

Form **8879-TE****IRS e-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue ServiceFor calendar year 2021, or fiscal year beginning JUL 1, 2021, and ending JUN 30, 2022**2021**▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer

GREENSBORO JEWISH FEDERATION

EIN or SSN

23-7107693Name and title of officer or person subject to tax **MARILYN CHANDLER
CEO****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>8,324,888.</u>
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	▶ <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	▶ <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	▶ <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the

2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize DMJPS PLLC to enter my PIN 12345
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

56425224869

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **STACY M. WEST, CPA**Date ▶ **04/26/23**

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

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

2021Open to Public
Inspection**A** For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022****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 AVE

Room/suite

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

GREENSBORO, NC 27410-4211**F** Name and address of principal officer: **MARILYN CHANDLER****SAME AS C ABOVE****D** Employer identification number**23-7107693****E** Telephone number**3368525433****G** Gross receipts \$**8,324,888.****H(a)** Is this a group returnfor 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**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE GREENSBORO JEWISH FEDERATION BUILDS COMMUNITY AMONG THE JEWISH PEOPLE OF GREENSBORO, ASSURING
	2	Check this box <input type="checkbox"/> 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) 48
	4	Number of independent voting members of the governing body (Part VI, line 1b) 48
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a) 36
	6	Total number of volunteers (estimate if necessary) 696
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 -36,909.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 9,219,831.
	9	Program service revenue (Part VIII, line 2g) 675,625.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,594,765.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 224,067.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13,714,288.
	Expenses	13
14		Benefits paid to or for members (Part IX, column (A), line 4) 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,423,082.
16a		Professional fundraising fees (Part IX, column (A), line 11e) 0.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 203,795.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 945,614.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 9,893,376.
19	Revenue less expenses. Subtract line 18 from line 12 3,820,912.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 48,695,324.
	21	Total liabilities (Part X, line 26) 16,682.
	22	Net assets or fund balances. Subtract line 21 from line 20 48,678,642.

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			
	MARILYN CHANDLER, CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name STACY M. WEST, CPA	Preparer's signature	Date 04/26/23	Check if self-employed <input type="checkbox"/>	PTIN P00452212
	Firm's name ▶ DMJPS PLLC	Firm's EIN ▶ 56-0570567	Phone no. 336-275-9886		
Firm's address ▶ 703 GREEN VALLEY ROAD, SUITE 201 GREENSBORO, NC 27408					

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck 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

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 \$ 455,852. including grants of \$ 27,375.) (Revenue \$ 105,318.)
 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. SERVICES FOR OLDER ADULTS ARE PARTICULARLY ROBUST. CHILDREN AND FAMILY PROGRAMS ADDRESS THE NEEDS OF FAMILIES IN THE COMMUNITY, INCLUDING THOSE WITH SPECIAL NEEDS. JFS ALSO OFFERS WORKSHOPS AND EDUCATIONAL PROGRAMS AND SERVES OVER 800 FAMILIES THROUGH OUR SERVICES AND PROGRAMS. A FOOD PANTRY IS ALSO AVAILABLE TO ALL IN GREENSBORO.

FY21 SAW THE CONTINUED IMPACT OF COVID 19, NOW TRANSPORTING 2 PERSONS AT A TIME; 1689 VAN RIDES TO 21 PASSENGERS FOR DOCTOR'S APPOINTMENTS,

4b (Code:) (Expenses \$ 621,387. including grants of \$ 46,600.) (Revenue \$ 52,522.)
 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 862 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. MISSIONS ARE EXECUTED AROUND THE WORLD INCLUDING A STUDY MISSION TO ISRAEL AND THE ORGANIZATION FINANCIALLY SUSTAINS A JEWISH SUMMER CAMP IN BELTSY, MOLDOVA. ACTIVE MEMBERSHIP IN

4c (Code:) (Expenses \$ 7,426,220. including grants of \$ 6,296,610.) (Revenue \$ 627,818.)
 THE JEWISH FOUNDATION OF GREENSBORO (JFG) WAS 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 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.

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **8,503,459.**

Form 990 (2021)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9 X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
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 X	
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	X
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	X
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	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b X	
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
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	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
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	X
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 X	
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	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
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	X
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	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38 X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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 15	
b Enter the number of Forms W-2G included on 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 X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
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	36
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X
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	X
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	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
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	X
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	X
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	X
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	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
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	
9 Sponsoring organizations maintaining donor advised funds.		
a 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?	13a	
Note: See the instructions for additional information the organization must report on Schedule O.		
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	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	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?	15	X
If "Yes," see the instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.		
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	
If "Yes," complete Form 6069.		

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 48 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b Enter the number of voting members included on line 1a, above, who are independent 1b 48		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6	X	
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? 7a	X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	X	
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 on Schedule O 9		X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates? 10a		X
b 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? 10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a	X	
b Describe on 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 12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c	X	
13 Did the organization have a written whistleblower policy? 13	X	
14 Did the organization have a written document retention and destruction policy? 14	X	
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?		
a The organization's CEO, Executive Director, or top management official 15a	X	
b Other officers or key employees of the organization 15b	X	
If "Yes" to line 15a or 15b, describe the process on 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? 16a		X
b 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? 16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **NC**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on 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 - 336-852-5433
5509-C W. FRIENDLY AVENUE, GREENSBORO, NC 27410-4211

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and 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.
- See the instructions for the order in which to list the persons above.

