Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

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

C Name of organization
THE ASSOCIATED JEWISH COMMUNITY FEDERATION OF BALTIMORE INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)
101 W MOUNT ROYAL AVENUE

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
BALTIMORE, MD 21201

D Employer identification number
52-0607957

E Telephone number
(410) 727-4828

G Gross receipts $ 57,495,780

F Name and address of principal officer:
MARC TERRILL
101 W MOUNT ROYAL AVENUE
BALTIMORE,MD 21201

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

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

H(c) Group exemption number ▶

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.ASSOCIATED.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1950

M State of legal domicile: MD

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
TO PRESERVE AND ENHANCE JEWISH LIFE.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	30
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	30
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	198
6	Total number of volunteers (estimate if necessary)	6	7,500
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	487,970
b	Net unrelated business taxable income from Form 990-T, line 39	7b	223,072

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	56,026,375	51,261,927
	9	Program service revenue (Part VIII, line 2g)	3,776,907	3,923,653
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	435,450	355,624
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,217,829	1,954,576
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	62,456,561	57,495,780
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	32,729,206	32,431,773
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	13,458,856	13,877,412
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	12,077	17,228
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶5,064,599		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	8,250,255	7,082,103
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	54,450,394	53,408,516
	19	Revenue less expenses. Subtract line 18 from line 12	8,006,167	4,087,264

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	45,932,318	51,587,005
	21	Total liabilities (Part X, line 26)	17,230,757	15,868,261
	22	Net assets or fund balances. Subtract line 21 from line 20	28,701,561	35,718,744

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer — Date 2021-05-12

MARK SMOLARZ COO/CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2021-05-12		P00643293

Firm's name ▶ CLIFTONLARSONALLEN LLP — Firm's EIN ▶ 41-0746749

Firm's address ▶ 6406 IVY LANE SUITE 200
GREENBELT, MD 20770 — Phone no. (301) 931-2050

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE ASSOCIATED JEWISH COMMUNITY FEDERATION OF BALTIMORE STRENGTHENS AND NURTURES JEWISH LIFE BY ENGAGING AND SUPPORTING COMMUNITY PARTNERS IN GREATER BALTIMORE, ISRAEL, AND AROUND THE WORLD. CONTINUED ON SCHEDULE OSINCE 1920, THE ASSOCIATED HAS SPEARHEADED COMMUNITY-WIDE FUNDRAISING EFFORTS TO SUPPORT LOCAL, NATIONAL AND INTERNATIONAL INITIATIVES THROUGH A NETWORK OF PARTNER AGENCIES.

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 35,788,960 including grants of $ 29,819,793) (Revenue $ 425,926)

THE ASSOCIATED IS THE CENTRALIZED ADDRESS FOR THE GREATER BALTIMORE JEWISH COMMUNITY. IT RAISES SIGNIFICANT DOLLARS TO ALLOCATE TO ITS AGENCIES AND OTHER SUPPORTED ORGANIZATIONS NUMBERING IN EXCESS OF TWO DOZEN DIFFERENT TAX EXEMPT PUBLIC ORGANIZATIONS TO HELP FULFILL THEIR MISSION. THE ASSOCIATED'S FUND RAISING PLATFORM RANGES FROM GENERAL ANNUAL CAMPAIGNS TO DIRECTED CAMPAIGNS TO LEGACY AND ENDOWMENT PROGRAMS AS WELL AS HAVING A DONOR ADVISED FUND AND SUPPORTING FOUNDATION ARM. ALSO, IT PROVIDES OVERALL COMMUNITY PLANNING FOR ITS AGENCIES TO ENSURE EFFICIENT USE OF RESOURCES IN CARRYING OUT ITS SERVICES AND PROGRAMS. THE ASSOCIATED ALSO PROVIDES DIRECTLY OR INDIRECTLY NUMEROUS MEANINGFUL JEWISH EDUCATION AND ENGAGEMENT PROGRAMS FOR THOSE OF ALL AGES.

4b (Code:) (Expenses $ 5,273,873 including grants of $ 66,036) (Revenue $ 258,686)

THE ASSOCIATED DIRECTLY PROVIDES PROGRAMS TO ITS CONSTITUENTS THROUGH EIGHT OPERATING PROGRAMS INCLUDING FOUR HILLELS AT LOCAL COLLEGE CAMPUSES (JOHN HOPKINS UNIVERSITY, TOWSON UNIVERSITY, GOUCHER COLLEGE AND UNIVERSITY OF MARYLAND BALTIMORE COUNTY (UMBC)). THE OTHER FOUR PROGRAMS FOCUSES ON VOLUNTEERING, PROFESSIONAL DEVELOPMENT, ASSISTANCE TO CHILDREN WITH LEARNING DIFFERENCES AND PREVENTION OF DOMESTIC, SEXUAL AND ELDER ABUSE AND ASSISTANCE TO SUCH VICTIMS.

4c (Code:) (Expenses $ 5,725,583 including grants of $ 2,545,944) (Revenue $ 3,179,639)

THE ASSOCIATED ALSO PROVIDES VARIOUS INFRASTRUCTURE SERVICES TO ITS MANY AGENCIES IN THE AREAS OF TECHNOLOGY, FACILITIES, FINANCE, HUMAN RESOURCES, PAYROLL AND BENEFITS, MARKETING, DATA MANAGEMENT, RISK MANAGEMENT/INSURANCE, SECURITY AND INVESTMENT MANAGEMENT. THIS ALLOWS THE AGENCIES TO FOCUS ON PROGRAM AND SERVICE DELIVERY WHILE ENSURING THAT CRITICAL ADMINISTRATIVE FUNCTIONS ARE COMPLETED IN AN EFFECTIVE AND EFFICIENT MANNER.

(Code:) (Expenses $ including grants of $) (Revenue $ 1,422,170)

THE ASSOCIATED OWNS THE LAND AND BUILDINGS UTILIZED BY ITSELF AND MOST OF THE AGENCIES IT FUNDS. THE ASSOCIATED CHARGES RENT TO ITS AGENCIES AND PROGRAMS BASED ON MARKET COMPARISONS AND MAONT OF SPACE USED BY EACH ENTITY.

4d Other program services (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $ 1,422,170)

4e **Total program service expenses** ▶ 46,788,416

Part IV Checklist of Required Schedules

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

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

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	226			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		

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

				Line	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	198			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**		No
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.			**15**		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			**16**		No

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a 30			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 30			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		No

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ MD

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:

▶MARK SMOLARZ 101 W MOUNT ROYAL AVENUE BALTIMORE, MD 21201 (410) 727-4828

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

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

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

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

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

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) MARC TERRILL PRESIDENT	36.00 4.00			X				588,357	0	43,277
(2) MARK SMOLARZ EXECUTIVE VICE PRESIDENT OPS & FINANCE	32.00 8.00			X				229,335	0	30,669
(3) MICHAEL FRIEDMAN SENIOR VICE PRESIDENT	10.00 30.00					X		221,141	0	9,823
(4) MICHAEL DYE VICE PRESIDENT	9.00 31.00					X		173,094	0	36,428
(5) LESLIE POMERANTZ CHIEF DEVELOPMENT OFFICER	40.00 0.00					X		181,470	0	8,159
(6) CAROLE TAYLOR VICE PRESIDENT	40.00 0.00					X		145,951	0	6,576
(7) DARRELL FRIEDMAN FORMER OFFICER	0.00 0.00						X	146,494	0	0
(8) CONNIE STERN VICE PRESIDENT	36.00 4.00					X		136,904	0	8,521
(9) DEBRA S WEINBERG CHAIR	4.00 1.50	X		X				0	0	0
(10) LOUIS THALHEIMER SECRETARY	3.00 0.00	X		X				0	0	0
(11) FRITZI K HALLOCK TREASURER	4.00 4.00	X		X				0	0	0
(12) BETH GOLDSMITH CHAIR-ELECT	4.00 0.00	X		X				0	0	0
(13) RON ATTMAN DIRECTOR-AT-LARGE	1.50 0.00	X						0	0	0
(14) JESSICA BRONFEIN DIRECTOR-AT-LARGE	1.50 0.00	X						0	0	0
(15) ELISE RUBENSTEIN DIRECTOR-AT-LARGE	1.50 0.00	X						0	0	0
(16) ROBERT C RUSSEL DIRECTOR-AT-LARGE	1.50 1.50	X						0	0	0
(17) HAREL TURKEL DIRECTOR-AT-LARGE	1.50 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) LINDA A HURWITZ DIRECTOR-AT-LARGE	3.00 0.00	X						0	0	0
(19) PHILIP E SACHS DIRECTOR-AT-LARGE	3.00 1.00	X						0	0	0
(20) LISA ABRAMS DIRECTOR-AT-LARGE	1.50 0.00	X						0	0	0
(21) KATIE APPLEFELD DIRECTOR-AT-LARGE	1.50 0.00	X						0	0	0
(22) ROSALEE DAVISON DIRECTOR-AT-LARGE	1.50 0.00	X						0	0	0
(23) DR MICHAEL ELMAN DIRECTOR-AT-LARGE	1.50 0.00	X						0	0	0
(24) CHAYA FRIEDMAN DIRECTOR-AT-LARGE	1.50 0.00	X						0	0	0
(25) MAURY GARTEN DIRECTOR-AT-LARGE	1.50 0.00	X						0	0	0
(26) MICHAEL GREENEBAUM DIRECTOR-AT-LARGE	1.50 0.00	X						0	0	0
(27) BENJAMIN GREEWNWALD DIRECTOR-AT-LARGE	1.50 0.00	X						0	0	0
(28) NANCY HACKERMAN DIRECTOR-AT-LARGE	1.50 1.50	X						0	0	0
(29) MARTIN HIMELES JR DIRECTOR-AT-LARGE	1.50 0.00	X						0	0	0
(30) BRUCE HOFFBERGER DIRECTOR-AT-LARGE	1.50 4.00	X						0	0	0
(31) DANIEL KLEIN DIRECTOR-AT-LARGE	1.50 0.00	X						0	0	0
(32) MARK D NEUMANN DIRECTOR-AT-LARGE	1.50 0.00	X						0	0	0
(33) PJ PEARLSTONE DIRECTOR-AT-LARGE	1.50 0.00	X						0	0	0
(34) JASON REITBERGER DIRECTOR-AT-LARGE	1.50 0.00	X						0	0	0
(35) SANDY ROSENBERG DIRECTOR-AT-LARGE	1.50 0.00	X						0	0	0
(36) NINA ROSENZWOG DIRECTOR-AT-LARGE	1.50 0.00	X						0	0	0
(37) BARBARA ROSWELL DIRECTOR-AT-LARGE	1.50 0.00	X						0	0	0
(38) JOHN SHMERLER DIRECTOR-AT-LARGE	1.50 0.00	X						0	0	0

	(D)	(E)	(F)
1b Sub-Total . . . . ▶			
c Total from continuation sheets to Part VII, Section A . . . . ▶			
d Total (add lines 1b and 1c) . . . . ▶	1,822,746	0	143,453

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 2 1

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization?*If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
KENNETH DICKSTEIN 9006 TARR DRIVE NEW WINDSOR, MD 21776	SECURITY SERVICES	448,486
DEFENDER ONE SECURITY 310 CHAMBORLEY DRIVE REISTERSTOWN, MD 21136	ARMED SECURITY SERVICES	365,917
RSM USLLP 5155 PAYSPHERE CIRCLE CHICAGO, IL 60674	AUDIT AND TAX SERVICES	300,000
CERIDIAN PO BOX 772830 CHICAGO, IL 60677	PAYROLL PROCESSING	244,600
COHEN CENTER AT BRANDEIS UNIVERSITY 415 SOUTH STREET WALTHAM, MA 02453	DEVELOPMENT OF GREATER BALTIMORE JEWISH	214,591

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 1 1

Part VIII **Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts						
1a Federated campaigns	1a	249,500				
b Membership dues	1b					
c Fundraising events	1c					
d Related organizations	1d	18,805,546				
e Government grants (contributions)	1e	873,497				
f All other contributions, gifts, grants, and similar amounts not included above	1f	31,333,384				
g Noncash contributions included in lines 1a - 1f:$	1g					
h **Total.** Add lines 1a-1f			51,261,927			
Program Service Revenue	Business Code					
2a ENDOWMENT FEE INCOME	900099		3,239,040	2,751,070	487,970	
b OPERATING PROGRAMS	900099		684,613	684,613		
c						
d						
e						
f All other program service revenue.						
g **Total.** Add lines 2a–2f			3,923,653			
Other Revenue						
3 Investment income (including dividends, interest, and other similar amounts)			355,624			355,624
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
	(i) Real	(ii) Personal				
6a Gross rents (6a)	1,850,738					
b Less: rental expenses (6b)	0					
c Rental income or (loss) (6c)	1,850,738					
d Net rental income or (loss)			1,850,738	1,850,738		
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory (7a)						
b Less: cost or other basis and sales expenses (7b)						
c Gain or (loss) (7c)						
d Net gain or (loss)						
8a Gross income from fundraising events (not including $ ______ of contributions reported on line 1c). See Part IV, line 18	8a					
b Less: direct expenses	8b					
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
11a MISCELLANEOUS	900099		103,838			103,838
b						
c						
d All other revenue						
e **Total.** Add lines 11a–11d			103,838			
12 **Total revenue.** See instructions			57,495,780	5,286,421	487,970	459,462

Part IX **Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	32,410,669	32,410,669		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	21,104	21,104		
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	888,574	633,642	63,000	191,932
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	10,634,088	7,641,673	739,499	2,252,916
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	709,470	505,924	50,301	153,245
9 Other employee benefits	829,071	591,212	58,780	179,079
10 Payroll taxes	816,209	582,039	57,869	176,301
11 Fees for services (non-employees):				
a Management				
b Legal	26,524	9,056	16,462	1,006
c Accounting	130,694	44,624	81,115	4,955
d Lobbying				
e Professional fundraising services. See Part IV, line 17	17,228			17,228
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	588,886	293,893	203,104	91,889
12 Advertising and promotion	219,921	153,945		65,976
13 Office expenses	690,801	439,441	25,561	225,799
14 Information technology	409,223	290,443	21,581	97,199
15 Royalties				
16 Occupancy	2,608,529	1,860,143	184,943	563,443
17 Travel	271,056	115,102	9,820	146,134
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	168,049	36,291	3,608	128,150
20 Interest	177,084	127,097	11,489	38,498
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	143,835	102,569	10,198	31,068
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISSION & PROGRAM EXPEN	1,032,120	590,477		441,643
b FOOD SERVICE EXPENSE	364,666	170,901	2,585	191,180
c STAFF DEVELOPMENT	72,112	54,692	4,304	13,116
d UBI TAX	57,614	41,085	4,085	12,444
e All other expenses	120,989	72,394	7,197	41,398
25 **Total functional expenses.** Add lines 1 through 24e	53,408,516	46,788,416	1,555,501	5,064,599
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X **Balance Sheet**

