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.

Open to Public Inspection

2018 A For the 2018 calendar year, or tax year beginning JAN 1, 2018 and ending SEP 30 Check if applicable C Name of organization D Employer identification number Address change DURHAM-CHAPEL HILL JEWISH FEDERATION Name change Doing business as 58-1384316 initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final 9193544949 1937 W. CORNWALLIS ROAD 3.338.001 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ DURHAM, NC 27705 H(a) Is this a group return Applica-F Name and address of principal officer. LARRY ROCAMORA Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status X 501(c)(3) 501(c) (527 (insert no. If "No." attach a list, (see instructions) J Website: WWW.SHALOMDCH.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > Year of formation: 1998 M State of legal domicile: NC Part I Summary Briefly describe the organization's mission or most significant activities. WE STRIVE TO PROVIDE PROGRAMS 1 Activities & Governance AND SERVICES THAT HELP THOSE IN NEED, PROVIDE OPPORTUNITIES FOR if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 Check this box 22 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body Part VIPTE GETVED 22 4 238 Total number of individuals employed in calendar year 2018 (Par NOV 0 5 2019 655 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 1 7a b Net unrelated business taxable income from Form 990-T, line 38 OGDEN Prior Year **Current Year** 1,427,476. 1,305,136. Contributions and grants (Part VIII, line 1h) Revenue 1,592,827. 1,376,480. Program service revenue (Part VIII, line 2g) 73,830 117,351. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 345,415. 222,664. 3,439,548. 3,021,631. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 311,163. 229,636. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 1,622,861. 1,383,963. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 1,355,115. 992,184. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,289,139. 2,605,783. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 415,848. 150,409. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 11,287,075. 11,645,575. 20 Total assets (Part X, line 16) 3,422,009. 3,385,703. 21 Total liabilities (Part X, line 26) 7,865,066. 8,259,872. Net assets or fund balances Subtract line 21 from line 20 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. AM -Signature of office Sign LARRY ROCAMORA, BOARD PRESIDENT Here Type or print name and title PTIN Date Print/Type preparer's name Preparer's signature Kusta Thoule CPA 10/17/19 Paid KRISTEN HOYLE, CPA P00118964 THOMAS, JUDY & TUCKER P.A 56-1965804 Preparer Firm's EIN Firm's address 300 WEST MORGAN STREET SUITE Use Only Phone no. 919-571-7055 DURHAM. NC 27701 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

Form	1990 (2018) DURHAM-CHAPEL HILL JEWISH FEDERATION	58-1384316	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
		······································	[4]
1	Briefly describe the organization's mission: TO CONNECT JEWS IN THE LOCAL COMMUNITY, TO HELP THOSE IN	NEED BOTH	
	HERE AND ABROAD, AND TO PROVIDE AND SUPPORT PROGRAMS AND	SERVICES TH	AT
	ENABLE CURRENT AND FUTURE GENERATIONS TO LEAD MORE MEANIN	NGFUL LIVES	
	INSPIRED BY JEWISH VALUES.		
_			
2	Did the organization undertake any significant program services during the year which were not listed on the		
	pnor Form 990 or 990-EZ?	L Yes	X 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 Yes	X 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 n	neasured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	s the total expenses, ar	nd
	revenue, if any, for each program service reported.	2, 3.75 353 <u>2</u> , 5.4 p 3.7553, 3. 7	- -
40	200 772	790	669.)
4a			003.
	THE JEWISH COMMUNITY CENTER OR JCC'S MISSION IS TO ENRICH		
	COMMUNITY BY PLAYING AN INTEGRAL ROLE IN THE LIVES OF INI		
	FAMILIES, GROUPS, AND INSTITUATIONS THROUGH CULTURAL, REC	CREATIONAL,	
	SOCIAL, AND EDUCATIONAL PROGRAMS AND ACTIVITIES. THE JCC	C OFFERS A W	IDE
	VARIETY OF PROGRAMS AND EVENTS FOR ALL AGES INCLUDING SUM		
	INCLUSION PROGRAMMING, MIDRASHA TEEN PROGRAMS, YOUTH & FA		vic.
	CHALLAH FOR SHABBAT, SWIMMING CLASSES, GROUP EXERCISE, PE		.10,
		TROUNT	
	TRAINING, PILATES, & MASSAGES.		
4b	(Code) (Expenses \$ 359,943. including grants of \$ 49,122.) (Revenue	es 613.	503.)
	DURHAM-CHAPEL HILL JEWISH FEDERATION PROVIDES A BROAD RAN		
	TO INDIVIDUALS LOCALLY, IN ISRAEL, AND AROUND THE WORLD.	SERVICES	
	RANGE FROM DIRECT AID, PLACEMENT SERVICES, EDUCATION AND		
			
	SERVICES. THIS INCLUDES OUR JEWISH COMMUNITY FOUNDATION,		
	ALLOCATIONS, ARTS & CULTURE OFFERINGS, ISRAEL CENTER PROG		
	TALKS, JEWISH COMMUNITY RELATIONS COUNCIL, AND MEN'S & W	IOMEN'S GROUI	?•
4 -	161 352 38 310 \ /-	- 90 1	507
4c	(Code		587.
	JEWISH FAMILY SERVICES (JFS) OFFERS A COMPREHENSIVE RANGE		<u> </u>
	THAT HELP PEOPLE MEET LIFE'S CHALLENGES. THIS INCLUDES E		
	FINANCIAL ASSISTANCE, COUNSELING SERVICES, CLINICAL CONNE		
	TRAINING, MONTHLY CHAVERIM LUNCHEONS, MEMORY CAFE FOR SEN	IORS WITH	
	DIAGNOSED MEMORY LOSS, AND MANY OTHER PROGRAMS. GUIDED BY	THE JEWISH	
	VALUES OF COMMUNAL RESPONSIBILITY AND SOCIAL JUSTICE, JFS	IS PASSIONA	ATE
	IN ITS COMMITMENT TO SERVE ALL MEMBERS OF THE COMMUNITY.	MEMBERS	
	INCLUDE, BUT ARE NOT LIMITED TO, INTERFAITH FAMILIES, ELD		<u>ייי</u>
			<u>, </u>
	IN FAMILIES, THOSE WHO ARE NOT AFFILIATED WITH OTHER JEWI		
	INSTITUTIONS, AND REFUGEES. JFS DELIVERS HIGH QUALITY, P		·
	SOCIAL SERVICES FOR ADULTS AND FAMILIES THROUGH ALL STAGE	S OF LIFE.	
_			
4d	Other program services (Describe in Schedule O.)		
		71,290.)	
4e	Total program service expenses ▶ 2,201,603.		
		Form 99	90 (2018)

Form 990 (2018) DURHAM-CHAPEL HILL JEWISH FEDERATION Part IV | Checklist of Required Schedules

