. | | | |
| b From 2014. | | | |
| c From 2015. | | | |
| d From 2016. | | | |
| e From 2017. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2018 distributable amount | | | |
| i Carryover from 2013 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2018 from Section D, line 7 | | | |
| \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2018 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions | | | |
| 6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions | | | |
| 7 Excess distributions carryover to 2019. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a Excess from 2014. | | | |
| b Excess from 2015. | | | |
| c Excess from 2016. | | | |
| d Excess from 2017. | | | |
| e Excess from 2018. | | | |

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)

| |
|-------------------------------------|
| Facts And Circumstances Test |
| |

990 Schedule A, Supplemental Information

| Return Reference | Explanation |
|---|---|
| SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME | NEWSPAPER ADVERTISING INCOME NET OF EXPENSE - 2014 AMOUNT \$ -6,001 2015 AMOUNT \$ -15,170 2016 AMOUNT \$ -8,046 2017 AMOUNT \$ -8,414 2018 AMOUNT \$ -12,756 |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ 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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

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 | 99 | |
| 2 Aggregate value of contributions to (during year) | 2,264,525 | |
| 3 Aggregate value of grants from (during year) | 4,888,592 | |
| 4 Aggregate value at end of year | 24,094,349 | |

- 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 7/25/06, 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 |
|--|------------|
| c Beginning balance | 30,393,824 |
| d Additions during the year | |
| e Distributions during the year | |
| f 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 |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 13,781,607 | 12,351,974 | 9,727,899 | 10,102,351 | 10,143,691 |
| b Contributions | 333,215 | 1,238,341 | 2,196,579 | 181,153 | 237,983 |
| c Net investment earnings, gains, and losses | 744,834 | 1,199,796 | 1,011,229 | -3,237 | 232,983 |
| d Grants or scholarships | 853,878 | 942,424 | 526,174 | 500,661 | 455,107 |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | 70,372 | 66,080 | 57,559 | 51,707 | 57,199 |
| g End of year balance | 13,935,406 | 13,781,607 | 12,351,974 | 9,727,899 | 10,102,351 |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- 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
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | Yes | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | Yes | No |
- 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 |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 150,492 | | 150,492 |
| b Buildings | | 1,355,261 | 494,287 | 860,974 |
| c Leasehold improvements | | | | |
| d Equipment | | 331,886 | 306,620 | 25,266 |
| e Other | | | | |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶ | | | | 1,036,732 |

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) | | |
| Total. (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) | | |
| Total. (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) | |
| Total. (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.

| 1. (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (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.

| | | | |
|----------|---|-----------|-----------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 6,254,602 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains (losses) on investments | 2a | -38,990 |
| b | Donated services and use of facilities | 2b | 475 |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII) | 2d | 25,850 |
| e | Add lines 2a through 2d | 2e | -12,665 |
| 3 | Subtract line 2e from line 1 | 3 | 6,267,267 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII) | 4b | 121,138 |
| c | Add lines 4a and 4b | 4c | 121,138 |
| 5 | Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12) | 5 | 6,388,405 |

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.

| | | | |
|----------|--|-----------|-----------|
| 1 | Total expenses and losses per audited financial statements | 1 | 7,758,831 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | 2a | 475 |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII) | 2d | 25,850 |
| e | Add lines 2a through 2d | 2e | 26,325 |
| 3 | Subtract line 2e from line 1 | 3 | 7,732,506 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII) | 4b | 15,762 |
| c | Add lines 4a and 4b | 4c | 15,762 |
| 5 | Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18) | 5 | 7,748,268 |

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 |
|------------------|-------------|
| | |
| | |
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| | |
| | |
| | |