☐ 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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(1) CHANDLER, MARILYN CEO	40.00					X		195,992.	0.	11,872.
(2) GUTTERMAN, SUSAN ENDOWMENT DIRECTOR	40.00			X				143,884.	0.	10,694.
(3) PERRELL, MICHELE DIR FINANCE AND HR	40.00			X				75,690.	0.	11,162.
(4) BERKELHAMMER, MICHAEL PAST PRESIDENT	1.00	X						0.	0.	0.
(5) MILSTEIN, RON IMMEDIATE PAST CO-CHAIR	1.00	X						0.	0.	0.
(6) BRODY, LORI B'NAI ISRAEL REPRESENTATIV	1.00	X						0.	0.	0.
(7) EPSTEIN, AMY TEMPLE EMANUEL VOLUNTEER R	1.00	X						0.	0.	0.
(8) SIMEL, RAFFI SECRETARY	1.00	X		X				0.	0.	0.
(9) WEINSTOCK, LEW AFFILIATED ORGANIZATION RE	1.00	X						0.	0.	0.
(10) STRASSER, JEN AFFILIATED ORGANIZATION RE	1.00	X		X				0.	0.	0.
(11) BERNSTEIN, PEGGY TRUSTEE AT LARGE	1.00	X						0.	0.	0.
(12) BARGEBUHR, GARY TRUSTEE AT LARGE	1.00	X						0.	0.	0.
(13) GAUSS, ARI PROFESSIONALS (EX-OFFICIO)	1.00	X						0.	0.	0.
(14) BEN-GIDEON, RABBI JOSHUA TRUSTEE	1.00	X						0.	0.	0.
(15) FRIEDLAND, STEVE TRUSTEE AT LARGE	1.00	X						0.	0.	0.
(16) SIMMONS, SUSAN IMMEDIATE PAST PRESIDENT	3.00	X		X				0.	0.	0.
(17) KAISER, JENNY VICE PRESIDENT	1.00	X		X				0.	0.	0.

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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) HENZA, ARLENE AFFILIATED ORGANIZATION RE	1.00	X						0.	0.	0.
(19) KAPLAN, SCOTT TRUSTEE AT LARGE	1.00	X						0.	0.	0.
(20) KOREN, RABBI ANDREW TRUSTEE AT LARGE	1.00	X						0.	0.	0.
(21) MILSTEIN, MARISSA AFFILIATED ORGANIZATION RE	1.00	X						0.	0.	0.
(22) HAMPTON, CORIE TRUSTEE AT LARGE	1.00	X						0.	0.	0.
(23) MANNING, KATHY PAST PRESIDENT	1.00	X						0.	0.	0.
(24) SIEGEL, FRED TRUSTEE AT LARGE	1.00	X						0.	0.	0.
(25) MILLER, DEBBY JDC (EX-OFFICIO)	1.00	X						0.	0.	0.
(26) MILSTEIN, VICTORIA TRUSTEE AT LARGE	1.00	X						0.	0.	0.
1b Subtotal								415,566.	0.	33,728.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								415,566.	0.	33,728.

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, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4	X	
5		X

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

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

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
NONE		

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**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2021)

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 line)	(C) Position (check all that apply)						(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			
(27) COHEN, JOHN PRESIDENT ELECT	1.00	X		X				0.	0.	0.
(28) PLOTKIN, RABBI YOSEF TRUSTEE	1.00	X						0.	0.	0.
(29) ROBINSON, SUSAN PAST PRESIDENT	1.00	X						0.	0.	0.
(30) ROSEN, ERIN VICE PRESIDENT	1.00	X		X				0.	0.	0.
(31) ROSEN, KEITH PAST PRESIDENT	1.00	X						0.	0.	0.
(32) THURM, TAMMI PRESIDENTIAL APPOINTMENTS	1.00	X						0.	0.	0.
(33) WEISSBURG, ERICA VICE PRESIDENT	1.00	X		X				0.	0.	0.
(34) KRANZ, EMILY VICE PRESIDENT	1.00	X						0.	0.	0.
(35) ROBINSON, FREDDY PRESIDENTIAL APPOINTMENT	1.00	X		X				0.	0.	0.
(36) SIEGEL, SUSAN HEAD OF SCHOOL BSDS	1.00	X						0.	0.	0.
(37) SHEIDLER, VIVIAN TRUSTEE AT LARGE	1.00	X						0.	0.	0.
(38) CONE, TOM PRESIDENT	1.00	X		X				0.	0.	0.
(39) SLOAN, TOM PAST PRESIDENT	1.00	X						0.	0.	0.
(40) STRASSER, ELIZABETH CAMPAIGN CO-CHAIR	1.00	X						0.	0.	0.
(41) ISAACSON, MARC PAST PRESIDENT	1.00	X		X				0.	0.	0.
(42) YARDENAY, RON CAMPAIGN CO-CHAIR	1.00	X						0.	0.	0.
(43) ROSENSTEIN, DAVID TREASURER	1.00	X		X				0.	0.	0.
(44) SCHLEIEN, DANA PRESIDENTIAL APPOINTMENTS	1.00	X		X				0.	0.	0.
(45) GLAZMAN, JON FINANCE COMMITTEE CHAIR	1.00	X						0.	0.	0.
(46) MOFF, DAVID HUMAN RESOURCE COMMITTEE CH	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

[illegible]

Part VIII Statement of RevenueCheck 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	1 a 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	6,380,402.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			6,380,402.			
Program Service Revenue	2 a MANAGEMENT FEE INCOME	Business Code	900099	626,875.	626,875.		
	b INCOME-JFS		900099	105,318.	105,318.		
	c INCOME-FEDERATION PROGRAMS		900099	52,522.	52,522.		
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			784,715.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			779,402.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		(i) Real	(ii) Personal				
b Less: rental expenses ...							
c Rental income or (loss)							
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less: cost or other basis and sales expenses							
c Gain or (loss)							
d Net gain or (loss)				416,335.			416,335.
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18							
b Less: direct expenses							
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19							
b Less: direct expenses							
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances							
b Less: cost of goods sold							
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a MISCELLANEOUS INCOME	Business Code	900099	943.	943.		
	b NEWSPAPER REVENUES-NET		323100	-36,909.		-36,909.	
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			-35,966.			
	12 Total revenue. See instructions			8,324,888.	785,658.	-36,909.	1195737.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,296,610.	6,296,610.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	73,975.	73,975.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	302,685.	52,829.	144,197.	105,659.
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	1,014,932.	961,678.	37,692.	15,562.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	61,536.	38,449.	13,980.	9,107.
10 Payroll taxes	96,208.	74,267.	13,256.	8,685.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	57,208.	42,634.	8,805.	5,769.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	404,931.	404,931.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	49,740.		49,740.	
12 Advertising and promotion	16,476.	8,386.	713.	7,377.
13 Office expenses	11,230.	9,058.	1,311.	861.
14 Information technology	90,249.	80,636.	5,808.	3,805.
15 Royalties				
16 Occupancy	63,322.	21,861.	41,461.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	37,222.	14,925.	235.	22,062.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	14,824.	9,134.	3,438.	2,252.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROGRAM EXPENSE	238,176.	232,914.	950.	4,312.
b BAD DEBT	54,913.	54,913.		
c CLIENT ASSISTANCE	46,977.	46,977.		
d CONTINGENCY EXPENSE	39,203.		39,203.	
e All other expenses	114,983.	79,282.	17,357.	18,344.
25 Total functional expenses. Add lines 1 through 24e	9,085,400.	8,503,459.	378,146.	203,795.
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 ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	925,499.	1	1,058,487.
	2 Savings and temporary cash investments	508,437.	2	382,968.
	3 Pledges and grants receivable, net	1,271,864.	3	1,109,461.
	4 Accounts receivable, net	220,981.	4	215,556.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		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	10a 1,875,704.		
	b Less: accumulated depreciation	10b 931,821.		
	11 Investments - publicly traded securities	954,236.	10c	943,883.
	12 Investments - other securities. See Part IV, line 11	44,017,912.	11	37,995,934.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	796,395.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	48,695,324.	15	692,151.	
17 Accounts payable and accrued expenses	14,207.	16	42,398,440.	
18 Grants payable		17	41,475.	
19 Deferred revenue	2,475.	18		
20 Tax-exempt bond liabilities		19	2,725.	
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		21		
23 Secured mortgages and notes payable to unrelated third parties		22		
24 Unsecured notes and loans payable to unrelated third parties		23		
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	0.	24		
26 Total liabilities. Add lines 17 through 25	16,682.	25	2,700.	
27 Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		26	46,900.	
28 Net assets without donor restrictions	36,871,324.	27	32,095,808.	
29 Net assets with donor restrictions	11,807,318.	28	10,255,732.	
30 Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
31 Capital stock or trust principal, or current funds		29		
32 Paid-in or capital surplus, or land, building, or equipment fund		30		
33 Retained earnings, endowment, accumulated income, or other funds		31		
34 Total net assets or fund balances	48,678,642.	32	42,351,540.	
35 Total liabilities and net assets/fund balances	48,695,324.	33	42,398,440.	