 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If Yes, "compilete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? Old the organization required to complete Schedule B, Schedule C of Contributors? Bection 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(f)(4) electroduring the tax year? If "Yes," complete Schedule C, Part II Is the organization as section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessme similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Is the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Did the organization reserves in hold a conservation essement, including assements to preserve open space, the environment, histonic land areas, or histonic structure? If "Yes," complete Schedule D, Part III Did the organization review or hold a conservation essement, including assements to preserve open space, the environment, histonic land areas, or histonic structure? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodial amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotation serve. If "Yes," complete Schedule D, Part IV Did the organization developed to through a related organization, hold assets in temporarily restricted endowments, per endowments, or quais-endowments? If "Yes," complete Schedule D, Part V If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part VI, VIII, I as appliciable. Did the organization sawer to any of the following questions is "Yes,"	-		Yes	No
 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaing activities on behalf of or in opposition to candida public office? If "Yes," complete Schedule C, Part II 4 Section 501(x)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(f) electric during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization as section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessme similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization organization or investment of amounts in such funds or accounts for which donors have the in provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part III 6 Did the organization receive or hold a conservation easement, including assessments to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III 7 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodia amounts not listed in Part X, or provide credit counselling, debt management, credit repair, or debt negotiation servic If "Yes," complete Schedule D, Part IV 7 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, pe endowments, or quasi-indowments? If "yes," complete Schedule D, Part V 1 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VII 2 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII 3 Did the organization report an amount for investments - other securities				
 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candida public office? If "Yes," complete Schedule C, Part II Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election during the tax year" If "Yes," complete Schedule C, Part III Is the organization as extorio 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessme similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the in provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule 7. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodia amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation serve If "Yes," complete Schedule D, Part V Did the organization, directly or through a related organization, hold assets in temporanly restricted endowments, per endowments, or quiss-endowments? If "Yes," complete Schedule D, Part V IIII If the organization is applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V IIIII If the organization is applicable to any of the following questions is "Yes," in the complete Schedule D, Part X IIII If If If If I	L	1_	X	<u> </u>
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Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? #*Yes,* complete Schedule D, Part ## 18 Did the organization maintain collections of works of art, historical treasures, or other similar assets? ##Yes,* comps. Schedule D, Part ## 19 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodia amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation servic ##*Yes,* complete Schedule D, Part ### 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, pe endowments, or quasi-endowments? ##*** "Yes,* complete Schedule D, Part V** 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V** 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? ##**Yes,* complete Sche Part V** 13 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its tot assets reported in Part X, line 16? #*Yes,* complete Schedule D, Part V** 14 Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its tot assets reported in Part X, line 16? #*Yes,* complete Schedule D, Part V** 15 Did the organization report an amount for other assets in Part X, line 15% or more of its total assets reported in Part X, line 16? #*Yes,* complete Schedule D, Part V** 16 Did the organization report an amount for other assets in Part X, line 15% or more of its total assets reported in Part X, line 15 ##** "Yes,* complete Schedule D, Part X A and X** In the organization of the amount for other assets in Part X, line 150 ##** "Yes,* complete Schedule D, Part X A and X** In the organization of the analysis and the organization obtain separate, independent audited	- 1			
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		20b	$\neg \uparrow$	
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domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II		21	х	

Form 990 (2018) DURHAM-CHAPEL HILL JEWISH FEDERATION
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? If "Yes," complete Schedule I, Parts I and III	22	Х	
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? If "Yes," complete			
	Schedule J	23		X
24 a	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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No," go to line 25a .	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		ŀ	
	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		
25 a	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? If "Yes," complete Schedule L, Part 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? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).			لببا
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			77
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	х	<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			X
~~	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			X
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		X
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>x</u>
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	338		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	555		
30	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>	t	
~	Note. All Form 990 filers are required to complete Schedule O	38	х	
Par		<u> </u>		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a, Enter -0- if not applicable 1b 0		1	Ì
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		_ 1	
-	(gambling) winnings to prize winners?	1c		

Page 5

			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 . 238	3]		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	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 in Schedule O	3b		
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		Х
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	ļ	Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<u> </u>	
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		ļ	
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	INIDIONIO I	X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<u>7g</u>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	21K-200006K	3002200200
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	20000000200	X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	************	X
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	, , , , ,			
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			
40	amounts due or received from them.)		*****	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	********	*****
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	· 🚟		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-	*******	`D\$886.85
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	********	*20000000000000000000000000000000000000
_	Note. See the instructions for additional information the organization must report on Schedule O.			
D	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			
_				
-	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	14a	4000 JONESON	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	170		
15		15		X
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	3333	1488	
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	356858665	X
	If "Yes," complete Form 4720, Schedule O.			_ _
-		Form	990	(2018)
			,	

Section A. Governing Body and Management

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 in Schedule O. See instructions

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

7			
	1	77	
		1 X	

Yes No

		ı		~~	† 	 			
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		22					
	If there are material differences in voting rights among members of the governing body, or if the governing			'	P . 2				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			22	1 12 X	2,1			
b	Enter the number of voting members included in line 1a, above, who are independent	<u>1b</u>	_	<u>44</u> , `		*\			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	iny otner		X				
_	officer, director, trustee, or key employee?	J		2	 ^ -	-			
3	Did the organization delegate control over management duties customarily performed by or under the	airect	supervision						
_	of officers, directors, or trustees, or key employees to a management company or other person?		- 51 - 10	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 99		s filed /	4	<u> </u>	X			
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ers?		<u>5</u>	х				
6	Did the organization have members or stockholders?			-	┢ᢚ	 			
7a									
_	more members of the governing body?								
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	CKITO	ders, or	76	x				
•	persons other than the governing body? Did the greenization contemporance belong undertaken during the year	by the	following	7b	030	لكث			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by the	ioliowing.	##### 8a	X	فكنشد			
a	The governing body? Each computes with authority to get an helialf of the governing body?			8b	X				
b	Each committee with authority to act on behalf of the governing body?	had a	tha	80					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac	rieu ai	. trie	وا		х			
Sec	organization's mailing address? If "Yes." provide the names and addresses in Schedule O		O \	<u> </u>					
000	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue	Code.)		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a	162	X			
	If "Yes," did the organization have written policies and procedures governing the activities of such cha	ntere	affiliates	104	\vdash	 -			
U	and branches to ensure their operations are consistent with the organization's exempt purposes?	ıpters,	annates,	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	hefore	e filing the form?	11a	х				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Deloit	s ming the form:	1110					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	كنشند			
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?								
c									
Ŭ	In Schedule O how this was done	ss, de	scribe	12c	x				
13	Did the organization have a written whistleblower policy?			13	Х				
14	Did the organization have a written document retention and destruction policy?			14	Х				
15	Did the process for determining compensation of the following persons include a review and approval	by ind	ependent	,		ĺ			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-,				, ,			
а	The organization's CEO, Executive Director, or top management official			15a	X				
	Other officers or key employees of the organization			15b		X			
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent wi	th 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 pa	rticipation	,	X _{1,2} 1				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization					1			
	exempt status with respect to such arrangements?			16b					
Sec	tion 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)	avaılab	le			
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website Another's website X Upon request Other (explain i	n Sch	edule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conf		•	nd financ	al				
	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 book	s and	records >						
	LAURA NICHOLSON - 919-354-4951								
	1937 WEST CORNWALLIS RD, DURHAM, NC 27705								
	40.04			Form	990 /	2018)			

Form	aan	/2018\	

DURHAM-CHAPEL HILL JEWISH FEDERATION

58-1384316

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<u>Part VIII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, 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.