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 (JFG) IS A CONSTITUENT AGENCY OF THE GREENSBORO JEWISH FEDERATION ESTABLISHED TO CREATE PERMANENT ENDOWMENTS TO ENSURE THE VIABILITY OF JEWISH COMMUNITY LIFE AND EDUCATION FOR FUTURE GENERATIONS JFG IS A RESOURCE OFFERING ONGOING EDUCATIONAL PROGRAMS AND PROVIDING ADVICE AND ASSISTANCE FOR DONORS TO GIVE STRATEGICALLY JFG PROVIDES DONORS WITH THE ABILITY TO ESTABLISH LEGACY ENDOWMENTS WHICH CAN BENEFIT ONE OR MORE ORGANIZATIONS THAT ARE IMPORTANT TO THEM GIFTS TO JFG CAN BE MADE OUTRIGHT DURING THE DONOR'S LIFETIME OR THROUGH ONE OF THE PLANNED GIVING VEHICLES GIFTS CAN BE MADE WITH CASH OR APPRECIATED ASSETS, CHARITABLE BEQUESTS, RETIREMENT PLANS ASSETS, INSURANCE PROGRAMS, AND REAL ESTATE TRANSFERS DONORS CAN ESTABLISH DONOR ADVISED FUNDS THAT JFG WILL ADMINISTER, DISTRIBUTE AND STEWARD ON A DONOR'S BEHALF |

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, 2019, MANAGEMENT BELIEVES THERE ARE NO UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2019 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 25,850 |

Supplemental Information

| Return Reference | Explanation |
|--------------------------------------|---|
| PART XI, LINE 4B - OTHER ADJUSTMENTS | INCOME NETTED WITH EXPENSES ON AUDITED FINANCIAL STATEMENTS 121,138 |

Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|--|
| PART XII, LINE 2D - OTHER ADJUSTMENTS | NEWSPAPER EXPENSE INCLUDED IN INCOME ON 990 25,850 |

Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|--|
| PART XII, LINE 4B - OTHER ADJUSTMENTS | INCOME NETTED WITH EXPENSES ON AUDITED FINANCIAL STATEMENTS 15,762 |

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 |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

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 General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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

Table with 8 columns: (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 noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

- 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 noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1) JEWISH FAMILY SERVICES | 162 | 14,353 | | | |
| (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.

| (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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| ABC OF NORTH CAROLINA CHILD DEVELOPMENT CENTER 905 FRIEDBERG CHURCH ROAD WINSTONSALEM, NC 27127 | 30-0111894 | 501(3) | 12,500 | | | | CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS |
| AERIE AFRICA 1250 HAZELWOOD DRIVE FT WASHINGTON, PA 19035 | 27-0382899 | 501(3) | 5,020 | | | | 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.

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| AMERICAN HEBREW ACADEMY 4334 HOBBS ROAD GREENSBORO, NC 27410 | 56-1985976 | 501(3) | 15,640 | | | | CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS |
| AMERICAN JEWISH JOINT DISTRIBUTION COMITTEE 221 EAST 42 ST SUITE 400 NEW YORK, NY 10018 | 13-1656635 | 501(3) | 81,458 | | | | 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.

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| AMERICAN PHYSIOLOGICAL SOCIETY 9650 ROCKVILLE PIKE BETHESDA, MD 20814 | 53-0204660 | 501(3) | 7,000 | | | | CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS |
| APPALACHIAN STATE UNIVERSITY 287 RIVERS STREET BOONE, NC 23608 | 56-1176030 | 501(3) | 6,000 | | | | 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.

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ARTSGREENSBORO PO BOX 877 GREENSBORO, NC 27402 | 56-0746180 | 501(3) | 14,510 | | | | CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS |
| ASHEVILLE SCHOOL 360 SCHOOL ROAD ASHEVILLE, NC 28806 | 56-0530248 | 501(3) | 12,500 | | | | 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.

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BBYO INC EASTERN REGION 2020 K STREET NW WASHINGTON, DC 20006 | 31-1794932 | 501(3) | 11,444 | | | | 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) | 817,164 | | | | 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.