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		321,041	1	454,313
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		25,824,070	3	31,313,692
	4	Accounts receivable, net		1,827,070	4	1,779,237
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		35,287	5	29,971
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net		1,013,462	7	853,553
	8	Inventories for sale or use		855	8	1,866
	9	Prepaid expenses and deferred charges		133,426	9	101,769
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11		11,060,492	12	11,013,973
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		5,716,615	15	6,038,631
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		45,932,318	16	51,587,005
Liabilities	17	Accounts payable and accrued expenses		4,922,365	17	4,920,606
	18	Grants payable		369,467	18	835,379
	19	Deferred revenue		87,982	19	99,295
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		10,810,310	24	9,404,773
	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		1,040,633	25	608,208
	26	**Total liabilities.** Add lines 17 through 25		17,230,757	26	15,868,261
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		-13,036,237	27	-13,996,198
	28	Net assets with donor restrictions		41,737,798	28	49,714,942
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		28,701,561	32	35,718,744
	33	Total liabilities and net assets/fund balances		45,932,318	33	51,587,005

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	57,495,780
2	Total expenses (must equal Part IX, column (A), line 25)	2	53,408,516
3	Revenue less expenses. Subtract line 2 from line 1	3	4,087,264
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	28,701,561
5	Net unrealized gains (losses) on investments	5	-39,384
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	6,000,000
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-3,030,697
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column	10	35,718,744

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other ________ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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.	3b		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the organization
THE ASSOCIATED JEWISH COMMUNITY FEDERATION OF BALTIMORE INC

Employer identification number
52-0607957

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . .

g Provide the following information about the supported organization(s).

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	43,714,856	44,835,349	47,369,773	56,026,375	51,261,927	243,208,280
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 **Total.** Add lines 1 through 3	43,714,856	44,835,349	47,369,773	56,026,375	51,261,927	243,208,280
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). .						21,697,808
6 **Public support.** Subtract line 5 from line 4.						221,510,472

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. .	43,714,856	44,835,349	47,369,773	56,026,375	51,261,927	243,208,280
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	247,809	1,013,916	510,573	398,286	355,624	2,526,208
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .	104,793	134,917	218,782	177,494	233,072	869,058
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .					103,838	103,838
11 **Total support.** Add lines 7 through 10						246,707,384

12 Gross receipts from related activities, etc. (see instructions) . . . . | 12 |

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . | 14 | 89.790 %

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . | 15 | 94.400 %

16a **33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☑

b **33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . ▶ ☐

b **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2018** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

b **33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV **Supporting Organizations** (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

a ☐ The organization satisfied the Activities Test. Complete **line 2** below.

b ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.

c ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer (a) and (b) below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		

3 Parent of Supported Organizations. **Answer (a) and (b) below.**

			Yes	No
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

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

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

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

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

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**). See instructions	
7 **Total annual distributions.** Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i)** **Excess Distributions**	**(ii)** **Underdistributions Pre-2019**	**(iii)** **Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in **Part VI**. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in **Part VI**. See instructions.			
7 **Excess distributions carryover to 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

Facts And Circumstances Test

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2019

Name of the organization	Employer identification number
THE ASSOCIATED JEWISH COMMUNITY FEDERATION OF BALTIMORE INC	52-0607957

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the $33\frac{1}{3}$% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . ▶ $ ____________

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
THE ASSOCIATED JEWISH COMMUNITY FEDERATION OF BALTIMORE INC

Employer identification number
52-0607957

Part I **Contributors**

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	$ RESTRICTED	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization
THE ASSOCIATED JEWISH COMMUNITY FEDERATION OF BALTIMORE INC

Employer identification number
52-0607957

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

Name of organization
THE ASSOCIATED JEWISH COMMUNITY
FEDERATION OF BALTIMORE INC

Employer identification number
52-0607957

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of** ***exclusively*** **religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.)** ▶ $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
-	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
-	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
-	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
-	

Additional Data

Return to Form

Software ID:

Software Version:

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
2019
Open to Public Inspection

Name of the organization
THE ASSOCIATED JEWISH COMMUNITY
FEDERATION OF BALTIMORE INC

Employer identification number
52-0607957

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . ☐ Yes ☐ No

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

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

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . .	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ __________

4 Number of states where property subject to conservation easement is located ▶ __________

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ __________

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ $ __________

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 . . . . ▶ $ __________

(ii) Assets included in Form 990, Part X . . . . ▶ $ __________

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 . . . . ▶ $ __________

b Assets included in Form 990, Part X . . . . ▶ $ __________

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
d ☐ Loan or exchange programs
b ☐ Scholarly research
e ☐ Other ....
c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . ☐ Yes ☐ No

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table:		
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☐

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

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	112,205,000	120,210,000	134,290,000	124,014,000	137,429,000
b	Contributions	10,763,000	7,826,000	2,729,000	2,344,000	4,958,000
c	Net investment earnings, gains, and losses	3,048,000	2,634,000	10,424,000	17,871,000	-8,106,000
d	Grants or scholarships					
e	Other expenditures for facilities and programs	11,637,000	18,465,000	27,233,000	9,939,000	10,267,000
f	Administrative expenses					
g	End of year balance	114,379,000	112,205,000	120,210,000	134,290,000	124,014,000

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ 39.920 %

b Permanent endowment ▶ 60.080 %

c Temporarily restricted endowment ▶ ....

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

			Yes	No
	(i) unrelated organizations	3a(i)		No
	(ii) related organizations	3a(ii)	Yes	
b	If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b	Yes	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶ 0

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

(a) Description of security or category (including name of security)	**(b)** Book value	**(c)** Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) ISRAEL BONDS	7,967,134	F
(B) TRENDLINES	100,000	F
(C) REAL ESTATE FUND	2,559,097	F
(D) SPLIT INTEREST AGREEMENT	387,742	F
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	11,013,973	

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

(a) Description of investment	**(b)** Book value	**(c)** Method of valuation: Cost or end-of-year market value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

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

(a) Description	**(b)** Book value
(1)LIFE INSURANCE	968,749
(2)DEFERRED COMPENSATION ASSET	519,516
(3)DUE FROM RELATED PARTIES	4,550,366
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . ▶	6,038,631

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

1. **(a)** Description of liability	**(b)** Book value
(1) Federal income taxes	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	608,208

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

Part XI **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	57,469,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-39,384		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	12,604		
e	Add lines **2a** through **2d**			2e	-26,780
3	Subtract line **2e** from line **1**			3	57,495,780
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	57,495,780

Part XII **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	56,454,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	3,203,558		
e	Add lines **2a** through **2d**			2e	3,203,558
3	Subtract line **2e** from line **1**			3	53,250,442
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	158,074		
c	Add lines **4a** and **4b**			4c	158,074
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	53,408,516

Part XIII
Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4:	THE ENDOWMENT CONSISTS OF INDIVIDUAL FUNDS ESTABLISHED BY DONORS TO PROVIDE ANNUAL FUNDING FOR SPECIFIC ACTIVITIES AND GENERAL OPERATIONS. THE ENDOWMENT ALSO INCLUDES CERTAIN NET ASSETS WITHOUT DONOR RESTRICTIONS THAT HAVE BEEN DESIGNATED FOR ENDOWMENT BY THE BOARD OF GOVERNORS.
PART X, LINE 2:	THE ASSOCIATED FOLLOWS THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE CONSOLIDATED FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, THE ASSOCIATED MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS. MANAGEMENT HAS EVALUATED THE ASSOCIATED'S TAX POSITIONS AND HAS CONCLUDED THAT THE ASSOCIATED HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE DISCLOSURE. GENERALLY, THE ASSOCIATED IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL AUTHORITIES FOR YEARS BEFORE 2017.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	LETTER OF CREDIT EXPENSES -1,148. TRANSFER TO CONSOLIDATED ENTITY 172,863. FINANCIAL STATEMENT ROUNDING 111. TAX RECLASS FOR PENSION EXPENSES -158,942. TAX RECLASS FOR TRAVEL EXPENSES -280.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	BAD DEBT EXPENSE 1,203,041. TRANSFERS 2,000,000. FINANCIAL STATEMENT ROUNDING 517.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	LETTER OF CREDIT EXPENSES -1,148. TAX RECLASS FOR PENSION EXPENSES 158,942. TAX RECLASS FOR TRAVEL EXPENSES 280.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE ASSOCIATED JEWISH COMMUNITY FEDERATION OF BALTIMORE INC