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

Check this box if neither the organization (A)	(B)	T	ııııza			iipei	ISa	(D)	(E)	(F)
Name and Title	Average		(C) Position			1		Reportable	Reportable	Estimated
Name and Title	hours per		(do not check more than one box, unless person is both an			compensation	compensation	amount of		
	week		cer ar					from	from related	other
	(list any	director					ł	the	organizations	compensation
	hours for	o die	₆			ted		organization	(W-2/1099-MISC)	from the
	related	stee	ruste		a.	pensa		(W-2/1099-MISC)		organization
	organizations below	ᄪ	onal		ploye	t com	١.			and related organizations
	line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) PHILIP SINGER	4.00	 -	<u> </u>	3	×.	1 0	۳			
PAST PRESIDENT		X		х			ĺ	0.	0.	0.
(2) LARRY ROCAMORA	4.00									
PRESIDENT		X		Х				0.	0.	0.
(3) BRYNA RAPP	1.00									
VICE PRESIDENT, JCC DESIGN		X		X	l	<u> </u>		0.	0.	0.
(4) ERIC WITTLE	3.00									
PRESIDENT ÉLECT		Х		X				0.	0.	0.
(5) SHULA BERNARD	3.00									
SECRETARY		Х		X				0.	0.	0.
(6) CAROL HAYNES	3.00									
TREASURER		X		X		<u> </u>		0.	0.	0.
(7) KAREN BERMAN	1.00									_
MEMBER AT LARGE		X				<u> </u>		0.	0.	0.
(8) JEFF COLLINS	1.00	1						_	_	_
MEMBER AT LARGE		X					<u> </u>	0.	0.	0.
(9) SAM HOROWITZ	1.00							_	_	_
ALLOCATIONS REPRESENTATIVE		Х				L.,	_	0.	0.	0.
(10) PERRI LIBERTY	1.00								_	_
ISRAEL CENTER CHAIR		X						0.	0.	0.
(11) ERIC MEYERS	1.00									
MEMBER AT LARGE		X					<u></u>	0.	0.	0.
(12) BOB SCHWARTZ	1.00	ļ								
JCRC REPRESENTATIVE	1 00	Х	Ш				<u> </u>	0.	0.	0.
(13) ELLEN SINGER	1.00									•
JFS REPRESENTATIVE	1 00	Х					_	0.	0.	0.
(14) JONATHAN DAYAN	1.00	,,						_	^	0
MEMBER AT LARGE	1 00	X				_		0.	0.	0.
(15) RABBI ELANA FRIEDMAN	1.00	.							ا م	0
MEMBER AT LARGE	1 00	X				-	_	0.	0.	0.
(16) PATTY WILD MEMBER AT LARGE	1.00	x						0.	0.	0.
(17) BILL ZOFFER	1.00	^				\vdash			0.	
GOVERNANCE REPRESENTATIVE	1.00	Х						0.	0.	0.
SOVEMBRICE REFRESENTATIVE		43	ш			ш	Ц			Form 990 (2018)

Form 990 (2018) DURITALIT C.										204	210		Page
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees.	, and	d Hi	ghe	st C	ompensated Employee	s (continued)				
(A)	(B) (C)							(D)	(E)		(F)		
Name and title	Average	(dc	Position (do not check more than one				one	Reportable	Reportable		E	stimat	ted
	hours per	box	k, unle icer ar	ss pe	rson	ıs bot	h an	compensation	compensation		a	mount	
	week	—	T	I	I	7,003	T	from	from relate			othe	
	(list any hours for	director		İ				the	organization			npens	
	related	5	ᇐ			sated		organization (W-2/1099-MISC)	(W-2/1099-MI	30)		from tl ganıza	
	organizations	trustee or	T sa		 జ	E E		(44-271099-141190)			1 '	nd rela	
	below	l ag	trona	_	ê	25.55						janizat	
	line)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				"		
(18) LEAH AUSTIN	1.00	1	-	<u> </u>	r			·					
DEVELOPMENT REPRESENTATIVE		X		<u> </u>				0.		0.			0.
(19) HOWARD GLICKSMAN	1.00												
JCF REPRESENTATIVE		X	L	<u></u>	<u> </u>			0.		0.			0.
(20) RACHEL BEARMAN	1.00												
MEMBER AT LARGE	<u> </u>	X						0.		0.	\perp		0.
(21) LISA BRACHMAN	1.00												
MEMBER AT LARGE		X	<u> </u>	ļ			<u> </u>	0.		0.	<u>↓</u>		0.
(22) JENNA HYLAND	1.00							_					
MEMBER AT LARGE		X	<u> </u>	-		_		0.		0.	<u> </u>		0.
(23) JILL MADSEN	40.00									_			_
CEO	40.00	<u> </u>	ļ	X	ļ	_		0.		0.	↓		0.
(24) LAURA NICHOLSON	40.00	-	ŀ	,,						0			0
DIRECTOR OF FINANCE			 	X				0.		0.	+		0.
	-	1											
		╁	\vdash			 	_				+		
		1						ĺ					
1b Sub-total	1	ь		<u>. </u>	<u> </u>	-		0.		0.	†		0.
c Total from continuation sheets to Part VI	 I. Section A	•						0.		0.			0.
d Total (add lines 1b and 1c)	.,					•	•	0.		0.			0.
Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable	 e			
compensation from the organization								·					C
												Yes	No
3 Did the organization list any former officer,	director, or tru	ıste	e, ke	y en	olqn	yee,	or h	nighest compensated en	nployee on				1
line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4 For any individual listed on line 1a, is the su	ım of reportabl	е со	mpe	ensa	tıon	and	oth	er compensation from tl	ne organization				1000000
and related organizations greater than \$150											4	COONGRADO	X
5 Did any person listed on line 1a receive or a							elate	d organization or individ	lual for services				
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ıch r	ers	on			· · · · · · · · · · · · · · · · · · ·		5	L	X
Section B. Independent Contractors													
Complete this table for your five highest con										pensa	tion fr	om	
the organization. Report compensation for t	ine calendar ye	ear e	nair	ig w	nn o	or wn	Inin		ear.				
(A) Name and business	address	NC	ONE	?			ŀ	(B) Description of s	ervices	(Compe	C) Insatio	n
		110	<u> </u>				\dashv	<u>'</u>					
							l						
				_					$ \neg$				
							\perp						
									41	***	60	**************************************	
2 Total number of independent contractors (in		ot lin	nrted	ι το t	nos: A	e lisi I	ed a	above) who received mo	re tnañ				
\$100,000 of compensation from the organiz	alion									چۇر _{ىراد} ر.≽	9.35. 14. 19. 19. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	× × × × , 50 v	_05X,X83

Sales	erê dayê xe	no no	Check if Schedule O con	taine a reenence	or note to any lir	o in this Dart VIII			
			Crieck ii Scriedule O Con	Idilis a response	of note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ifts, Grants ir Amounts	1	b c	Federated campaigns Membership dues Fundraising events Related organizations	1a 1b 1c 1d					
Contributions, Gifts, Grants and Other Similar Amounts		e f	Government grants (contributions, gifts, grant similar amounts not included about Noncash contributions included in lines	rits, and ove 1f 1,	305,136. 490,929.		The second secon	er en en grand del de en	or constitution of the second
Con	1 19					1,305,136.	200000		
	_		MEMBERCUTE / DITE	1	Business Code 624110	681,771.	681,771.		
ice	2		MEMBERSHIP/DUES CAMP REVENUE		624110	395,118.	395,118.	 	
Serv		_	PROGRAMS AND CL	ASSES	624110	284,155.	284,155.		
am (ever			CLIENT CLINICAL		624110	15,436.	15,436.		
Program Service Revenue	-	е	-						
Ā		f	All other program service reve	enue		1,376,480.			
	3		Total. Add lines 2a-2f Investment income (including	dividends intere		1,370,480.			<u> </u>
	·		other similar amounts)	2.7.2020,0.0	▶	51,541.			51,541.
	4		Income from investment of ta	x-exempt bond p	roceeds >				
	5		Royalties		<u> </u>	040.0220004.550000000007.025007.250	20028-00028-0000-000-000-000-000-000-000	955500000000000000000000000000000000000	50-9048*C75.9785236554665666
	_		•	(i) Real 71,285.	(ii) Personal_				
	6		Gross rents Less: rental expenses	0.					
			Rental income or (loss)	71,285.					
			Net rental income or (loss)		<u> </u>	71,285.	40,000.		31,285.
			Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory	325,072.					
		b	Less. cost or other basis	550 050					
			and sales expenses	259,262. 65,810.					
			Gain or (loss)	65,810.		65,810.			65,810.
		d Net gain or (loss) a Gross income from fundraising events (not			03,010.			05,010.	
ag	Ū	_	including \$	of					
Other Revenu			contributions reported on line	1c). See					
<u>بر</u> ح			Part IV, line 18	а	24,239.				
휷			Less direct expenses	. ь	12,429.	11 010			11 010
			Net income or (loss) from fund		<u> </u>	11,810.		14.cd	11,810.
	9	а	Gross income from gaming ac Part IV, line 19	a a					
		b	Less: direct expenses	b					
			Net income or (loss) from gam	ning activities					
	10	а	Gross sales of inventory, less						
			and allowances		137,779.		ing to the second secon	mini a committiba ser cens committibant	
			Less. cost of goods sold	b	44,679.	03 100	93,100.		
}		С	Net income or (loss) from sale Miscellaneous Revenu		Business Code	93,100.	33,100.		
Ì	11	 a	MISCELLANEOUS I		900099	18,726.	18,726.		
			ADMINISTRATIVE		900099	13,949.	13,949.		
			JEWISH EDUCATIO		900099	13,794.	13,794.		
		d	All other revenue				ARRESTRIANCE & ADMINISTRATES	AARDOOODOOODOO AAAAA	CONTROLOGO PARAMETER AND
			Total. Add lines 11a-11d		•	46,469.		•	160 446
	12		Total revenue. See instructions			3,021,631.	1,556,049	0.	160,446.