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BENNETT COLLEGE 901 EAST WASHINGTON STREET GREENSBORO, NC 27401 | 56-0532297 | 501(3) | 5,000 | | | | CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS |
| BETH DAVID SYNAGOGUE 805 WINVIEW DRIVE GREENSBORO, NC 27411 | 56-0731132 | 501(3) | 280,948 | | | | 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.

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BETH EL SYNAGOGUE 1004 WATTS STREET DURHAM, NC 27701 | 56-0629337 | 501(3) | 10,000 | | | | CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS |
| BROWN UNIVERSITY GIFT CASHIER BOX 1877 PROVIDENCE, RI 02912 | 05-0258809 | 501(3) | 5,000 | | | | 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.

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CAMP JUDAEA 1440 SPRING STREET NW ATLANTA, GA 30309 | 58-6014651 | 501(3) | 11,750 | | | | CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS |
| CAROLINA THREATRE OF GREENSBORO 311 SOUTH GREEN STREET GREENSBORO, NC 27402 | 04-3781646 | 501(3) | 5,600 | | | | 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.

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CENTER FOR HOLOCAUST AND HUMANITY EDUCATION 8402 MONTGOMERY ROAD CINCINNATI, OH 45237 | 20-5090994 | 501(3) | 15,000 | | | | CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS |
| CHABAD LUBAVITCH OF GREENSBORO 5203 W FRIENDLY AVE GREENSBORO, NC 27410 | 26-3642700 | 501(3) | 297,062 | | | | 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.

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CHEST FOUNDATION 2595 PATRIOT BOULEVARD GLENVIEW, IL 60026 | 36-3286520 | 501(3) | 5,000 | | | | CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS |
| CHILDREN'S HOME SOCIETY OF NORTH CAROLINA PO BOX 14609 GREENSBORO, NC 27416 | 56-0529947 | 501(3) | 11,200 | | | | 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.

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CINCINNATI UNION BETHEL 32402 READING ROAD CINCINNATI, OH 45203 | 31-0536656 | 501(3) | 5,000 | | | | 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) | 449,433 | | | | 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.

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| COMMUNITY THEATRE OF GREENSBORO 520 SOUTH ELM STREET GREENSBORO, NC 27406 | 56-6085349 | 501(3) | 9,850 | | | | CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS |
| CONGREGATION BETH ISRAEL NER TAMID 6880 N GREEN BAY AVENUE MILWAUKEE, WI 53209 | 39-0878010 | 501(3) | 20,000 | | | | 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.

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| DELIVERING GOOD INC (FORMERLY KIDS FASHION DELIVERS INC) 266 W 37TH ST 22ND FLOOR NEW YORK, NY 10018 | 13-3300271 | 501(3) | 9,500 | | | | CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS |
| DENTAL FOUNDATION OF NORTH CAROLINA CAMPUS BOX 7451 CHAPEL HILL, NC 27600 | 56-6304131 | 501(3) | 30,150 | | | | 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.

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| DUKE UNIVERSITY BOX 90582 DURHAM, NC 27708 | 56-0532130 | 501(3) | 14,450 | | | | CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS |
| EASTERN MUSIC FESTIVAL PO BOX 22026 GREENSBORO, NC 27420 | 56-0771005 | 501(3) | 24,315 | | | | 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.

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| EDUCATIONAL FOUNDATION INC PO BOX 2446 CHAPEL HILL, NC 27515 | 56-6058412 | 501(3) | 25,000 | | | | CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS |
| ELSEWHERE 606 S ELM STREET GREENSBORO, NC 27406 | 20-1026041 | 501(3) | 6,550 | | | | 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.

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FAMILY SERVICES OF GREENSBORO FOUNDATION 903 BONNER DRIVE JAMESTOWN, NC 27283 | 56-0547460 | 501(3) | 7,750 | | | | CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS |
| FLORIDA WEST COAST SYMPHONY 710 N TAMIAMI TRIAL SARASOTA, FL 34237 | 32-6004524 | 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.