Form 990 (2021)

Part XI Reconciliation of Net AssetsCheck 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	8,324,888.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,085,400.
3	Revenue less expenses. Subtract line 2 from line 1	3	-760,512.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	48,678,642.
5	Net unrealized gains (losses) on investments	5	-5,566,590.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	42,351,540.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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 on Schedule O.	X	
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? _____		X
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 on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

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 instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

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).)
- 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 **section 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 on 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) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4251847.	3581540.	5610331.	9219831.	6380402.	29043951.
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	4251847.	3581540.	5610331.	9219831.	6380402.	29043951.
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)						2347567.
6 Public support. Subtract line 5 from line 4.						26696384.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	4251847.	3581540.	5610331.	9219831.	6380402.	29043951.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	894,103.	963,266.	847,221.	675,625.	1195737.	4575952.
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.)	-8,414.	-12,756.	2,204.	224,067.	-36,909.	168,192.
11 Total support. Add lines 7 through 10						33788095.
12 Gross receipts from related activities, etc. (see instructions)					12	1,109,831.
13 First 5 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 2021 (line 6, column (f), divided by line 11, column (f))	14	79.01	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	72.68	%
16a 33 1/3% support test - 2021. 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			► <input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. 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			► <input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. 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			► <input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. 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			► <input type="checkbox"/>
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			► <input type="checkbox"/>

Schedule A (Form 990) 2021

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on 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 5 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 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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 on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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? 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.		
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)? 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).		
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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
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 governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b 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? 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.			
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*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):		
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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 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).		

Schedule A (Form 990) 2021

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	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2021 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**NEWSPAPER ADVERTISING INCOME (NET OF EXPENSE)**

2017 AMOUNT: \$ -8,414.

2018 AMOUNT: \$ -12,756.

2019 AMOUNT: \$ 2,204.

2020 AMOUNT: \$ -7,121.

2021 AMOUNT: \$ -36,909.

FORGIVENESS OF DEBT

2020 AMOUNT: \$ 230,820.

MISCELLANEOUS

2020 AMOUNT: \$ 368.

2021

*** Not Open to Public Inspection ***

123171 04-01-21

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 instructions and the latest information.**

OMB No. 1545-0047

2021**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	205	
2 Aggregate value of contributions to (during year)	5,977,727.	
3 Aggregate value of grants from (during year)	7,558,497.	
4 Aggregate value at end of year	22,285,681.	
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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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 (for example, recreation or education) ☐ Preservation of a 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 Tax 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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

▶ \$

b Assets included in Form 990, Part X

▶ \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2021

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 make significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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	1c 30,393,824.
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f 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 on 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	16,912,548.	14,380,324.	13,935,406.	13,781,607.	12,351,974.
b Contributions	489,524.	1,829,582.	1,027,306.	333,215.	1,238,341.
c Net investment earnings, gains, and losses	-935,389.	2,983,577.	167,039.	744,834.	1,199,796.
d Grants or scholarships	632,043.	2,205,266.	693,606.	853,878.	942,424.
e Other expenditures for facilities and programs					
f Administrative expenses	47,536.	75,669.	55,821.	70,372.	66,080.
g End of year balance	15,787,104.	16,912,548.	14,380,324.	13,935,406.	13,781,607.

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 Term 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

(ii) Related organizations

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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				
b Buildings		1,516,373.	589,283.	927,090.
c Leasehold improvements				
d Equipment		359,331.	342,538.	16,793.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				943,883.

Schedule D (Form 990) 2021

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. (Col. (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. (Col. (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) ACCRUED ALLOCATIONS	2,700.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,700.

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 FASB 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	2,807,168.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-5,566,590.
b	Donated services and use of facilities	2b	6,100.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	42,770.
e	Add lines 2a through 2d	2e	-5,517,720.
3	Subtract line 2e from line 1	3	8,324,888.
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	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	8,324,888.

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	9,134,270.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	6,100.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	42,770.
e	Add lines 2a through 2d	2e	48,870.
3	Subtract line 2e from line 1	3	9,085,400.
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	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	9,085,400.

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.

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

Part XIII Supplemental Information (continued)

JFG WILL ADMINISTER, DISTRIBUTE AND STEWARD ON A DONOR'S BEHALF.

PART V, LINE 4:

TO FUND OPERATIONS AND PROGRAMS OF THE GREENSBORO FEDERATION WITH RESPECT
TO THE DONOR'S RESTRICTIONS.

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 FEDERATION'S TAX-EXEMPT PURPOSE IS
SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME.