Sect	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX									
		(A)	(B)	(C)	(D)					
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses					
1	Grants and other assistance to domestic organizations		<u> </u>	3	GAPGII SEC					
•	and domestic governments. See Part IV, line 21	182,592.	182,592.							
2	Grants and other assistance to domestic		,							
_	individuals. See Part IV, line 22	47,044.	47,044.							
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	146,198.	53,934.	24,694.	67,570.					
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	1 060 501		25.500	25.55					
7	Other salaries and wages	1,068,734.	933,510.	97,589.	37,635.					
8	Pension plan accruals and contributions (include	. 00 000	22 555	2 (12	1 550					
	section 401(k) and 403(b) employer contributions)	27,739.	23,557.	2,612.	1,570.					
9	Other employee benefits	45,908.	39,070. 77,729.	4,200.	2,638.					
10	Payroll taxes	95,384.	11,129.	9,556.	8,099.					
11	Fees for services (non-employees)									
a	Management		, , , , , , , , , , , , , , , , , , , ,							
b	Legal	14,155.		14,155.	·					
	Accounting Lobbying	14,133.		11,133.						
d e	Professional fundraising services. See Part IV, line 17									
f	Investment management fees	•	***************************************	account of the contract of the						
g	Other. (If line 11g amount exceeds 10% of line 25,									
9	column (A) amount, list line 11g expenses on Sch O.)	68,278.	63,296.	3,203.	1,779.					
12	Advertising and promotion	40,755.	38,017.	1,712.	1,779. 1,026.					
13	Office expenses	30,046.	27,222.	1,681.	1,143.					
14	Information technology	39,931.	34,412.	3,548.	1,971.					
15	Royalties									
16	Occupancy	170,130.	155,561.	9,366.	5,203.					
17	Travel	1,828.	1,828.		····					
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	01 051	70 470	7 276	4 007					
20	Interest	81,951.	70,478.	7,376.	4,097.					
21	Payments to affiliates	202,503.	174,153.	18,225.	10,125.					
22	Depreciation, depletion, and amortization Insurance	38,434.	33,053.	3,459.	1,922.					
23 24	Other expenses. Itemize expenses not covered	30,234.		J, 4JJ.	1,522.					
4	above. (List miscellaneous expenses in line 24e. If line									
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)									
а	MEMBERSHIP SERVICES	134,089.	132,537.	998.	554.					
b	BANK AND INVESTMENT CHA	84,122.	75,337.	5,648.	3,137.					
c	BAD DEBT EXPENSE	26,227.		26,227.						
d	STAFF DEVELOPMENT	25,273.	22,503.	1,759.	1,011.					
е	All other expenses	34,462.	15,770.	565.	18,127.					
25	Total functional expenses. Add lines 1 through 24e	2,605,783.	2,201,603.	236,573.	167,607.					
26	Joint costs. Complete this line only if the organization									
	reported in column (B) joint costs from a combined	ĺ		,						
	educational campaign and fundraising solicitation.									
	Check here following SOP 98-2 (ASC 958-720)									

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 7,890. 4,130. 1 Cash - non-interest-bearing 616,586. 605,893. Savings and temporary cash investments 2 2 419,335. 221,297. 3 Pledges and grants receivable, net 3 35,410. 4 61,681. Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 424,796. 415,200. 7 Notes and loans receivable, net 8 Inventories for sale or use 22.626. 31,295. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment, cost or other 9,151,032. basis. Complete Part VI of Schedule D 10a 1,935,834. 6,969,587. 7,215,198. 10b 10c b Less accumulated depreciation 11 11 Investments - publicly traded securities 3,090,531. 2,789,145. 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related, See Part IV, line 11 13 13 14 14 Intangible assets -1,700. 350. 15 . Other assets, See Part IV, line 11 15 11,287,075. 11,645,575. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 105,253. 89,766. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 77,956. 143,517. 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 3,238,800. 3,152,420. 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 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 3,422,009 3,385,703. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 4,561,248. 5,152,553. 27 27 Unrestricted net assets 1,786,204. 1,318,640. 28 28 Temporarily restricted net assets 1,517,614. 1,788,679 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 32 Retained earnings, endowment, accumulated income, or other funds 7,865,066. 8,259,872. 33 33 Total net assets or fund balances 11,287,075. 11,645,575. Total liabilities and net assets/fund balances

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

X

Form **990** (2018)

3a

Act and OMB Circular A-133?

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization 58-1384316 DURHAM-CHAPEL HILL JEWISH FEDERATION 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. _____ 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) Total

Partill 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.)

Se	ction A. Public Support	, ,		-						
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
	Gifts, grants, contributions, and			1						
	membership fees received. (Do not									
	include any "unusual grants.")	1256968.	2185268.	1591920.	1427476.	1305136.	7766768.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to		<u> </u>	,						
	or expended on its behalf	ŀ								
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	1256968.	2185268.	1591920.	1427476.	1305136.	7766768.			
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)						778,169.			
6	Public support. Subtract line 5 from line 4						6988599.			
	ction B. Total Support			and the second s	os an a conquestion and a constant					
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
	Amounts from line 4	1256968.	2185268.	1591920.	1427476.	1305136.	-7766768			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	119,146.	135,517.	191,053.	172,493.	122,826.	741,035.			
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)	,								
11	Total support. Add lines 7 through 10						8507803.			
	Gross receipts from related activities,	etc. (see instruction	ns)			12 7	,064,799.			
13	First five years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth ta	x year as a section	501(c)(3)	-			
	organization, check this box and stop	here					>			
Sec	ction C. Computation of Publi	c Support Per	centage			-				
14	Public support percentage for 2018 (li	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	82.14 %			
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	85.70 %			
16a	33 1/3% support test - 2018. If the c	organization did no	t check the box or	line 13, and line 1	4 is 33 1/3% or me	ore, check this box	and			
	stop here. The organization qualifies	as a publicly suppo	orted organization				$\triangleright X$			
b	33 1/3% support test - 2017. If the c	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check this	s box			
	and stop here. The organization quali	•					>			
17a	10% -facts-and-circumstances test		-		13, 16a, or 16b, a	nd line 14 is 10% c	or more,			
	and if the organization meets the "fact	_								
	meets the "facts-and-circumstances"			•	•	3	•			
b	10% -facts-and-circumstances test	ŭ			•	7a, and line 15 is 1	0% or			
		_				·				
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									