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FREEMAN CENTER FOR JEWISH LIFE AT DUKE BOX 90937 DURHAM, NC 27709 | 56-0532130 | 501(3) | 5,000 | | | | CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS |
| GREENSBORO BEAUTIFUL 1001 FOURTH STREET GREENSBORO, NC 27405 | 23-7099248 | 501(3) | 11,411 | | | | 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.

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| GREENSBORO CHAMBER FOUNDATION PO BOX 3246 GREENSBORO, NC 27402 | 23-7181435 | 501(3) | 10,000 | | | | CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS |
| GREENSBORO CHILDREN'S MUSEUM 220 NORTH CHURCH STREET GREENSBORO, NC 27401 | 56-1959695 | 501(3) | 14,750 | | | | 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) | 23,000 | | | | 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) | 8,960 | | | | 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 SCIENCE CENTER 4302 LAWDALE DRIVE GREENSBORO, NC 27456 | 56-0885728 | 501(3) | 6,500 | | | | CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS |
| GREENSBORO SYMPHONY ORCHESTRA 200 NORTH DAVIE STREET SUITE 301 GREENSBORO, NC 27401 | 56-6063111 | 501(3) | 19,030 | | | | 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 URBAN MINISTRY 305 WEST GATE CITY BOULEVARD GREENSBORO, NC 27406 | 56-0890545 | 501(3) | 14,375 | | | | CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS |
| HILLEL THE FOUNDATION FOR JEWISH CAMPUS LIFE CHARLES AND LYNN SCHUSTERMAN INTERNATIONAL CENTER 800 EIGHTH STR WASHINGTON, DC 20001 | 52-1844823 | 501(3) | 12,500 | | | | 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.

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HO OLA NA PU PO BOX 22552 HONOLULU, HI 96824 | 46-5139165 | 501(3) | 11,000 | | | | 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) | 14,550 | | | | 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.

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| INTERACTIVE RESOURCE CENTER PO BOX 20569 GREENSBORO, NC 27420 | 80-0315286 | 501(3) | 12,100 | | | | CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS |
| 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 |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| JEWISH FAMILY SERVICES OF THE GREENSBORO JEWISH FEDERATION 5509-C WEST FRIENDLY AVENUE GREENSBORO, NC 27410 | 23-7107693 | 501(3) | 8,261 | | | | CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS |
| JEWISH FEDERATION OF GREATER METRO WEST NJ 901 ROUTE 10 PO BOX 929 WHIPPANY, NJ 07981 | 22-1487222 | 501(3) | 28,000 | | | | 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.

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| JEWISH FEDERATIONS OF NORTH AMERICA 25 BROADWAY SUITE 1700 NEW YORK, NY 10004 | 43-1624240 | 501(3) | 364,335 | | | | CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS |
| 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 |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NCCJ 713 NORTH GREENE STREET GREENSBORO, NC 27401 | 06-1753756 | 501(3) | 27,600 | | | | 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) | 17,607 | | | | 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) | 87,505 | | | | CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS |
| NEW YORK YANKEES FOUNDATION INC 2 E 161 STREET BRONX, NY 10452 | 13-6089578 | 501(3) | 5,000 | | | | 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.

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NORTH CAROLINIANS FOR REDISTRICTING REFORM PO BOX 294 RALEIGH, NC 27603 | 82-3410733 | 501(3) | 25,000 | | | | CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS |
| PENN STATE HILLEL 114-117 PASQUERILLA SPIRITUAL CENTER UNIVERSITY PARK, PA 16803 | 38-3829312 | 501(3) | 1,000,000 | | | | 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.

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| RAMAH DAROM INC 6400 POWERS FERRY ROAD NW SUITE 215 215 ATLANTA, GA 30339 | 58-2146741 | 501(3) | 70,275 | | | | CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS |
| ROTARY CLUB OF GREENSBORO FOUNDATION INC 330 SOUTH GREEN STREET SUITE 304 GREENSBORO, NC 27401 | 56-2046035 | 501(3) | 43,400 | | | | 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.