AS OF JUNE 30, 2022, MANAGEMENT BELIEVES THERE ARE NO UNCERTAIN TAX
POSITIONS.

AS OF JUNE 30, 2022 AND INCLUDING THE PREVIOUS THREE YEARS CONSIDERING
EXTENSIONS, THE FEDERATION'S 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.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

NEWSPAPER EXPENSES INCLUDED IN INCOME ON 990 42,770.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

NEWSPAPER EXPENSE INCLUDED IN INCOME ON 990 42,770.

Part XIII Supplemental Information *(continued)*

SCHEDULE D PART XII AND XIII, LINES 2D AND 4B

EXPENSES RELATED DIRECTLY TO ADVERTISING ARE NETTED AGAINST REVENUE FOR
NET ADVERTISING LOSS RECORDED ON 990 PART VIII. IN ADDITION, OTHER
EXPENSES HAVE BEEN NETTED AGAINST REVENUE FOR CONSISTENCY PURPOSES AND TO
BEST REFLECT THE CHANGE IN NET ASSETS.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

GREENSBORO JEWISH FEDERATION

Employer identification number

23-7107693

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
NORTH CAROLINA STATE UNIVERSITY 2016 HARRIS HALL CAMPUS BOX 7302 RALEIGH, NC 27695	56-6000756		6,500.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
PLANNED PARENTHOOD SOUTH ATLANTIC 100 SOUTH BOYLAN AVENUE RALEIGH, NC 27603	56-1282557		5,900.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
TEMPLE BETH OR 5315 CREEDMOOR ROAD RALEIGH, NC 27612	56-1331294		6,100.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
OUT OF THE GARDEN PROJECT P O BOX 4331 GREENSBORO, NC 27404	27-2772988		5,800.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
AETZ CHAYM CEMETERY ASSOCIATION 5509-C W. FRIENDLY AVE. GREENSBORO, NC 27410	23-7107693		10,000.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
AMERICAN ENDOWMENT FOUNDATION 5700 DARROW ROAD, SUITE 11 HUDSON, OH 44236	34-1747398		9,398.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS