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

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

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

Se	ction A. Public Support							
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions,					/	 	
_	merchandise sold or services per-							
	formed, or facilities furnished in							
	any activity that is related to the							
_	organization's tax-exempt purpose					 		
3	Gross receipts from activities that			1				
	are not an unrelated trade or bus-							
	iness under section 513				/	4		
4	Tax revenues levied for the organ-							
	ızatıon'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	-			T		_	
	Amounts included on lines 1, 2, and							
	3 received from disqualified persons				İ			
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			7	···			
	Add lines 7a and 7b		Marie Contract for		1257	18 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1		
	Public support (Subtract line 7c from line 6)	> 1 × 1 × 1 × 1 × 1	March Carpe	Mary Control	19 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1944 x 17 x 8/ 41		
	ction B. Total Support	1		<u> </u>	Τ .	1		
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
	Amounts from line 6		/					
10a	Gross income from interest, dividends, payments received on		/					
	securities loans, rents, royalties,		/					
	and income from similar sources		/					
ь	Unrelated business taxable income	/	1			1		
	(less section 511 taxes) from businesses	/						
	acquired after June 30, 1975							
c	Add lines 10a and 10b							
11	Net income from unrelated business							
	activities not included in line 10b,							
	whether or not the business is	/						
12	regularly carried on Other income. Do not include gain	/	 					
.2	or loss from the sale of capital							
	assets (Explain in Part VI.)							
	Total support. (Add lines 9, 10c, 11, and 12)					<u> </u>		
14	First five years. If the Form 990 is for	the organization's	s first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiza	tion,	
	check this box and stop here						> L	
Sec	tion C. Computatiøn of Publi	c Support Per	centage					
15	Public support percentage for 2018 (I	ıne 8, column (f), d	livided by line 13, o	olumn (f))	•	15	<u>%</u>	
	Public support percentage from 2017					16	<u>%</u>	
Sec	tion D. Computation of Inves	tment Income	Percentage					
17	7 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17 %							
	Investment income percentage from					18	%	
	33 1/3% support tests - 2018. If the			on line 14, and line	15 is more than 3	3 1/3%, and line 17	'is not	
	more than 33 1/3%, check this box ar						▶□	
h	33 1/3% support tests - 2017. If the						nd	
	line 18 is not more than 33 1/3%, che						▶ □	
	Private foundation. If the organization							
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Schedule A (Form 990 or 990-EZ) 2018 DURHAM-CHAPEL HILL JEWISH FEDERATION

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *If you checked 12a or 12b in Part I, answer (b) and (c) below*
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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Sch	edule A (Form 990 or 990-EZ) 2018 DURHAM-CHAPEL HILL JEW	ISH F	EDERATION 5	8-1384316 Page 6
Pa	Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	n Nov. 20, 1970 (explain in P	art VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must of	omplete S	Sections A through E.	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recovenes 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		
Sect	tion 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		
<u> </u>	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		•
3	Subtract line 2 from line 1d	3		,
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
_3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6_		
7	Check here if the current year is the organization's first as a non-functional	lly integra	ted Type III supporting organ	ization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Sch	edule A (Form 990 or 990-EZ) 2018 DURHAM-CHAPEI			8-1384316 Page 7
KAKKAKA	xxxxxxxxxx	(a)(s) Supporting Orga	inizations (continued)	
	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe		·	
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	<u>s</u>	
4	Amounts paid to acquire exempt-use assets	 		· · · · · · · · · · · · · · · · · · ·
5	Qualified set-aside amounts (pnor IRS approval required)	1-1/		
<u>6</u>	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			<u> </u>
10	Line 8 amount divided by line 9 amount			
Sect	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-		**************************************	
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
	From 2013			
-	From 2014			
	From 2015			
	From 2016			
	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years		Charles and County Section 2 and County Section 2	
	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		24	
4	Distributions for 2018 from Section D.			
	line 7 \$			
а	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			The second secon
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3			
	and 4c.			
8	Breakdown of line 7.			
	Excess from 2014	7,773		
	Excess from 2015			
	Excess from 2016		A STATE OF THE STA	
	Excess from 2017			
	Excess from 2018		7.0	***************************************
				4-14-14-14-14-14-14-14-14-14-14-14-14-14

Schedule A (Form 990 or 990-EZ) 2018

Schedul	le A (For	m 990 o	r 990-EZ) 201	8 DU	RHAM-C	HAPEL	HILL	JEW	ISH FE	EDERATIO	N	58-1384316	Page 8
Part \	/ Su	pplem	ental Info	rmati	on. Provid	e the explan	ations re	equired l	oy Part II, Iır	ne 10, Part II, li	ne 17a or	17b, Part III, line 12;	0
	line	1, Part	IV, Section D	, lines 2	2 and 3, Par	t IV, Section	E, lines	1c, 2a,	2b, 3a, and	3b; Part V, line	1, Part V	and 2, Part IV, Section Section B, line 1e, F	on C, Part V,
	Sec	ction D, l	lines 5, 6, and	8, and	Part V, See	ction E, lines	s 2, 5, an	d 6. Als	o complete	this part for ar	y addition	al information.	
		<u>c matrot</u>	Silono.j				-						- ··-
PART	II,	SHO	RT YEAR	EXI	PLANAT	ION:	<u>.</u>				_		
THE	2018	TAX	RETURN	IS	BEING	FILED	FOR	THE	SHORT	PERIOD	FROM	1/1/2018	
<u>TO 9</u>	/30/	2018											
													
					<u>.</u>						<u> </u>		
		.=						<u> </u>					
													·
			•										
-													
								_					
		<u> </u>	·				•			-			
											,		
											 		-
													
				**									
									<u> </u>				

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 18 Open to Public Inspection

Name of the organization

Employer identification number

		JEWISH FEDERATION	<u> 58-1384316</u>
Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or Ac	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	27	50
2	Aggregate value of contributions to (during year)	108,512.	390,458.
3	Aggregate value of grants from (during year)	93,127.	130,745.
4	Aggregate value at end of year	753,292.	3,912,127.
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fund	
	are the organization's property, subject to the organization's	exclusive legal control?	X Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be used o	only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose conferr	
	impermissible private benefit?		X Yes No
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a historically	y important land area
	Protection of natural habitat	Preservation of a certified hi	istoric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a co	nservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the organi	zation during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		└─ Yes └─ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation	on easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and enforcing conservation ea	sements during the year
_	\$		6)
8	Does each conservation easement reported on line 2(d) abov	re satisfy the requirements of section 170(h)(4)(B)	· — —
_	and section 170(h)(4)(B)(ii)?		☐ Yes ☐ No
9	In Part XIII, describe how the organization reports conservation	•	
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the orgi	anization's accounting for
Pai	conservation easements. t III Organizations Maintaining Collections of	Art. Historical Treasures, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form		
12	If the organization elected, as permitted under SFAS 116 (AS		d halance sheet works of art
10	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that describ	•	bublic service, provide, in alt XIII,
h	If the organization elected, as permitted under SFAS 116 (AS		alance sheet works of art historical
b	treasures, or other similar assets held for public exhibition, ed	•	
	relating to these items	deation, or research in furtherance of public serv	vice, provide the lonowing amounts
	(i) Revenue included on Form 990, Part VIII, line 1		S \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical trea	asures or other similar assets for financial care in	
_	the following amounts required to be reported under SFAS 1		5.01.40
2	Revenue included on Form 990, Part VIII, line 1	to these nems.	▶ \$
	Assets included in Form 990. Part X		S