Employer identification number
52-0607957

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	MIDDLE EAST AND NORTH AFRICA	0	0	INVESTMENTS		100,000
(2)	MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICE	COORDINATING MISSIONS	525,441
(3)	SOUTH AMERICA	0	0	PROGRAM SERVICE	COORDINATING MISSIONS	969
(4)	EUROPE	0	0	PROGRAM SERVICE	COORDINATING MISSIONS	28,475
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Sub-total	0	0			654,885
b	Total from continuation sheets to Part I . . .	0	0			0
c	**Totals** (add lines 3a and 3b)	0	0			654,885

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶

3 Enter total number of other organizations or entities . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . ☐ Yes ☑ No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . ☐ Yes ☑ No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . ☐ Yes ☑ No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . ☐ Yes ☑ No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . ☐ Yes ☑ No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* . . . . ☐ Yes ☑ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

ReturnReference	Explanation
PART III ACCOUNTING METHOD:	
PART 1, LINE 3, COLUMN E	AS PART OF ITS MISSION, THE ASSOCIATED PROVIDES PLANNING AND LOGISTICAL SUPPORT FOR MEMBERS OF THE BALTIMORE COMMUNITY TO TRAVEL AND LEARN ABOUT ISRAEL AND OTHER PLACES WITH JEWISH HISTORY OR IDENTITY.

Additional Data

Software ID:

Software Version:

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE ASSOCIATED JEWISH COMMUNITY
FEDERATION OF BALTIMORE INC

Employer identification number
52-0607957

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** ☑ Mail solicitations
- **b** ☑ Internet and email solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☑ Solicitation of government grants
- **g** ☑ Special fundraising events

2a 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? ☑ **Yes** ☐ **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.

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
1	SIEGAL MARKETING GROUP 1845 N FARWELL AVENUE SUITE 300 MILWAUKEE, WI 53202	TELE-MARKETING		No	86,948	17,228	69,720
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . ▶					86,948	17,228	69,720

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.

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 (event type)	**(b)** Event #2 (event type)	**(c)** Other events (total number)	**(d)** Total events (add col. **(a)** through col. **(c)**)
Revenue	**1** Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	**4** Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages . . .				
	8 Entertainment				
	9 Other direct expenses . . .				
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . ▶				
	11 Net income summary. Subtract line 10 from line 3, column (d) . . . . ▶				

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	**(b)** Pull tabs/Instant bingo/progressive bingo	**(c)** Other gaming	**(d)** Total gaming (add col.**(a)** through col.**(c)**)
Revenue	**1** Gross revenue				
Direct Expenses	**2** Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses . . .				
	6 Volunteer labor	☐ **Yes** ________ % ☐ **No**	☐ **Yes** ________ % ☐ **No**	☐ **Yes** ________ % ☐ **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) . . . . ▶				

9 Enter the state(s) in which the organization conducts gaming activities: ____________

a Is the organization licensed to conduct gaming activities in each of these states? . . . . . . ☐ **Yes** ☐ **No**

b If "No," explain: ____________

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . ☐ **Yes** ☐ **No**

b If "Yes," explain: ____________

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:

a The organization's facility	13a	%
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 Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ______ and the amount of gaming revenue retained by the third party ▶ $ ______.

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:

a Is 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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

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

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the organization
THE ASSOCIATED JEWISH COMMUNITY FEDERATION OF BALTIMORE INC