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

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule I (Form 990) 2021

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE - 220 EAST 42 ST., SUITE 400 - NEW YORK, NY 10017	13-1656634		52,000.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
AMERICAN PHYSIOLOGICAL SOCIETY 6120 EXECUTIVE BLVD. #600 ROCKVILLE, MD 20852	53-0204660		8,000.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
ARTSGREENSBORO P.O. BOX 877 GREENSBORO, NC 27402	56-0746180		15,610.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
ASHEVILLE SCHOOL 360 SCHOOL ROAD ASHEVILLE, NC 28806	56-0530248		12,500.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
BETH DAVID SYNAGOGUE 804 WINVIEW DRIVE GREENSBORO, NC 27410	56-0731131		575,639.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
BETH MEYER SYNAGOGUE 504 NEWTON ROAD RALEIGH, NC 27615	56-1416767		65,701.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
B'NAI SHALOM DAY SCHOOL 804-A WINVIEW DRIVE GREENSBORO, NC 27410	56-0952340		670,800.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
CAMP JUDAEA 1440 SPRING STREET NW ATLANTA, GA 30309	58-6014651		33,227.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
CAROLINA FOUNDATION FOR JEWISH SENIORS - 5509-C WEST FRIENDLY AVENUE - GREENSBORO, NC 27410	20-3337653		40,100.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAROLINA THEATRE OF GREENSBORO 310 SOUTH GREENE STREET GREENSBORO, NC 27401	04-3781645		6,425.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
CHABAD LUBAVITCH OF GREENSBORO 5203 W. FRIENDLY AVE GREENSBORO, NC 27410	26-3642700		142,035.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
CHEST FOUNDATION 2595 PATRIOT BOULEVARD GLENVIEW, IL 60026	36-3286520		14,000.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
COMMUNITY FOUNDATION OF GREATER GREENSBORO - 301 N. ELM STREET, SUITE 100 - GREENSBORO, NC 27401	56-1380249		157,732.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
COMMUNITY THEATRE OF GREENSBORO 520 SOUTH ELM STREET GREENSBORO, NC 27406	56-6085349		5,050.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
CONE HEALTH OFFICE OF INSTITUTIONAL ADVANCEMENT - 1200 NORTH ELM STREET - GREENSBORO, NC 27401	58-1588823		14,100.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
CONGREGATION BETH ISRAEL NER TAMID SYNAGOGUE - 6880 N. GREEN BAY AVENUE - MILWAUKEE, WI 53209	39-0878010		45,000.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
CONGREGATION SHA'AREI ISRAEL 7400 FALLS OF NEUSE ROAD RALEIGH, NC 27615	58-1371562		40,500.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
DELIVERING GOOD, INC. 266 W 37TH ST 22ND FLOOR NEW YORK, NY 10018	13-3300271		13,680.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DENTAL FOUNDATION OF NORTH CAROLINA-UNC SCHOOL OF DENTISTRY - CAMPUS BOX 7450 - CHAPEL HILL, NC 27599	56-6304130		11,000.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
DUKE UNIVERSITY-ALUMNI AND DEVELOPMENT - BOX 90581 - DURHAM, NC 27708	56-0532129		18,900.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
EAGLE MARKET STREETS 38 SOUTH MARKET STREET ASHEVILLE, NC 28801	58-2140995		20,000.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
EASTERN MUSIC FESTIVAL PO BOX 22026 GREENSBORO, NC 27420	56-0771005		21,175.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
FAMILY SERVICE OF GREENSBORO FOUNDATION - 902 BONNER DRIVE - JAMESTOWN, NC 27282	56-0547459		7,600.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
FOODIVERSITY 207 KENWAY LOOP MOORESVILLE, NC 28117	86-2607349		10,000.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
GREENSBORO CHAMBER FOUNDATION PO BOX 3246 GREENSBORO, NC 27402	23-7181435		10,000.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
GREENSBORO DAY SCHOOL 5401 LAWNSDALE DRIVE GREENSBORO, NC 27408	56-0949932		66,000.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
GREENSBORO JEWISH FEDERATION 5509-C WEST FRIENDLY AVENUE GREENSBORO, NC 27410	23-7107693		1,055,886.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREENSBORO OPERA COMPANY 200 NORTH DAVIE STREET, STE 315, BO GREENSBORO, NC 27401	58-1379465		28,860.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
GREENSBORO SCIENCE CENTER 4301 LAWDALE DRIVE GREENSBORO, NC 27455	56-0885727		20,450.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
GREENSBORO SYMPHONY ORCHESTRA 200 NORTH DAVIE STREET, SUITE 301 GREENSBORO, NC 27401	56-6063111		10,930.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
GREENSBORO URBAN MINISTRY 305 WEST GATE CITY BLVD. GREENSBORO, NC 27406	56-0890545		12,250.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
GUILFORD URBAN FARMING INITIATIVE 2226 OAK HILL DRIVE GREENSBORO, NC 27408	84-3978609		52,000.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
HIAS 1300 SPRING STREET, SUITE 500 SILVER SPRING, MD 20910	13-5633307		5,100.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
HO OLA NA PUA PO BOX 22551 HONOLULU, HI 96823	46-5139164		10,000.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
INTERACTIVE RESOURCE CENTER P.O. BOX 20568 GREENSBORO, NC 27420	80-0315285		6,700.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
INTERNATIONAL RESCUE COMMITTEE 122 E. 42ND STREET NEW YORK, NY 10168	13-5660870		5,250.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JDRF PIEDMONT TRIAD CHAPTER 216 WEST MARKET STREET, SUITE B GREENSBORO, NC 27401	23-1907729		12,600.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
JEWISH FAMILY SERVICES OF THE GREENSBORO JEWISH FEDERATION - 5509-C WEST FRIENDLY AVENUE - GREENSBORO, NC 27410	23-7107693		10,148.	0.			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		120,000.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
JEWISH FEDERATIONS OF NORTH AMERICA - 25 BROADWAY, SUITE 1700 - NEW YORK, NY 10004	13-1624240		479,951.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
JEWISH SERVICE FOR DEVELOPMENT DISABLED - 270 PLEASANT VALLEY WAY - WEST ORANGE, NJ 07052	22-3479872		15,000.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
LEADING EDGE ALLIANCE INC 85 BROAD STREET, 16TH FLOOR NEW YORK, NY 10004	81-2625263		25,000.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
MILWAUKEE JEWISH FEDERATION 1360 NORTH PROSPECT AVENUE MILWAUKEE, WI 53202	39-0806312		14,000.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
NCCJ 713 NORTH GREENE STREET GREENSBORO, NC 27401	06-1753756		19,950.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
NORTH CAROLINA HILLEL 210 WEST CAMERON AVENUE CHAPEL HILL, NC 27516	56-6094521		187,371.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHEV ZION SYNAGOGUE PO BOX 4821 MARTINSVILLE, VA 24115	54-1133787		20,802.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
P E F ISRAEL ENDOWMENT FUNDS INC 630 THIRD AVENUE STE.1501 NEW YORK, NY 10017	13-6104086		48,000.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
PHARMACY FOUNDATION OF NORTH CAROLINA - 194 FINLEY GOLF COURSE RD, SUITE 106 - CHAPEL HILL, NC 27517	56-6037918		100,000.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
PIEDMONT TRIAD CHARITABLE FOUNDATION DBA WYNDHAM CHAMPIONSHIP - 416 GALLIMORE DAIRY ROAD, SUITE M - GREENSBORO, NC	56-6085407		50,000.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
PRIZMAH- CENTER FOR JEWISH DAY SCHOOLS - 254 WEST 54TH STREET, 11TH FLOOR - NEW YORK, NY 10019	81-1750864		25,000.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
RALEIGH CARY JEWISH FEDERATION 8210 CREEDMOOR ROAD, SUITE 104 RALEIGH, NC 27613	56-1553301		38,384.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
RAMAH DAROM, INC. 6400 POWERS FERRY ROAD NW, SUITE 21 ATLANTA, GA 30339	58-2146741		314,276.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
SARASOTA-MANATEE JEWISH FEDERATION, INC. - 580 MCINTOSH ROAD - SARASOTA, FL 34232	59-1227747		30,000.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
SO OTHERS MAY EAT 60 O STREET NW WASHINGTON, DC 20001	23-7098123		25,000.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEMPLE EMANUEL 201 OAKWOOD DRIVE WINSTON-SALEM, NC 27103	58-6202975		112,188.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
TEMPLE EMANUEL 1129 JEFFERSON ROAD GREENSBORO, NC 27410	56-0543235		223,683.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
TEMPLE EMANU-EL 2550 PALI HIGHWAY HONOLULU, HI 96817	99-6001133		8,100.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
TEMPLE OF ISRAEL 922 MARKET STREET WILMINGTON, NC 28401	56-0656373		31,200.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
UNC - CHAPEL HILL OFFICE OF UNIVERSITY - 208 WEST FRANKLIN STREET - CHAPEL HILL, NC 27599-6100	56-6001393		13,301.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
UNC - GREENSBORO P.O. BOX 26170 GREENSBORO, NC 27402	56-6086393		343,750.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
UNC HEALTH FOUNDATION P.O. BOX 1050 CHAPEL HILL, NC 27214	56-6057494		14,125.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
UNCG EXCELLENCE FOUNDATION PO BOX 26170 GREENSBORO, NC 27402-6170	56-6086393		2,008,100.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
UNION FOR REFORM JUDAISM 633 3RD AVE, 7TH FLOOR NEW YORK, NY 10017			9,650.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY GSO 1500 YANCEYVILLE STREET GREENSBORO, NC 27405	56-0668555		118,444.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
UNIVERSITY OF BALTIMORE FOUNDATION 1130 N. CHARLES ST. BALTIMORE, MD 21201	23-7036780		200,000.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
UNIVERSITY OF CINCINNATI PO BOX 19970 CINCINNATI, OH 45219	31-0896555		40,000.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
URJ-6 POINTS SPORTS CAMP 300 SE 2ND STREET, SUITE 600 FT. LAUDERDALE, FL 33301	13-1663143		11,200.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
WAKE FOREST BAPTIST HEALTH PO BOX 571021 WINSTON-SALEM, NC 27104	22-3849199		10,000.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER - 1 MEDICAL CENTER BLVD - WINSTON-SALEM, NC 27157	51-0190238		27,500.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
WASHINGTON PERFORMING ARTS SOCIETY 1400 K STREET, SUITE 500 WASHINGTON, DC 20005	52-6062439		35,000.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
WELL-SPRING 4100 WELL SPRING DRIVE GREENSBORO, NC 27410	56-1599072		6,900.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
WOMEN OF THE SHOAH 517 S ELM STREET GREENSBORO, NC 27406	85-3676918		90,000.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN'S RESOURCE CENTER 628 SUMMIT AVENUE GREENSBORO, NC 27405	56-1891618		18,870.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
WOOD RIVER JEWISH COMMUNITY P. O. BOX 837 KETCHUM, ID 83340	82-0407350		7,400.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
MIRIAM P. BRENNER CHILDREN'S MUSEUM - 220 NORTH CHURCH STREET - GREENSBORO, NC 27401	56-1959695		65,900.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
ABC OF NORTH CAROLINA CHILD DEVELOPMENT CENTER - 905 FRIEDBERG CHURCH ROAD - WINSTON-SALEM, NC 27127	30-0111894		7,500.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
BACKPACK BEGINNINGS 1852 BANKING STREET #9024 GREENSBORO, NC 27408	46-1251223		6,000.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
CONGREGATION BETH HA TEPHILA 43 NORTH LIBERTY STREET ASHEVILLE, NC 28801	56-0611573		6,000.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
GTCC PO BOX 309 JAMESTOWN, NC 27282	56-6085391		11,000.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS
JEWISH FEDERATION & FOUNDATION OF NORTHEAST FLORIDA - 8505 SAN JOSE BOULEVARD - JACKSONVILLE, FL 32217	59-0637864		6,160.	0.			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		18,402.	0.			CHARITABLE SUPPORT FOR PROGRAMS & OPERATIONS OF THE DONEE ORGANIZATIONS