		CHAPEL HILI						84316	
Pa	rt III Organizations Maintaining C	collections of Art	t, Historical Tre	easures, or Oth	<u>ier S</u>	imilar	Asset	s (continu	ued)
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that are a	signif	īcant u	se of its o	collection i	tems
	(check all that apply).								
а	Public exhibition	d	Loan or exc	change programs					
b	Scholarly research	e	Other	• . •					
c	Preservation for future generations	-				_			
4	Provide a description of the organization's co	olloctions and explain	how they further t	he organization's e	emnt.	nurnos	a in Part	YIII	
	·	-		-	-		e iii ait	AIII.	
5	During the year, did the organization solicit of		•		iar ass	Seis		٦.,	<u> </u>
Da	to be sold to raise funds rather than to be mark IV Escrow and Custodial Arran					000	D-4 N4	Yes	No_
Га			ete ir the organizatio	on answered "Yes"	on Fo	rm 990,	, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	***							
1a	Is the organization an agent, trustee, custodi	ian or other intermedi	ary for contribution	s or other assets n	ot incli	uded	_	_	
	on Form 990, Part X?	•					L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:			- 1			
						\Box		Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or co	ustodial account lia	bility?			Yes	No
b	If "Yes," explain the arrangement in Part XIII.								
Pa	rt V Endowment Funds. Complete	f the organization ans	swered "Yes" on Fo	orm 990, Part IV, lin	e 10.				
		(a) Current year	(b) Prior year	(c) Two years back		Three ye	ears back	(e) Four y	ears back
1a	Beginning of year balance	2,794,058.	2,291,498.	2,064,156		2,16	51,501.	2,1	131,167.
b	Contributions	426,325.	378,587.	 		69	9,301.	2	244,793.
c	Net investment earnings, gains, and losses	33,197.	290,643.	61,488	_	- 4	4,154.		87,333.
	Grants or scholarships	174,042.	166,670.	198,221	+		2,492.	2	267,081.
	Other expenditures for facilities			· · · · · · · · · · · · · · · · · · ·	1				
-					1				
	and programs			-	+				34,711.
†	Administrative expenses	3,079,538.	2,794,058.	2,291,498	+	2 06	4,156.	2 1	61,501.
g	End of year balance			 	<u> </u>	2,00	74,130.	2,1	.01,301.
2	Provide the estimated percentage of the curr		,)) neid as					
а	Board designated or quasi-endowment	9.68	_%						
_	Permanent endowment ► 57.56	 %							
C	Temporarily restricted endowment ▶3								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
3a	Are there endowment funds not in the posses	ssion of the organizat	ion that are held ar	nd administered for	the or	ganızat	ion	_	
	by.							<u> </u>	es No
	(i) unrelated organizations .							3a(i)	<u> </u>
	(ii) related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	d on Schedule R?					3b	
4	Describe in Part XIII the intended uses of the	organization's endow	ment funds.						
Par	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part	X, lıne	10.			
	Description of property	(a) Cost or ot	her (b) Cost	or other (c)	Accur	mulated	1	(d) Book	value
	e e e e	basis (investm	1 '	1 ' '	deprec			. ,	
1a	Land	·	42	1,898.	···			421	,898.
	Buildings				. 579	9,45	4.	6,621	
	Leasehold improvements			0,738.		$\frac{5,13}{5,02}$			718.
	•	-		9,149.		0,02			,109.
	Equipment _			8,710.		$\frac{3,04}{3,32}$	o		,390.
	Other			•	۷.	<u>∠,,∠</u>		7,215	
<u>ı otal</u>	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Part X	. column (B). line 10	Oc.)				,, <u>Z</u> I3	,170.

Complete if the organization answered "Yes"	on Form 990 Part IV II	ne 11h See Form 990	Part Y line 12	
(a) Description of security or category (including name of security)	(b) Book value			id-of-year market value
(1) Financial derivatives				<u></u>
(2) Closely-held equity interests			· · · · · · · · · · · · · · · · · · ·	
(3) Other				
(A) TAXABLE BONDS	606,535	END-OF-	YEAR MARKET	VALUE
(B) INTERNATIONAL BONDS	604,104		YEAR MARKET	
(C) U.S. EQUITIES	1,028,737		YEAR MARKET	
(D) INTERNATIONAL EQUITIES	672,780		YEAR MARKET	
(E) DIVERSIFYING ASSETS	178,375		YEAR MARKET	
(F)				
(G)				· · · · · · · · · · · · · · · · · · ·
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	3,090,531			
Part VIII Investments - Program Related.		Tooy, and a south to the continue of	THE STREET OF TH	age of the contract of the con
Complete if the organization answered "Yes"	on Form 990. Part IV. III	ne 11c. See Form 990.	. Part X. line 13.	
(a) Description of investment	(b) Book value			d-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" of	on Form 990, Part IV, Iir	ne 11d. See Form 990,	Part X, line 15.	
(a) [[]	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)		<u></u>		
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.	<u>15.)</u>			L
Complete if the organization answered "Yes" of	on Form 990, Part IV, lin	e 11e or 11f. See Forn	n 990, Part X, line 25	•
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)		·		
(9)]	

Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	dule D (Form 990) 2018 DURHAM-CHAPEL HILL JEWISH F			884316	Page 4
;-». .	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	The trial tr			
1	Total revenue, gains, and other support per audited financial statements		Tal	3,026,	811
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		2000	3,020,	OTT.
a	Net unrealized gains (losses) on investments	$ _{2a} $ $-46,821.$			
a b	Donated services and use of facilities	2b 2b			
	Recoveries of prior year grants	2c	┦‱[
G	Other (Describe in Part XIII.)	2d 52,034.	-		
d	Add lines 2a through 2d	20 32,031	2e	5	213.
е 3	Subtract line 2e from line 1		3	5, 3,021,	631.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	•		3,021,	<u> </u>
-	Investment expenses not included on Form 990, Part VIII, line 7b	45			
a	•	4a 4b	- }}\		
b	Other (Describe in Part XIII)	40]			Λ
E C	Add lines 4a and 4b	•	4c 5	3,021,	631
Pai	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) EXII Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses per		J, UZI,	031.
81% (***	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ing with Expenses per	i i Ctai i i.		
_		·····	1.1	2,657,	817
1	Total expenses and losses per audited financial statements		1 88888	2,031,	017.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1			
а	Donated services and use of facilities	2a			
ь	Prior year adjustments	2b	-		
С	Other losses	2c	-		
d	Other (Describe in Part XIII.)	2d 52,034.		5.0	004
е	Add lines 2a through 2d		2e		034.
3	Subtract line 2e from line 1		3	2,605,	783.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1			
а	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	2,605,	<u>783.</u>
	tixIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additi		4, Part X, li	ne 2, Part XI,	•
			-		
PAR	T V, LINE 4:				
	(45 155 50005 15007455 505 550 550 550 550 550 550 550 550	0110D 1114 3 3 D1174 4 OF	DD T		~
LHF	SE ARE DONOR ADVISED FUNDS FOR WHICH THE DO	ONOR HAS ADVISOR	KY PRI	VILEGE:	<u>s. </u>
	•				
PAR	T X, LINE 2:				
PHE	ORGANIZATION IS EXEMPT FROM INCOME TAXES A	AS A NOT-FOR-PRO	FIT		
ORG	ANIZATION UNDER IRS CODE SECTION 501(C)(3)	. IN ADDITION,	THE		
ORG	ANIZATION HAS BEEN APPROVED UNDER INTERNAL	REVENUE CODE FO	R REC	OGNITIO	NC
			-		
AS	A PUBLIC CHARITY AND NOT AS A PRIVATE FOUN	DATION.			
AS	OF DECEMBER 31, 2018, THE ORGANIZATION HAS	NO UNCERTAIN TA	X POS	ITIONS	
	T QUALIFY FOR EITHER RECOGNITION OR DISCLOS			·	_
IN	ANCIAL STATEMENTS. THE ORGANIZATION IS SUP	BJECT TO ROUTINE	AUDI	TS BY	
32054	10-29-18		Schedule	D (Form 99	0) 2018

Schedule D (Form 990) 2018 DURHAM-CHAPEL HILL JEWISH FEDERATION 58	-1384316 Page 5
Part XIII Supplemental Information (continued)	
TAXING JURISDICTIONS; HOWEVER THERE ARE CURRENTLY NO AUDITS FOR	ANY TAX
PERIODS IN PROGRESS.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD	44,679.
EXCESS FUNDRAISING EXPENSES	7,355.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	52,034.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD	44,679.
EXCESS FUNDRAISING EXPENSES	7,355.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	52,034.