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SARASOTA MEMORIAL HEALTHCARE FOUNDATION 1516 SOUTH OSPREY AVENUE STRE B-4 SARASOTA, FL 34240 | 51-0188569 | 501(3) | 5,000 | | | | CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS |
| TEMPLE EMANU-EL 2551 PALI HIGHWAY HONOLULU, HI 96818 | 99-6001134 | 501(3) | 8,900 | | | | 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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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| TEMPLE EMANUEL 1129 JEFFERSON ROAD GREENSBORO, NC 27410 | 56-0543235 | 501(3) | 137,860 | | | | CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS |
| TIFERETH ISRAEL SYNAGOGUE 7702 16TH SREET SW WASHINGTON, DC 20013 | 52-0743364 | 501(3) | 5,000 | | | | 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.

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| TRIAD STAGE 232 SOUTH ELM STREET GREENSBORO, NC 27401 | 62-1743981 | 501(3) | 41,650 | | | | CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS |
| UNC - CHAPEL HILL OFFICE OF UNIVERSITY DEVELOPMENT PO BOX 309 CHAPEL HILL, NC 27514 | 56-6001393 | 501(3) | 64,135 | | | | 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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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| UNITED ISRAEL APPEAL 26 BROADWAY SUITE 1700 NEW YORK, NY 10005 | 13-1760103 | 501(3) | 5,470 | | | | CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS |
| UNCG EXCELLENCE FOUNDATION UNCG PO BOX 26170 GREENSBORO, NC 27402 | 56-6086393 | 501(3) | 92,789 | | | | 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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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| UNITED WAY OF GREATER GREENSBORO FINANCE DEPARTMENT 1500 YANCEYVILLE STREET GREENSBORO, NC 27405 | 56-0668555 | 501(3) | 10,000 | | | | CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS |
| UNIVERSITY OF BALTIMORE FOUNDATION 1129 N CHARLES ST BALTIMORE, MD 21201 | 23-7036780 | 501(3) | 40,000 | | | | 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.

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| UNIVERSITY OF GEORGIA 395 S MILLEDGE AVENUE SUITE 101 ATHENS, GA 30603 | 58-6033838 | 501(3) | 6,000 | | | | CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS |
| UNIVERSITY OF MARYLAND COLLEGE PARK FOUNDATION INC GIFT AND ACCEPTANCE 4603 CALVERT ROAD COLLEGE PARK, MD 20740 | 52-2197313 | 501(3) | 25,000 | | | | 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.

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| UNIVERSITY OF MICHIGAN LAW SCHOOL DEPARTMENT CH 10190 PALATINE, IL 60056 | 38-6006310 | 501(3) | 6,000 | | | | CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS |
| VIRGINIA HOLOCAUST MUSEUM 2001 CARY STREET RICHMOND, VA 23224 | 54-1864321 | 501(3) | 14,500 | | | | 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.

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| WASHINGTON PERFORMING ARTS SOCIETY 1400 K STREET SUITE 500 WASHINGTON, DC 20005 | 52-6062439 | 501(3) | 136,500 | | | | 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) | 100,000 | | | | 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.

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| WOMEN FOR WOMEN INTERNATIONAL 2001 M STREET NW SUITE 200 WASHINGTON, DC 83341 | 52-1838757 | 501(3) | 10,000 | | | | CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS |
| WOMEN'S RESOURCE CENTER OF GREENSBORO 628 SUMMIT AVENUE GREENSBORO, NC 27405 | 56-1891618 | 501(3) | 19,546 | | | | 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.