Employer identification number
52-0607957

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . ☑ Yes ☐ No

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section (if applicable)	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of noncash assistance	**(h)** Purpose of grant or assistance
(1) AMERICAN FRIENDS OF LEKET ISRAEL 101 CEDAR LANE STE 306 TEANECK,NJ 07666	20-8202424	501C3	9,500		N/A	N/A	GENERAL SUPPORT
(2) ASSOCIATED JEWISH CHARITIES 101 WEST MT ROYAL AVENUE BALTIMORE,MD 21201	52-6024192	501C3	56,000		N/A	N/A	GENERAL SUPPORT
(3) BAIS HAMEDRASH AND MESIVTA 6823 OLD PIMLICO ROAD BALTIMORE,MD 21209	52-1980774	501C3	61,419		N/A	N/A	GENERAL SUPPORT
(4) BAIS YAAKOV SCHOOL FOR GIRLS 6302 SMITH AVENUE BALTIMORE,MD 21209	52-0613700	501C3	884,509		N/A	N/A	GENERAL SUPPORT
(5) BALTIMORE COMMUNITY FOUNDATION 2 EAST READ STREET 9TH FLOOR BALTIMORE,MD 21202	23-7180620	501C3	6,500		N/A	N/A	GENERAL SUPPORT
(6) BALTIMORE HEBREW INSTITUTE AT TOWSON UNIVERSITY 8000 YORK ROAD TOWSON,MD 21252	52-0939453	501C3	305,551		N/A	N/A	GENERAL SUPPORT
(7) BALTIMORE JEWISH COUNCIL 5750 PARK HEIGHTS AVENUE SUITE 329 BALTIMORE,MD 21215	52-1912836	501C3	872,007		N/A	N/A	GENERAL SUPPORT
(8) BEN & ESTHER ROSENBLOOM HILLEL CENTER 7612 MOWATT LANE COLLEGE PARK,MD 20740	53-0179971	501C3	280,000		N/A	N/A	GENERAL SUPPORT
(9) BETH TFILOH COMMUNITY SCHOOL 3300 OLD COURT ROAD BALTIMORE,MD 21208	52-1837996	501C3	428,859		N/A	N/A	GENERAL SUPPORT
(10) BNAI BRITH YOUTH ORGANIZATION 2020 K STREET NW 7TH FLOOR WASHINGTON,DC 20006	91-2139926	501C3	58,000		N/A	N/A	GENERAL SUPPORT
(11) BNOS YISROEL 6300 PARK HEIGHTS AVENUE BALTIMORE,MD 21215	52-2231272	501C3	261,675		N/A	N/A	GENERAL SUPPORT
(12) BRANDEIS UNIVERSITY 415 SOUTH STREET MS 116 WALTHAM,MA 02453	04-2103552	501C3	111,108		N/A	N/A	GENERAL SUPPORT
(13) CAMP AIRY AND LOUISE 5750 PARK HEIGHTS AVENUE SUITE 306 BALTIMORE,MD 21215	52-0563083	501C3	32,099		N/A	N/A	GENERAL SUPPORT
(14) CENTER FOR JEWISH EDUCATION 5708 PARK HEIGHTS AVENUE BALTIMORE,MD 212153996	52-0591707	501C3	1,637,053		N/A	N/A	GENERAL SUPPORT
(15) CHAI 5809 PARK HEIGHTS AVENUE BALTIMORE,MD 21215	23-7097000	501C3	926,459		N/A	N/A	GENERAL SUPPORT
(16) CHEDER CHABAD OF BALTIMORE 5713 PARK HEIGHTS AVENUE BALTIMORE,MD 21215	26-3435681	501C3	95,618		N/A	N/A	GENERAL SUPPORT
(17) EDWARD A MYERBERG SR CTR 3101 FALLSTAFF ROAD BALTIMORE,MD 212092967	52-1047511	501C3	287,768		N/A	N/A	GENERAL SUPPORT
(18) FUND FOR EDUCATIONAL EXCELLENCE 800 NORTH CHARLES STREET SUITE 400 BALTIMORE,MD 21201	52-1129402	501C3	20,000		N/A	N/A	GENERAL SUPPORT
(19) GILCHRIST HOSPICE CARE 11311 MCCORMICK ROAD SUITE 350 HUNT VALLEY,MD 21031	52-1851251	501C3	5,000		N/A	N/A	GENERAL SUPPORT
(20) HEBREW FREE LOAN ASSN 5752 PARK HEIGHTS AVENUE BALTIMORE,MD 21215	52-0633396	501C3	19,860		N/A	N/A	GENERAL SUPPORT
(21) HOLISTIC INTERNTIONS LLC 32 OLD CREEK COURT OWINGS MILLS,MD 21117	83-0904866	501C3	7,000		N/A	N/A	GENERAL SUPPORT
(22) ISRAEL CONNECT INC 750 MELBOURNE ST PITTSBURGH,PA 15217	83-1267863	501C3	7,500		N/A	N/A	GENERAL SUPPORT
(23) ISRAEL LACROSSE ASSOCIATION 1501 BROADWAY 21ST FLOOR NEW YORK,NY 10036	45-3857764	501C3	10,000		N/A	N/A	GENERAL SUPPORT
(24) JERUSALEM U 1110 W OAKLAND PARK BLVD SUITE 288 SUNRISE,FL 33351	26-1264680	501C3	6,081		N/A	N/A	GENERAL SUPPORT
(25) JEWELS SCHOOL INC 5713-B PARK HEIGHTS AVE BALTIMORE,MD 21215	46-0528711	501C3	25,000		N/A	N/A	GENERAL SUPPORT
(26) JEWISH AGENCY FOR ISRAEL 633 THIRD AVENUE 21ST FLOOR NEW YORK,NY 10017	13-1760102	501C3	1,116,804		N/A	N/A	GENERAL SUPPORT
(27) JEWISH CEMETERY ASSOCIATION 101 WEST MOUNT ROYAL AVENUE BALTIMORE,MD 21201	52-2178573	501C13	20,000		N/A	N/A	GENERAL SUPPORT
(28) JEWISH COMMUNITY CENTER 3506 GWYNNBROOK AVENUE OWINGS MILLS,MD 21117	52-0619002	501C3	6,564,659		N/A	N/A	GENERAL SUPPORT
(29) JEWISH COMMUNITY SERVICES 5750 PARK HEIGHTS AVENUE BALTIMORE,MD 21215	52-0607909	501C3	7,228,192		N/A	N/A	GENERAL SUPPORT
(30) JEWISH COUNCIL FOR PUBLIC AFFAIRS 25 BROADWAY SUITE 1700 NEW YORK,NY 10004	13-1624104	501C3	8,300		N/A	N/A	GENERAL SUPPORT
(31) JEWISH FEDERATION OF NORTH AMERICA 25 BROADWAY SUITE 1700 NEW YORK,NY 10004	13-1624240	501C3	4,962,097		N/A	N/A	GENERAL SUPPORT
(32) JEWISH MUSEUM OF MARYLAND 15 LLOYD STREET BALTIMORE,MD 21202	52-6034761	501C3	873,790		N/A	N/A	GENERAL SUPPORT
(33) AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE 220 EAST 42ND STREET SUITE 400 NEW YORK,NY 100174014	13-1656634	501C3	232,157		N/A	N/A	GENERAL SUPPORT
(34) KRIEGER SCHECTER DAY SCHOOL 8100 STEVENSON ROAD BALTIMORE,MD 21208	52-0591562	501C3	165,333		N/A	N/A	GENERAL SUPPORT
(35) MARYLAND ISRAEL DEVELOPMENT CENTER 401 E PRATT STREET 7TH FLOOR BALTIMORE,MD 21202	52-1777737	501C3	137,935		N/A	N/A	GENERAL SUPPORT
(36) MEALS ON WHEELS OF CENTRAL MD 63 SHIPPING PL FL 207 DUNDALK,MD 212224347	52-6074723	501C3	120,000		N/A	N/A	GENERAL SUPPORT
(37) MELAMED & HOFFMAN CONSULTITNG LTD 7009 WALLIS AVENUE BALTIMORE,MD 21215	82-1296526	501C3	25,000		N/A	N/A	GENERAL SUPPORT
(38) MOISHE HOUSE 5802 MONROE ROAD CHARLOTTE,NC 28212	26-2599786	501C3	59,000		N/A	N/A	GENERAL SUPPORT
(39) NER ISRAEL 400 MOUNT WILSON LANE PIKESVILLE,MD 21208	52-0660881	501C3	391,798		N/A	N/A	GENERAL SUPPORT
(40) OAKLEAF CATERING 5805 OAKLEAF AVENUE BALTIMORE,MD 21215	52-2006228	501C3	15,421		N/A	N/A	GENERAL SUPPORT
(41) OHR CHADASH ACADEMY OF BALTIMORE 7310 PARK HEIGHTS AVE PIKESVILLE,MD 212085436	45-2187170	501C3	123,375		N/A	N/A	GENERAL SUPPORT
(42) ONWARD ISRAEL USA INC 633 3RD AVENUE 21ST FLOOR NEW YORK,NY 10017	81-2507413	501C3	36,716		N/A	N/A	GENERAL SUPPORT
(43) PEARLSTONE CONFERENCE AND RETREAT CTR 5425 MT GILEAD ROAD REISTERSTOWN,MD 21136	43-2080719	501C3	2,125,091		N/A	N/A	GENERAL SUPPORT
(44) PEF ISRAEL ENDOWMENT FUND 630 3RD AVE RM 1501 NEW YORK,NY 100176745	13-6134086	501C3	47,500		N/A	N/A	GENERAL SUPPORT
(45) TALMUDICAL ACADEMY 4445 OLD COURT ROAD BALTIMORE,MD 21208	52-0591676	501C3	515,458		N/A	N/A	GENERAL SUPPORT
(46) THE BALTIMORE SHABBAT PROJECT 5750 PARK HEIGHTS AVENUE BALTIMORE,MD 21215	52-1369910	501C3	5,000		N/A	N/A	GENERAL SUPPORT
(47) THE BIRTHRIGHT ISRAEL FOUNDATION 33 EAST THIRTY THIRD ST 7TH FLOOR NEW YORK,NY 10016	13-4092050	501C3	95,000		N/A	N/A	GENERAL SUPPORT
(48) TORAH INSTITUTE OF BALTIMORE 35 ROSEWOOD LANE OWINGS MILLS,MD 21117	23-7304990	501C3	343,442		N/A	N/A	GENERAL SUPPORT
(49) VPC INC 240 BUSINESS CENTER DRIVE REISTERSTOWN,MD 21136	52-1802274	501C3	8,300		N/A	N/A	GENERAL SUPPORT
(50) WORLD ORT INC 1740 BROADWAY 15TH FLOOR NEW YORK,NY 10019	06-1669917	501C3	12,000		N/A	N/A	GENERAL SUPPORT
(51) ZAMIR CHORAL FOUNDATION 475 RIVERSIDE DRIVE SUITE 1948 NEW YORK,NY 10115	13-6217087	501C3	14,250		N/A	N/A	GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶ 50