Schedule I (Form 990)

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
JEWISH FAMILY SERVICES	115	27,375.	0.		

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

PART I, LINE 2:

HOW GRANTS ARE MONITORED - 501(C)(3) STATUS IS CONFIRMED FOR ALL GRANTEEES

ON AN ANNUAL BASIS. ALL GRANTS REQUIRE BOARD APPROVAL PRIOR TO

DISTRIBUTION.

**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

2021

Open to Public
Inspection

Name of the organization

GREENSBORO JEWISH FEDERATION

Employer identification number

23-7107693

Part I Questions Regarding Compensation

	Yes	No
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.		
<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 (such as maid, chauffeur, chef)		
b If any of the boxes on 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	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input 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		
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:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
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:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
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:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
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	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2021

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 aren't 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 and/or 1099-NEC 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 CEO	(i)	195,992.	0.	0.	0.	11,872.	207,864.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) GUTTERMAN, SUSAN ENDOWMENT DIRECTOR	(i)	143,884.	0.	0.	0.	10,694.	154,578.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III	Supplemental Information
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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.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SCHEDULE L
(Form 990)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 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 instructions and the latest information.**

OMB No. 1545-0047

2021

**Open To Public
Inspection**

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 section 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

2 Enter the amount of tax incurred by the 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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2021

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
SUSAN GUTTERMAN - ENDOWMEN	SUSAN GUTTERMAN IS	163,837.	SALARY, HEA		X

Part V Supplemental Information.

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: SUSAN GUTTERMAN - ENDOWMENT DIRECTOR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SUSAN GUTTERMAN IS THE SPOUSE OF "FORMER" TRUSTEE DAVID GUTTERMAN

(D) DESCRIPTION OF TRANSACTION: SALARY, HEALTH INSURANCE AND LONG TERM

DISABIILTY INSURANCE

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public
Inspection

- ▶ **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 instructions and the latest information.**

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	34	3,598,330.	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 V, Donee Acknowledgement

29

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

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?

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31	X	
32a	X	
33		

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule M (Form 990) 2021

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.

SCHEDULE M, LINE 32B:

DONATIONS OF PUBLICLY TRADED SECURITIES ARE RECEIVED AND SOLD BY A

THIRD PARTY BROKER

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

GREENSBORO JEWISH FEDERATION

Employer identification number

23-7107693

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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. LOCALLY, THE FEDERATION OFFERS PROGRAMMING, NETWORKING, AND SOCIAL EVENTS, SCHOLARSHIPS AND GRANTS; BROKERS COMMUNITY RELATIONS; SUPPORTS HUMANITARIAN EFFORTS IN ISRAEL AND WITH VULNERABLE COMMUNITIES IN 70 COUNTRIES; AND ORGANIZES OBSERVANCES AND CELEBRATIONS OF JEWISH HOLIDAYS. 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.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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

Name of the organization

GREENSBORO JEWISH FEDERATION

Employer identification number

23-7107693

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

COMMUNITY AND SOCIAL EVENTS, AND RELIGIOUS SERVICES. ALL PROGRAMMING SWITCHED TO ZOOM PROGRAMS AND 56 PROGRAMS WERE PROVIDED. 631 GIFT BAGS WERE DELIVERED TO HOMEBOUND SENIORS AT HOLIDAYS. CHAI NOTES SWITCHED ITS OUTREACH TO PHONE CALLS AND LETTERS TO KEEP OLDER ADULTS IN FACILITIES CONNECTED, AND SENT GIFT BAGS TO APPROXIMATELY 60 OLDER ADULTS IN FACILITIES. ENGLISH AS A SECOND LANGUAGE CLASS FOR OLDER ADULTS FROM THE FORMER SOVIET UNION MET BI-WEEKLY ON ZOOM. OUR CONGREGATIONAL NURSE PROGRAM SERVED 138 OLDER ADULTS AND FAMILIES AND MADE 1375 TELEPHONE CONTACTS. OUR SOCIAL WORK PROGRAM HAD 60 CASE MANAGEMENT CASES AND 5 THERAPY CLIENTS WITH ALMOST 5500 CLIENT CONTACTS. WE HIRED A PART-TIME CASE MANAGER TO WORK WITH OUR HOLOCAUST SURVIVORS WITH A CASELOAD OF 29 CLIENTS. 589 INFORMATION AND REFERRAL CALLS WERE RECEIVED.

VOLUNTEERS WERE UNABLE TO BE PRESENT AT THE HOSPITAL HERE FOR OUR CHRISTMAS AT CONE PROGRAM SO 200 CANDY BAGS WERE PREPARED FOR STAFF IN THE NUTRITIONAL AND ENVIRONMENTAL SERVICES. MITZVAH DAY WAS REINSTITUTED WITH 130 PEOPLE PARTICIPATING. VOLUNTEERS AND STAFF MADE MANY OUTREACH CALLS TO OLDER ADULTS AND FAMILIES. 1100 VOLUNTEER HOURS WERE PROVIDED IN ALL VOLUNTEER PROGRAMS. ALMOST 250 NEIGHBOR IN NEED BAGS FOR HOMELESS INDIVIDUALS WERE MADE AND SENT INTO THE COMMUNITY.