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

Inspection

OMB No 1545-0047

Internal Revenue Service Name of the organization **Employer identification number** 58-1384316 DURHAM-CHAPEL HILL JEWISH FEDERATION Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not *Rartil® required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants а e l b Internet and email solicitations Solicitation of government grants c Phone solicitations Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did fundraise (vi) Amount paid (i) Name and address of individual (iv) Gross receipts fundraiser have custody or control of to (or retained by) to (or retained by) (ii) Activity fundraiser or entity (fundraiser) from activity organization listed in col. (i) contributions? Yes Nο 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

	<u>nedu</u> art⊚	le G (Form 990 or 990-EZ) 2018 DURHAM-			ATION 58-	-1384316 Page 2
S. AK	<u> </u>	of fundraising event contributions and great				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	ŀ		JEWISH FOOD		NONE	(add col. (a) through
			FESTIVAL_			col. (c))
ē	1		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	24,239.			24,239.
	2	Less Contributions				
	3	Gross income (line 1 minus line 2)	24,239.			24,239.
	4	Cash prizes	2,837.			2,837.
w	5	Noncash prizes	0.			
beuse	6	Rent/facility costs	0.			
Direct Expenses	7	Food and beverages .	4,228.			4,228.
Δ	8	Entertainment	0.			
	9	Other direct expenses	5,364.		•	5,364.
	10	Direct expense summary. Add lines 4 through	9 in column (d)		>	12,429.
			ne 3, column (d)			11,810.
Ŗâ	îrt:l		answered "Yes" on Form	990, Part IV, line 19, or i	reported more than	
_		\$15,000 on Form 990-EZ, line 6a.	T	6.5.0.0.1.5		1
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				ogo, progressive sgo		con (a) among room (o))
æ	1	Gross revenue				
	•				<u>-</u> _	
s	2	Cash prizes			. =	
use						
Expenses	3	Noncash prizes			···	
Direct E		Rent/facility costs .				
	5	Other direct expenses				
\neg		Carlot direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	□ No	□ No	□ No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		>	
[8	Net gaming income summary Subtract line 7	from line 1, column (d)			
_	Ent	or the state(s) in which the eventuation condi-	ata agrana agtuntos			
		er the state(s) in which the organization conduine organization licensed to conduct gaming ac		tates?		Yes No
		le organization licensed to conduct gaming ac √o," explain		iales,		res NO
_	••					•
10a	Wer	e any of the organization's gaming licenses re	voked, suspended, or ter	minated during the tax y	ear?	Yes No
b	If "Y	′es," explain				
						
	_			-		
					0 1 1 0 7	AAA AAA ETI AAAA

Sch	nedule G (Form 990 or 990-EZ) 2018 DURHAM-CHAPEL HILL JEWISH FEDERATION 58-	1384316	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
á	a The organization's facility	13a	%
Ł	b An outside facility .	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address ▶		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party \$\bigs\\$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Gaming manager information		
	Name ▶	,	
	Gaming manager compensation ▶ \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	s the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year 🕨 \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Pa	art III, lines 9, 9	b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
			

Schedule G	(Form 990 or 990-EZ)	DURHAM-CHAPEL	HILL JEWISH	FEDERATION	58-1384316	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	rmation (continued)				
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SCHEDULE ! (Form 990) Department of the Treasury Internal Revenue Service
Name of the organization

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.

2018	Open to Public Inspection
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► Go to www.irs.gov/Form990 for the latest information.

DURHAM-CHAPEL HILL	APEL HILL	JEWISH	FEDERATION				Employer Identification number 58-1384316
প্রিকুট্টি General Information on Grants and Assistance	nd Assistance						4
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	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	tance, and the selection	
criteria used to award the grants or assistance?	stance?						X Yes No
/ \	cedures for monit	oring the use of grant f	unds in the United	States.			
©Partill Grants and Other Assistance to Domestic Organizations and	Domestic Organiz	ations and Domestic	Governments. C	omplete if the orga	nization answered "Y	Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	5,000. Part II can	be duplicated if addition	onal space is need	ed.			
(a) Name and address of organization or government	(b) EiN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BETH EL SYNAGOGUE							
1004 WATTS STREET DURHAM, NC 27701	56-0940184	501(C)(3)	46,518.	0			GENERAL SUPPORT
KEHILLAH SYNAGOGUE 1200 MASON FARM RD							
CHAPEL HILL, NC 27514	56-1976536	501(C)(3)	34,505.	0.			GENERAL SUPPORT
LEKNER JEWISH DAY SCHOOL 1935 W. CORNWALLIS ROAD							TO PROVIDE SCHOLARSHIPS
	58-2089673	501(C)(3)	7,256,	0.			FOR CHILDREN TO ATTEND THE DAY SCHOOL.
NC HILLEL FOUNDATION							
CAMER			,	1			
CHAREL HILL, NC 2/516	26-6094521	501(C)(3)	10,890.	0.	1		GENERAL SUPPORT
	•						
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government org	anizations listed in the	line 1 table				
ч	s listed in the line	table					•
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instructi	ons for Form 990.					Schedule I (Form 990) (2018)

(f) Description of noncash assistance 58-1384316 (e) Method of valuation (book, FMV, appraisal, other) THE FEDERATION CONDUCTS A RIGOROUS APPLICATION SCREEN GRANT RECIPIENTS INCLUDING SEEING ORGANIZATION FINANCIALS ORGANIZATIONS PROVIDE DETAILS ON HOW THE PREVIOUS YEAR'S GRANT FUNDS WERE Residential Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information 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. AT THE TIME OF THE NEXT YEAR'S APPLICATION (d) Amount of non-cash assistance ٥. 。 。 DURHAM-CHAPEL HILL JEWISH FEDERATION 29,615. 6,379. 11,050, (c) Amount of cash grant 31 161 27 (b) Number of SPENT AND PROVIDE DETAILS ABOUT ITS IMPACT recipients SCHOLARSHIPS AWARDED TO INDIVIDUALS TO ASSIST WITH US FOR EMERGENCIES, SUCH AS UTILITIES, MEDICATION, SPECIFIC ASSISTANCE GRANTED TO INDIVIDUALS IN THE SCHOLARSHIPS AWARDED TO INDIVIDUALS TO HELP FUND FOR GRANTS TO ORGANIZATIONS, THE COSTS OF CAMP OR YOUTH PROGRAMMING. (a) Type of grant or assistance AND OTHER IMPACT METRICS. Schedule I (Form 990) (2018) THE COST OF MEMBERSHIP LINE PROCESS TO PART I, AND RENT

Page 2

Schedule 1 (Form 990) (2018)

CARTIAGEN (S
DIRECTOR OF JEWISH FAMILY SERVICES, MEMBERSHIP DIRECTOR, AND CAMP DIRECTOR
ARE RESPONSIBLE FOR THE TRACKING OF SCHOLARSHIPS AND FINANCIAL ASSISTANCE
GIVEN. THE DIRECTORS DETERMINE ELIGIBILITY THROUGH 1) AN IN-PERSON
ASESSMENT AND 2) RECEIPT OF TWO BANK STATEMENTS OR TAX RETURNS AND
DOCUMENTATION FROM INCOME SOURCES. THE DETERMINATION OF A GRANT IS AT THE
DISCRETION OF THE DEPARTMENT DIRECTOR WHO IS RESPONSIBLE FOR PROVIDING
DOCUMENTATION OF GRANTS TO THE CEO AND BOARD AS REQUESTED. CASH IS NEVER
GIVEN TO AN INDIVIDUAL RATHER, A CHECK IS WRITTEN TO PAY A SPECIFIC VENDOR
(RENT, UTILITIES, ETC) OR A NON-CASH SCHOLARSHIP IS GIVEN. NO INDIVIDUAL
CAN RECEIVE MORE THAN \$1,000 IN JFS ASSISTANCE PER YEAR, AND NO FAMILY CAN
RECEIVE MORE THAN \$2,000 PER YEAR. FOR FOOD PANTRY ASSISTANCE, AN
INDIVIDUAL MUST PROVIDE PROOF OF RESIDENCE IN DURHAM/CHAPEL HILL, AND ALL
ARE LIMITED TO TWO BAGS OF FOOD PER MONTH. THERE ARE NO INCOME
RESTRICTIONS ON FOOD PANTRY ASSISTANCE.