3 Enter total number of other organizations listed in the line 1 table . . . . ▶ 1

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

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of noncash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of noncash assistance
(1) FELLOWSHIP	12	21,104		N/A	N/A
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	LAY AND PROFESSIONAL LEADERSHIP MEETS WITH AGENCY REPRESENTATION SEVERAL TIMES DURING THE YEAR TO MONITOR THE FISCAL HEALTH OF THE ORGANIZATION AS WELL AS TO ENSURE APPROPRIATE USE OF FUNDS. AGENCIES ARE REQUIRED TO SUBMIT BUDGETS ON A QUARTERLY BASIS AS WELL AN ORGANIZATION BUSINESS PLAN ONCE A YEAR. THE ASSOCIATED THROUGH ITS COMMUNITY PLANNING AND ALLOCATION EXECUTIVE COMMITTEE, A LAY BODY, MEETS THROUGHOUT THE FISCAL YEAR TO ASSESS AND DETERMINE ONGOING ELIGIBILITY OF FUNDED ORGANIZATIONS AS WELL AS TO CLEARLY IDENTIFY CRITERIA TO BE USED AS THE BASIS FOR FUNDING DECISION FOR THE NEXT FISCAL YEAR. IN ADDITION, A RECORD OF ALL GRANTS MADE IS MAINTAINED IN ORDER TO ENSURE THAT GRANTS ARE USED AS REQUESTED.

Additional Data

Return to Form

Software ID:
Software Version:

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE ASSOCIATED JEWISH COMMUNITY
FEDERATION OF BALTIMORE INC

Employer identification number
52-0607957

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1 MARC TERRILL PRESIDENT	**(i)**	502,103	75,000	11,254	11,200	32,077	631,634	150,000
	(ii)	0	0	0	0	0	0	0
2 MARK SMOLARZ EXECUTIVE VICE PRESIDENT OPS & FINAN	**(i)**	229,335	0	0	9,292	21,377	260,004	0
	(ii)	0	0	0	0	0	0	0
3 MICHAEL FRIEDMAN SENIOR VICE PRESIDENT	**(i)**	219,615	0	1,526	8,785	1,038	230,964	0
	(ii)	0	0	0	0	0	0	0
4 MICHAEL DYE VICE PRESIDENT	**(i)**	173,094	0	0	7,385	29,043	209,522	0
	(ii)	0	0	0	0	0	0	0
5 LESLIE POMERANTZ CHIEF DEVELOPMENT OFFICER	**(i)**	181,470	0	0	7,222	937	189,629	0
	(ii)	0	0	0	0	0	0	0
6 CAROLE TAYLOR VICE PRESIDENT	**(i)**	145,615	0	336	5,825	751	152,527	0
	(ii)	0	0	0	0	0	0	0
7 DARRELL FRIEDMAN FORMER OFFICER	**(i)**	146,494	0	0	0	0	146,494	0
	(ii)	0	0	0	0	0	0	0
8 CONNIE STERN VICE PRESIDENT	**(i)**	136,904	0	0	2,835	5,686	145,425	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	THE ORGANIZATION PROVIDES BUSINESS RELATED TRAVEL AND OTHER EXPENSES TO MARC TERRILL PURSUANT TO HIS EMPLOYMENT CONTRACT.
PART I, LINE 4B	MARC TERRILL PARTICIPATES IN A NONQUALIFIED DEFERRED COMPENSATION PLAN. THERE WERE NO AMOUNTS VESTED OR RECEIVED FROM THE PLAN DURING THE TAX YEAR. $150,000 WAS DEFERRED IN A PRIOR YEAR AND IS INCLUDED IN FORM 990, PART VII, COLUMN F AND SCHEDULE J, PART II, COLUMN C. AS DETAILED IN FORM 990, PART VI, SECTION B, LINE 15, A NEW 5-YEAR CONTRACT WAS EXECUTED BEGINNING JANUARY 1, 2017. THE TERMS AND CONDITIONS OF THE DEFERRED COMPENSATION PLAN ARE OUTLINED IN THE CONTRACT.

Additional Data

Return to Form

Software ID:
Software Version:

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE ASSOCIATED JEWISH COMMUNITY FEDERATION OF BALTIMORE INC

Employer identification number
52-0607957

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
(1) MARC TERRILL	PRESIDENT	ADVANCE DUE TO TRANSITION IN PAYROLL SYSTEM		X	9,361	9,361		No		No	Yes	
(2) MICHAEL FRIEDMAN	SENIOR VICE PRESIDENT	ADVANCE DUE TO TRANSITION IN PAYROLL SYSTEM		X	5,160	5,160		No		No	Yes	
(3) LESLIE POMERANTZ	CHIEF DEVELOPMENT OFFICER	ADVANCE DUE TO TRANSITION IN PAYROLL SYSTEM		X	4,370	4,370		No		No	Yes	
(4) MICHAEL DYE	VICE PRESIDENT	ADVANCE DUE TO TRANSITION IN PAYROLL SYSTEM		X	4,683	4,683		No		No	Yes	
(5) CAROLE TAYLOR	VICE PRESIDENT	ADVANCE DUE TO TRANSITION IN PAYROLL SYSTEM		X	3,421	3,421		No		No	Yes	
(6) CONNIE STERN	VICE PRESIDENT	ADVANCE DUE TO TRANSITION IN PAYROLL SYSTEM		X	2,976	2,976		No		No	Yes	
Total . . . . ▶ $						29,971						

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**

Part V **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the organization
THE ASSOCIATED JEWISH COMMUNITY FEDERATION OF BALTIMORE INC

Employer identification number
52-0607957

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	165		STOCK MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

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

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		No
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b If "Yes," describe in Part II.			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

Return Reference	Explanation
PART I, LINE 33:	165 SHARES OF PUBLICLY TRADED SECURITIES WITH A FAIR MARKET VALUE OF $2,071,024 WERE RECEIVED DURING THE CURRENT YEAR TO SATISFY PLEDGES WHICH HAVE BEEN RECOGNIZED AS REVENUE IN PRIOR YEARS.

Additional Data

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Software ID:

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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.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE ASSOCIATED JEWISH COMMUNITY FEDERATION OF BALTIMORE INC