THE EMPLOYMENT CLUB SERVED 408 INDIVIDUALS PROVIDING THEM WITH INFORMATION THROUGH THE JOBS EMAIL DISTRIBUTION LIST AND ASSISTING THEM IN NETWORKING AND OTHER ASPECTS OF JOB HUNTING. THE FOOD PANTRY SERVED 85 FAMILIES AND DISTRIBUTED FOOD TO 10 OTHER FOOD PANTRIES LOCATED IN AREAS OF NEED. TOTAL FOOD COLLECTED WAS 31,257 POUNDS AND 31,483 WAS

Name of the organization

GREENSBORO JEWISH FEDERATION

Employer identification number

23-7107693

DISBURSED (SOME LEFT OVER FROM THE YEAR BEFORE.) THE CLIENT ASSISTANCE PROGRAM MET EMERGENCY NEEDS OF 25. WE AWARDED 17 SCHOLARSHIPS FOR SUMMER CAMPS. THROUGH THE JEWISH EDUCATIONAL LOAN FUND, JFS PROVIDED ASSISTANCE TO 13 COLLEGE STUDENTS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

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 ALLOCATION TO THIRTEEN 501 (3) ORGANIZATIONS SUPPORTING LOCAL, NATIONAL, AND INTERNATIONAL EFFORTS.

FORM 990, PART VI, SECTION A, LINE 2:

MANY BOARD MEMBERS KNOW EACH OTHER AND HAVE AT ONE TIME OR ANOTHER ENGAGED IN A BUSINESS OR PERSONAL RELATIONSHIP IN THE COMMUNITY WITH EACH OTHER OUTSIDE OF THEIR RESPONSIBILITIES AS MEMBERS OF THE BOARD OF DIRECTORS OF GREENSBORO JEWISH FEDERATION.

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

Name of the organization

GREENSBORO JEWISH FEDERATION

Employer identification number

23-7107693

FOLLOWING.

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.

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.

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.

FORM 990, PART VI, SECTION B, LINE 15:

IN DETERMINING COMPENSATION, THE FEDERATION OBTAINS COMPARABILITY DATA,

Name of the organization

GREENSBORO JEWISH FEDERATION

Employer identification number

23-7107693

THEN REQUIRES REVIEW AND APPROVAL OF COMPENSATION BY THE PRESIDENT AND
TREASURER, AS WELL AS THE CHAIR OF THE PERSONNEL COMMITTEE AT A MINIMUM.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS
ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST AND AT THE DISCRETION OF THE
EXECUTIVE DIRECTOR

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)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **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.**

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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
GJF GIFT, LLC - 23-1266013 5509-C WEST FRIENDLY AVE GREENSBORO, NC 27410	NO ACTIVITY IN TAX YEAR 2019	NORTH CAROLINA			GREENSBORO JEWISH FEDERATION
GJF LEGACY, LLC - 23-7107693 5509-C WEST FRIENDLY AVE GREENSBORO, NC 27410	CARRYING OUT THE MGMT AND OPERATIONAL POLICIES OF THE CEMETERIES AS A SPONSO	NORTH CAROLINA			GREENSBORO JEWISH FEDERATION

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2021

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

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

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

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

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
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
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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.

[illegible]

Provide additional information for responses to questions on Schedule R. See instructions.

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2022

Name	Employer Identification Number
GREENSBORO JEWISH FEDERATION	23-7107693

Based on the information provided with this return, the following are possible carryover amounts to next year.

FEDERAL POST-2017 NET OPERATING LOSS - NEWSPAPER ADVERTISING	57,088.
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FEDERAL PRE-2018 NET OPERATING LOSS	185,918.
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Type and Entity: NEWSPAPER ADVERTISING POST-2017 NOL
 Section 382 Annual Limitation

DETAIL CARRYOVER SCHEDULE

Section 382 Carryover

Year Originated	Original Carryover Amount		Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2018	12,788.										
B	2020	7,391.										
C	2021	36,909.										
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	E S B C	Amount Used for		Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
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Q												
R												
S												
T												
U												
V												
W												

Type and Entity: PRE-2018 NOL FED **DETAIL CARRYOVER SCHEDULE**

Section 382 Annual Limitation			Section 382 Carryover									
Year Originated	Original Carryover Amount		Total Amount Used	Amount Used for 06/30/20	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2001	11,743.	2,204.	2,204.								
B	2002	5,520.										
C	2003	9,003.										
D	2004	8,883.										
E	2005	2,682.										
F	2006	11,603.										
G	2007	12,399.										
H	2008	6,590.										
I	2009	15,440.										
J	2010	20,727.										
K	2011	11,337.										
L	2012	12,905.										
M	2013	21,659.										
N	2014	6,001.										
O	2015	15,170.										
P	2016	8,046.										
Q	2017	8,414.										
R												
S												
T												
U												
V												
W												
Detail Type	E S B C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
C												
D												
E												
F												
G												
H												
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Form **8879-TE****IRS e-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning JUL 1, 2021, and ending JUN 30, 2022**2021**Department of the Treasury
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer

GREENSBORO JEWISH FEDERATION

EIN or SSN

23-7107693Name and title of officer or person subject to tax **MARILYN CHANDLER**
CEO**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here	▶ <input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b 0.
7a Form 4720 check here	▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here	▶ <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here	▶ <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here	▶ <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize **DMJPS PLLC** to enter my PIN **12345**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

56425224869

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **STACY M. WEST, CPA**Date ▶ **04/26/23**

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

OMB No. 1545-0047

2021

For calendar year 2021 or other tax year beginning JUL 1, 2021, and ending JUN 30, 2022.

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

Department of the Treasury
Internal Revenue ServiceA ☐ Check box if address changed.

B Exempt under section

☒ 501(c)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a) ☐ 529A
Print
or
TypeName of organization (☐ Check box if name changed and see instructions.)

GREENSBORO JEWISH FEDERATION

Number, street, and room or suite no. If a P.O. box, see instructions.