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| YWCA 1807 EAST WENDOVER AVENUE GREENSBORO, NC 27405 | 56-0543243 | 501(3) | 5,600 | | | | CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS |
| WOOD RIVER JEWISH COMMUNITY PO BOX 838 KETCHUM, ID 83341 | 82-0407351 | 501(3) | 6,300 | | | | CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS |

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
GREENSBORO JEWISH FEDERATION

Employer identification number
23-7107693

Part I Questions Regarding Compensation

| | | Yes | No | | |
|--|--|--|----|--|--|
| <p>1a 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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <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) </td> </tr> </table> | <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification 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) | | | |
| <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification 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) | | | | |
| <p>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</p> | 1b | | | | |
| <p>2 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?</p> | 2 | | | | |
| <p>3 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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table> | <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | |
| <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | |
| <p>4 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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p> | 4a | | No | | |
| | 4b | | No | | |
| | 4c | | No | | |
| <p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> | | | | | |
| <p>5 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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p> | 5a | | No | | |
| | 5b | | No | | |
| <p>6 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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p> | 6a | | No | | |
| | 6b | | No | | |
| <p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p> | 7 | | No | | |
| <p>8 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.</p> | 8 | | No | | |
| <p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p> | 9 | | | | |

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) | 185,726 ----- | 0 ----- | 0 ----- | 0 ----- | 25,998 ----- | 211,724 ----- | 0 ----- |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
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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.

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.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

2018

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

| 1 | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? | |
|---|---------------------------------|---|--------------------------------|----------------|----|
| | | | | Yes | No |
| | | | | | |
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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

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? | | (e) Original principal amount | (f) Balance due | (g) In default? | | (h) Approved by board or committee? | | (i) Written agreement? | |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | | | To | From | | | Yes | No | Yes | No | Yes | No |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| Total | | | | | | ▶ | \$ | | | | | |

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (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 |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
| | | | | |
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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 | 139,675 | SALARY AND LONG TERM DISABILTY INSURANCE | | No |
| | | | | | |
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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

2018

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

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 | 75 | 1,454,684 | 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**

| | Yes | No |
|--|-----|----|
| 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? | | 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 nonstandard contributions? | Yes | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | 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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

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 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

| Return Reference | Explanation |
|--|--|
| 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

| Return Reference | Explanation |
|---|--|
| 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

| Return Reference | Explanation |
|----------------------------------|---|
| 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

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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 2018 | NC | | | GREENSBORO JEWISH FEDERATION |
| (2) GJF LEGACY LLC 5509-C WEST FRIENDLY AVE GREENSBORO, NC 27410 23-7107693 | CARRYING OUT THE MGMT AND OPERATIONAL POLICIES OF THE CEMETERIES AS A SPONSO | NC | | | GREENSBORO JEWISH FEDERATION |
| | | | | | |
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| | | | | | |

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 |
| | | | | | | | |
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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 | |
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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 |
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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 |
|--|-----------|----|
| 1 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? | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | |
| b Gift, grant, or capital contribution to related organization(s) | 1b | |
| c Gift, grant, or capital contribution from related organization(s) | 1c | |
| d Loans or loan guarantees to or for related organization(s) | 1d | |
| e Loans or loan guarantees by related organization(s) | 1e | |
| f Dividends from related organization(s) | 1f | |
| g Sale of assets to related organization(s) | 1g | |
| h Purchase of assets from related organization(s) | 1h | |
| i Exchange of assets with related organization(s) | 1i | |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1j | |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 1l | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | |
| o Sharing of paid employees with related organization(s) | 1o | |
| p Reimbursement paid to related organization(s) for expenses | 1p | |
| q Reimbursement paid by related organization(s) for expenses | 1q | |
| r Other transfer of cash or property to related organization(s) | 1r | |
| s Other transfer of cash or property from related organization(s) | 1s | |

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 |
|-------------------------------------|-------------------------------|------------------------|--|
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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 | |
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Part VII **Supplemental Information**

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

| Return Reference | Explanation |
|-------------------------|--------------------|
| | |