SCHEDULE M (Form 990)

Noncash Contributions

2018

QU IX
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Employer identification number 58-138/1316

	DURTAM-CHAPE	r urrr	OFMISH L	EDEKAT TON	30-1304310	
Pa	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	4	194,031.	STOCK EXCHANGE VALU	E
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		Ī			
16	Real estate - Commercial	Х	1	296,898.	APPRAISED VALUE	
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 organiz	ation during	the tax year for co	ontributions		_
	for which the organization completed Form 828			l i		
	•		_		Yes N	<u> </u>
30a	During the year, did the organization receive by	contributio	n anv property rep	orted in Part I, lines 1 throug	h 28, that rt	
	must hold for at least three years from the date				1×10, 140,114 9900922 1000099	3
	exempt purposes for the entire holding period?		ŕ	·	30a X	,
b	If "Yes," describe the arrangement in Part II.			•		
31	Does the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard contribut	ions?	SAM
	Does the organization hire or use third parties of	-	•		-	_
	contributions?		J	,,,,	32a X	
b	If "Yes," describe in Part II.		•			
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is chec	ked.	×
	describe in Part II.		= 3F= =: F: 5F3(4)	(2)		Ø

Partill	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.
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SCHEDULE O

(Form 990 or 990-EZ)

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 990-EZ.

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

18 Open to Public Inspection

Name of the organization

DURHAM-CHAPEL HILL JEWISH FEDERATION

Employer identification number 58-1384316

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:				
PEOPLE TO ENGAGE, OFFER A SENSE OF BELONGING TO A VIBRANT COMMUNITY,				
AND INSPIRE HEALTHY LIVING.				
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:				
OTHER PROGRAMS INCLUDE ALL OTHER INDIRECT EXPENSES FOR THE				
IMPLEMENTATION OF PROGRAMS AND SERVICES.				
EXPENSES \$ 691,535. INCLUDING GRANTS OF \$ 127,589. REVENUE \$ 71,290.				
FORM 990, PART VI, SECTION A, LINE 2:				
PHIL SINGER AND ELLEN SINGER ARE SPOUSES WHO BOTH SERVE AS MEMBERS ON THE				
BOARD OF DIRECTORS.				
FORM 990, PART VI, SECTION A, LINE 6:				
ANY JEWISH PERSON AND HIS OR HER SPOUSE OR DOMESTIC PARTNER, 18 YEARS OF				
AGE OR OVER, WHO LIVES IN DURHAM, CHAPEL HILL OR THEIR ENVIRONS AND WHO				
HAVE CONTRIBUTED TO THE FEDERATION IN THE PREVIOUS CALENDAR YEAR SHALL BE A				
MEMBER OF THE FEDERATION FOR THE FOLLOWING CALENDAR YEAR. NON-JEWISH				
SPOUSES AND DOMESTIC PARTNERS OF DECEASED JEWISH MEMBERS WHO HAVE				
CONTRIBUTED TO THE FEDERATION IN THE PREVIOUS CALENDAR YEAR SHALL BE				
MEMBERS OF THE FEDERATION.				
FORM 990, PART VI, SECTION A, LINE 7A:				
THE ORGANIZATION'S MEMBERS ELECT THE BOARD AT THE ANNUAL MEETING.				

Name of the organization
DURHAM-CHAPEL HILL JEWISH FEDERATION

Employer identification number 58-1384316

CHANGES TO THE ORGANIZATION'S BYLAWS THAT ARE APPROVED BY THE BOARD MUST

ALSO BE APPROVED BY A VOTE OF TWO-THIRDS MAJORITY OF THE MEMBERS OF THE

ORGANIZATION PRESENT AT AN ANNUAL MEETING OR AT A SPECIAL EVENT.

FORM 990, PART VI, SECTION B, LINE 11B:

THE EXECUTIVE COMMITTEE REVIEWS THE FORM 990 BEFORE IT IS SIGNED AND FILED AND A COPY OF THE RETURN IS PROVIDED TO THE BOARD PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY UPON THE BOARD IS REQUIRED TO UPDATE SAID CONFLICT OF APPOINTMENT EACH YEAR. INTEREST POLICY AND IT IS REVIEWED BY THE EXECUTIVE COMMITTEE. IF A CONFLICT OF INTEREST IS DEEMED TO EXIST, A BOARD MEMBER SHALL NOT PARTICIPATE IN ANY DISCUSSION DEBATE OF THE BOARD OF DIRECTORS, OR ANY COMMITTEE OR SUBCOMMITTEE THEREOF IN WHICH THE SUBJECT OF DISCUSSION IS A CONTRACT, TRANSACTION, OR SITUATION IN WHICH THERE MAY BE A PERCEIVED OR ACTUAL CONFLICT OF INTEREST; HOWEVER, THEY MAY BE PRESENT TO PROVIDE CLARIFYING INFORMATION IN SUCH A DISCUSSION OR DEBATE UNLESS OBJECTED TO BY ANY PRESENT BOARD OR COMMITTEE MEMBER. ANYONE IN A POSITION TO MAKE DECISIONS ABOUT SPENDING THE ORGANIZATIONS RESOURCES (IE - TRANSACTIONS SUCH AS PURCHASES OR CONTRACTS) WHO ALSO STANDS TO BENEFIT FROM THAT DECISION, HAS A DUTY TO DISCLOSE THAT CONFLICT AS SOON AS IT ARISES (OR BECOMES APPARENT), HE OR SHE SHOULD NOT PARTICIPATE IN ANY FINAL DECISIONS.

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

COMPENSATION OF CEO IS REVIEWED BY BOARD OF DIRECTORS, INDUSTRY EXPERTS,

AND COMPARABILITY DATA. COMPENSATION FOR OTHER EMPLOYEES IS REVIEWED BY

CEO & PERSONNEL COMMITTEE USING COMPARIBILITY DATA.

Schedule O (Form 990 or 990-EZ) (2018)	Page :
Name of the organization DURHAM-CHAPEL HILL JEWISH FEDERATION	Employer identification number 58-1384316
FORM 990, PART VI, SECTION C, LINE 19:	
THE DURHAM-CHAPEL HILL JEWISH FEDERATION MAKES ITS GOVERNI	ING DOCUMENTS,
CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAI	LABLE TO THE
PUBLIC UPON WRITTEN REQUEST TO THE EXECUTIVE DIRECTOR.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
TRANSFER OF PY ENDING NET ASSETS FROM PARTNERSHIP FOR A	
JEWISH CENTER	25,779.
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATIONS OVERSIGHT AND SELECTION PROCESSES HAVE N	OT CHANGED
FROM PRIOR YEAR.	
	