5509-C W FRIENDLY AVE

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

GREENSBORO, NC 27410-4211

D Employer identification number

23-7107693

E Group exemption number
(see instructions)F ☐ Check box if an amended return.

C Book value of all assets at end of year 42,398,440.

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trustH Check if filing only to ☐ Claim credit from Form 8941 ☐ Claim a refund shown on Form 2439I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ☐

J Enter the number of attached Schedules A (Form 990-T) 1

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation.

L The books are in care of MARILYN CHANDLER Telephone number 336-852-5433

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	0.
2	Reserved	2	
3	Add lines 1 and 2	3	
4	Charitable contributions (see instructions for limitation rules)	4	0.
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6	Deduction for net operating loss. See instructions	6	0.
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8	Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9	Trusts. Section 199A deduction. See instructions	9	
10	Total deductions. Add lines 8 and 9	10	1,000.
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3	Proxy tax. See instructions	3	
4	Other tax amounts. See instructions	4	
5	Alternative minimum tax (trusts only)	5	
6	Tax on noncompliant facility income. See instructions	6	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2021)

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
c	General business credit. Attach Form 3800 (see instructions)	1c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		0.
3	Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		0.
5	Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		0.
6a	Payments: A 2020 overpayment credited to 2021	6a		
b	2021 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	6g		
7	Total payments. Add lines 6a through 6g	7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
11	Enter the amount of line 10 you want: Credited to 2022 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11		

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1	At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
			X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year		
4	Enter available pre-2018 NOL carryovers here \$ <u>185,918.</u> Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4.		
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
	323100	\$ 20,179.	
6a	Did the organization change its method of accounting? (see instructions)		X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	CEO Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	STACY M. WEST, CPA		04/26/23	P00452212
	Firm's name DMJPS PLLC	Firm's EIN 56-0570567		
	Firm's address 703 GREEN VALLEY ROAD, SUITE 201 GREENSBORO, NC 27408		Phone no. 336-275-9886	

FORM 990-T

PRE-2018 NET OPERATING LOSS DEDUCTION

STATEMENT 1

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/02	11,743.	2,204.	9,539.	9,539.
06/30/03	5,520.	0.	5,520.	5,520.
06/30/04	9,003.	0.	9,003.	9,003.
06/30/05	8,883.	0.	8,883.	8,883.
06/30/06	2,682.	0.	2,682.	2,682.
06/30/07	11,603.	0.	11,603.	11,603.
06/30/08	12,399.	0.	12,399.	12,399.
06/30/09	6,590.	0.	6,590.	6,590.
06/30/10	15,440.	0.	15,440.	15,440.
06/30/11	20,727.	0.	20,727.	20,727.
06/30/12	11,337.	0.	11,337.	11,337.
06/30/13	12,905.	0.	12,905.	12,905.
06/30/14	21,659.	0.	21,659.	21,659.
06/30/15	6,001.	0.	6,001.	6,001.
06/30/16	15,170.	0.	15,170.	15,170.
06/30/17	8,046.	0.	8,046.	8,046.
06/30/18	8,414.	0.	8,414.	8,414.
NOL CARRYOVER AVAILABLE THIS YEAR			185,918.	185,918.

SCHEDULE A
(Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income
From an Unrelated Trade or Business

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1
OMB No. 1545-0047

2021

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

A Name of the organization GREENSBORO JEWISH FEDERATION	B Employer identification number 23-7107693
C Unrelated business activity code (see instructions) ▶ 323100	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ **NEWSPAPER ADVERTISING**


Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Part III, line 8)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions		4a		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Part IV)		6		
7 Unrelated debt-financed income (Part V)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)		8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		9		
10 Exploited exempt activity income (Part VIII)		10		
11 Advertising income (Part IX)		11 5,861.		5,861.
12 Other income (see instructions; attach statement)		12		
13 Total. Combine lines 3 through 12		13 5,861.		5,861.

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

1 Compensation of officers, directors, and trustees (Part X)	1	
2 Salaries and wages	2	
3 Repairs and maintenance	3	
4 Bad debts	4	
5 Interest (attach statement). See instructions	5	
6 Taxes and licenses	6	
7 Depreciation (attach Form 4562). See instructions	7	
8 Less depreciation claimed in Part III and elsewhere on return	8a	8b
9 Depletion	9	
10 Contributions to deferred compensation plans	10	
11 Employee benefit programs	11	
12 Excess exempt expenses (Part VIII)	12	
13 Excess readership costs (Part IX)	13	
14 Other deductions (attach statement) SEE STATEMENT 2	14	42,770.
15 Total deductions. Add lines 1 through 14	15	42,770.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	-36,909.
17 Deduction for net operating loss. See instructions	17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	-36,909.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods SoldEnter method of inventory valuation 

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.					
A <input type="checkbox"/>					
B <input type="checkbox"/>					
C <input type="checkbox"/>					
D <input type="checkbox"/>					
		A	B	C	D
2 Rent received or accrued					
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)					
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)					
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D					
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)		0.			
Deductions directly connected with the income					
4 in lines 2(a) and 2(b) (attach statement)					
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)		0.			

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.					
A <input type="checkbox"/>					
B <input type="checkbox"/>					
C <input type="checkbox"/>					
D <input type="checkbox"/>					
		A	B	C	D
2 Gross income from or allocable to debt-financed property					
3 Deductions directly connected with or allocable to debt-financed property					
a Straight line depreciation (attach statement)					
b Other deductions (attach statement)					
c Total deductions (add lines 3a and 3b, columns A through D)					
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)					
5 Average adjusted basis of or allocable to debt-financed property (attach statement)					
6 Divide line 4 by line 5		%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6					
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)		0.			
9 Allocable deductions. Multiply line 3c by line 6					
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)		0.			
11 Total dividends-received deductions included in line 10		0.			

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						

Nonexempt Controlled Organizations				
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
Totals			0.	0.

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals	0.			0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Schedule A (Form 990-T) 2021

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 2

DESCRIPTION

AMOUNT

NEWSPAPER EXPENSES

42,770.

TOTAL TO SCHEDULE A, PART II, LINE 14

42,770.

990-T SCH A

POST-2017 NET OPERATING LOSS DEDUCTION

STATEMENT 3

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	12,788.	0.	12,788.	12,788.
06/30/21	7,391.	0.	7,391.	7,391.
NOL CARRYOVER AVAILABLE THIS YEAR			20,179.	20,179.