Employer identification number
52-0607957

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	ANY INDIVIDUAL(S), JEWISH OR NON-JEWISH, WHO SUPPORTS THE MISSION AND WHO, DIRECTLY OR THROUGH A FAMILY, CORPORATION, FIRM, TRUST, OR FOUNDATION, CONTRIBUTES TO THE ASSOCIATED ANNUAL CAMPAIGN IN ANY FISCAL YEAR OF THE ASSOCIATED, SHALL BE A MEMBER FOR AND DURING THE FISCAL YEAR IN WHICH A CONTRIBUTION IS MADE AND FOR THE SUCCEEDING FISCAL YEAR.
FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBERS OF THE ORGANIZATION ELECT THE BOARD OF GOVERNERS. ELECTIONS OF DIRECTORS AND OFFICERS SHALL BE HELD BY BALLOT AT EACH ANNUAL MEETING OF THE ASSOCIATED.
FORM 990, PART VI, SECTION A, LINE 7B	THE MEMBERS OF THE ORGANIZATION ARE REQUIRED TO APPROVE ANY AMENDMENTS TO THE BYLAWS OR THE ARTICLES OF INCORPORATION.
FORM 990, PART VI, SECTION B, LINE 11B	THE BOARD DELEGATED AUTHORITY OF THE REVIEW AND APPROVAL OF THE FORM 990 TO THE AUDIT COMMITTEE. BOTH SENIOR MANAGEMENT AND THE AUDIT COMMITTEE HAVE REVIEWED THE 990 IN DETAIL PRIOR TO SUBMISSION TO THE IRS. THE ENTIRE BOARD CAN REVIEW AN ELECTRONIC COPY PRIOR TO SUBMISSION OF THE FORM TO THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C	OFFICERS, BOARD MEMBERS AND SENIOR STAFF OF THE ASSOCIATED ARE REQUIRED TO SUBMIT A CONFLICT OF INTEREST DISCLOSURE FORM EACH YEAR. EACH OFFICER, DIRECTOR AND STAFF MEMBER IS EXPECTED TO DISCLOSE ANY POTENTIAL CONFLICTS INCLUDING A DIRECT OR INDIRECT INTEREST (FINANCIAL, FAMILIAL OR OTHERWISE) WITH THE BUSINESS OF THE ASSOCIATED. IF THE ASSOCIATED TAKES UP FOR CONSIDERATION ANY MATTER IN WHICH AN OFFICER, DIRECTOR OR STAFF MEMBER, OR PERSONS AFFILIATED WITH THEM, HAVE SUCH A CONFLICTED INTEREST, THE ASSOCIATED SHALL RESOLVE QUESTIONS OF REAL OR APPARENT CONFLICT OF INTEREST THROUGH THE FOLLOWING PROCEDURES. 1. THE PERSON WITH A CONFLICTED INTEREST MUST DISCLOSE ANY RELEVANT FACTS THAT MIGHT GIVE RISE TO A CONFLICT OF INTEREST. 2. THE PERSON SO AFFECTED MAY TAKE PART IN ANY DISCUSSION OF ANY SUCH MATTERS, UNLESS THE ASSOCIATED SPECIFICALLY REQUESTS THE PERSON TO ABSTAIN FROM SUCH DISCUSSION. 3. THE PERSON WITH A CONFLICTED INTEREST SHALL ABSTAIN FROM VOTING ON ANY RESOLUTION INVOLVING SUCH MATTERS.
FORM 990, PART VI, SECTION B, LINE 15	THE ASSOCIATED'S EXECUTIVE COMPENSATION COMMITTEE WHICH IS COMPRISED OF BOTH PAST AND CURRENT TOP LAY LEADERSHIP ANNUALLY REVIEWS COMPENSATION OF ALL KEY EMPLOYEES, OFFICERS, AND THE PRESIDENT BASED ON REVIEW OF INDEPENDENT SURVEYS OF SUCH INDIVIDUALS OF OTHER LIKE SIZE ORGANIZATIONS ACROSS THE NATION, AS WELL AS COMPENSATION REVIEWS OF OTHER NOT FOR PROFIT ORGANIZATIONS IN THE GREATER BALTIMORE METRO AREA. THE COMMITTEE CONSIDERS STANDARDS OF LIVING AS WELL AS SIZE AND COMPLEXITY OF SUCH ORGANIZATIONS. THE COMMITTEE ALSO REVIEW THE PERCENTAGE OF COMPENSATION OF SUCH EMPLOYEES TO THE TOTAL OPERATING BUDGET AND CONSIDERS GENERAL ECONOMIC CONDITIONS IMPACTING THE ORGANIZATION'S ENVIRONMENT THAT IT OPERATES WITHIN TO DETERMINE THAT SUCH PERCENTAGE APPEARS TO FALL IN LINE WITH SIMILAR ORGANIZATIONS. THE DETERMINATION OF THE EXECUTIVE COMPENSATION COMMITTEE IS THEN PRESENTED TO THE AFFECTED EMPLOYEE AS AN OFFER.
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).
FORM 990, PART IX	THE ASSOCIATED: JEWISH COMMUNITY FEDERATION OF BALTIMORE, INC. (THE ASSOCIATED) AND THE ASSOCIATED JEWISH CHARITIES OF BALTIMORE (THE AJC) ARE AFFILIATE ORGANIZATIONS AND WORK IN CONJUNCTION WITH EACH OTHER TO ACCOMPLISH THE MISSION OF THE ASSOCIATED. THE TWO ORGANIZATIONS WERE FORMED AS SEPARATE ENTITIES TO DIVIDE THE ASSET HOLDING ORGANIZATION (THE AJC) FROM THE PROGRAM SERVICE DELIVERY ORGANIZATION (THE ASSOCIATED). IF THE TWO ORGANIZATIONS WERE COMBINED, THE TOTAL AMOUNT OF PROGRAM SERVICE EXPENSES COMPARED TO TOTAL EXPENSES WOULD BE THE ASSOCIATED PROGRAM EXPENSE: 46,788,416 TOTAL EXPENSE: 53,408,516 PROGRAM SERVICE %: 87.60% AJC PROGRAM EXPENSE: 37,534,719 TOTAL EXPENSE: 37,686,774 PROGRAM SERVICE %: 99.60% TOTAL PROGRAM EXPENSE: 84,323,135 TOTAL EXPENSE: 91,095,290 PROGRAM SERVICE %: 92.57%
FORM 990, PART XI, LINE 9:	DISCOUNT ADJUSTMENT 172,863. UNCOLLECTED CONTRIBUTIONS EXPENSE -1,203,041. TRANSFERS -2,000,000. FINANCIAL STATEMENT ROUNDING -519.

Additional Data

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Software ID:

Software Version:

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE ASSOCIATED JEWISH COMMUNITY
FEDERATION OF BALTIMORE INC

Employer identification number
52-0607957

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1)ASSOCIATED JEWISH CHARITIES OF BALTIMORE INC 101 W MT ROYAL AVE BALTIMORE, MD 21201 52-6024192	EXEMPT ORGANIZATION	MD	501C3	LINE 7	THE ASSOCIATED JCFB	Yes	
(2)ZANVYL KRIEGER FUND INC 101 W MT ROYAL AVE BALTIMORE, MD 21201 52-1126684	CHARITABLE SUPPORT	MD	501C3	12A, I	THE ASSOCIATED JCFB	Yes	
(3)JILL FOX MEMORIAL FUND INC 101 W MT ROYAL AVE BALTIMORE, MD 21201 52-1167942	CHARITABLE SUPPORT	MD	501C3	12A, I	THE ASSOCIATED JCFB	Yes	
(4)DUPKIN JEWISH CHARITY & WELFARE FUND INC 101 W MT ROYAL AVE BALTIMORE, MD 21201 52-1163411	CHARITABLE SUPPORT	MD	501C3	12A, I	THE ASSOCIATED JCFB	Yes	
(5)SARAH & HAROLD ZALESCH FOUNDATION INC 101 W MT ROYAL AVE BALTIMORE, MD 21201 52-1191346	CHARITABLE SUPPORT	MD	501C3	12A, I	THE ASSOCIATED JCFB	Yes	
(6)GOLDSMITH FOUNDATION INC 101 W MT ROYAL AVE BALTIMORE, MD 21201 52-1306094	CHARITABLE SUPPORT	MD	501C3	12A, I	THE ASSOCIATED JCFB	Yes	
(7)MARTIN S HIMELES SR FUND INC 101 W MT ROYAL AVE BALTIMORE, MD 21201 52-1489357	CHARITABLE SUPPORT	MD	501C3	12A, I	THE ASSOCIATED JCFB	Yes	
(8)FELDMAN FAMILY FUND INC 101 W MT ROYAL AVE BALTIMORE, MD 21201 52-1489355	CHARITABLE SUPPORT	MD	501C3	12A, I	THE ASSOCIATED JCFB	Yes	
(9)MARVIN SCHAPIRO FAMILY FOUNDATION INC 101 W MT ROYAL AVE BALTIMORE, MD 21201 52-1615020	CHARITABLE SUPPORT	MD	501C3	12A, I	THE ASSOCIATED JCFB	Yes	
(10)KOLKER-SAXON-HALLOCK FAMILY FOUNDATION INC 101 W MT ROYAL AVE BALTIMORE, MD 21201 52-1636273	CHARITABLE SUPPORT	MD	501C3	12A, I	THE ASSOCIATED JCFB	Yes	
(11)JEWISH DAY SCHOOL FOUNDATION INC 101 W MT ROYAL AVE BALTIMORE, MD 21201 52-1879606	CHARITABLE SUPPORT	MD	501C3	12A, I	THE ASSOCIATED JCFB	Yes	
(12)BRENDA BROWN LIPITZ REVER FAMILY FOUNDATION INC 101 W MT ROYAL AVE BALTIMORE, MD 21201 31-1555883	CHARITABLE SUPPORT	MD	501C3	12A, I	THE ASSOCIATED JCFB	Yes	
(13)JOAN G AND JOSEPH KLEIN FOUNDATION INC 101 W MT ROYAL AVE BALTIMORE, MD 21201 31-1555845	CHARITABLE SUPPORT	MD	501C3	12A, I	THE ASSOCIATED JCFB	Yes	
(14)BAVAR FAMILY FOUNDATION INC 101 W MT ROYAL AVE BALTIMORE, MD 21201 52-2230085	CHARITABLE SUPPORT	MD	501C3	12A, I	THE ASSOCIATED JCFB	Yes	
(15)JOSEPH & ANNETTE COOPER FAMILY FOUNDATION INC 101 W MT ROYAL AVE BALTIMORE, MD 21201 52-2206655	CHARITABLE SUPPORT	MD	501C3	12A, I	THE ASSOCIATED JCFB	Yes	
(16)FRANCES & FRANK FLEISHMAN FAMILY CHARITABLE FDN INC 101 W MT ROYAL AVE BALTIMORE, MD 21201 52-2205658	CHARITABLE SUPPORT	MD	501C3	12A, I	THE ASSOCIATED JCFB	Yes	
(17)HERBERT & PHYLLIS SIEGEL CHARITABLE FOUNDATION INC 101 W MT ROYAL AVE BALTIMORE, MD 21201 26-1943873	CHARITABLE SUPPORT	MD	501C3	12A, I	THE ASSOCIATED JCFB	Yes	
(18)JANE KRIEGER SCHAPIRO FAMILY FOUNDATION INC 101 W MT ROYAL AVE BALTIMORE, MD 21201 46-1468312	CHARITABLE SUPPORT	MD	501C3	12A, I	THE ASSOCIATED JCFB	Yes	
(19)MACADOO FAMILY FOUNDATION INC 101 W MT ROYAL AVE BALTIMORE, MD 21201 46-3952974	CHARITABLE SUPPORT	MD	501C3	12A, I	THE ASSOCIATED JCFB	Yes	
(20)LUSKIN FAMILY FOUNDATION INC 101 W MT ROYAL AVE BALTIMORE, MD 21201 46-5753796	CHARITABLE SUPPORT	MD	501C3	12A, I	THE ASSOCIATED JCFB	Yes	
(21)SIDNEY S NAHAM FAMILY FOUNDATION INC 101 W MT ROYAL AVE BALTIMORE, MD 21201 47-4204051	CHARITABLE SUPPORT	MD	501C3	12A, I	THE ASSOCIATED JCFB	Yes	
(22)WOLASKY FAMILY FOUNDATION INC 101 W MT ROYAL AVE BALTIMORE, MD 21201 82-0956858	CHARITABLE SUPPORT	MD	501C3	12A, I	THE ASSOCIATED JCFB	Yes	
(23)STEVEN AND LINDA HURWITZ FAMILY FOUNDATION INC 101 W MT ROYAL AVE BALTIMORE, MD 21201 81-3750702	CHARITABLE SUPPORT	MD	501C3	12A, I	THE ASSOCIATED JCFB	Yes	
(24)HOFFBERGER FAMILY FUND INC 101 W MT ROYAL AVE BALTIMORE, MD 21201 52-1167596	CHARITABLE SUPPORT	MD	501C3	12A, I	THE ASSOCIATED JCFB	Yes	
(25)HARRY WEINBERG FAMILY FOUNDATION INC 101 W MT ROYAL AVE BALTIMORE, MD 21201 52-1541188	CHARITABLE SUPPORT	MD	501C3	12A, I	THE ASSOCIATED JCFB	Yes	
(26)SWIRNOW CHARITABLE FOUNDATION INC 101 W MT ROYAL AVE BALTIMORE, MD 21201 52-1680035	CHARITABLE SUPPORT	MD	501C3	12A, I	THE ASSOCIATED JCFB	Yes	
(27)GERSON G & SANDY F EISENBERG FOUNDATION INC 101 W MT ROYAL AVE BALTIMORE, MD 21201 52-1726080	CHARITABLE SUPPORT	MD	501C3	12A, I	THE ASSOCIATED JCFB	Yes	
(28)THE FLORENCE & CHARLES HOFFBERGER CHARITABLE FDN INC 101 W MT ROYAL AVE BALTIMORE, MD 21201 52-1801455	CHARITABLE SUPPORT	MD	501C3	12A, I	THE ASSOCIATED JCFB	Yes	
(29)PEARLSTONE FAMILY FUND INC 101 W MT ROYAL AVE BALTIMORE, MD 21201 52-1249913	CHARITABLE SUPPORT	MD	501C3	12A, I	THE ASSOCIATED JCFB	Yes	
(30)WILLIAM & IRENE WEINBERG FAMILY FOUNDTION INC 101 W MT ROYAL AVE BALTIMORE, MD 21201 52-1857755	CHARITABLE SUPPORT	MD	501C3	12A, I	THE ASSOCIATED JCFB	Yes	
(31)NATHAN & LILLIAN WEINBERG FOUNDATION INC 101 W MT ROYAL AVE BALTIMORE, MD 21201 52-1867912	CHARITABLE SUPPORT	MD	501C3	12A, I	THE ASSOCIATED JCFB	Yes	
(32)THE RICHMAN FAMILY FOUNDATION INC 101 W MT ROYAL AVE BALTIMORE, MD 21201 52-1899221	CHARITABLE SUPPORT	MD	501C3	12A, I	THE ASSOCIATED JCFB	Yes	
(33)KESHER FUND OF THE COHEN-FRUCHTMAN-KRIEGER FMLY INC 101 W MT ROYAL AVE BALTIMORE, MD 21201 31-1478499	CHARITABLE SUPPORT	MD	501C3	12A, I	THE ASSOCIATED JCFB	Yes	
(34)MARJORIE COOK FOUNDATION INC 101 W MT ROYAL AVE BALTIMORE, MD 21201 52-6044319	CHARITABLE SUPPORT	MD	501C3	12A, I	THE ASSOCIATED JCFB	Yes	
(35)DAVID & REGINA WEINBERG FAMILY FOUNDATION INC 101 W MT ROYAL AVE BALTIMORE, MD 21201 31-1615045	CHARITABLE SUPPORT	MD	501C3	12A, I	THE ASSOCIATED JCFB	Yes	
(36)THE FUND FOR CHANGE INC 101 W MT ROYAL AVE BALTIMORE, MD 21201 31-1662222	CHARITABLE SUPPORT	MD	501C3	12A, I	THE ASSOCIATED JCFB	Yes	
(37)THE BANCROFT FOUNDATION INC 101 W MT ROYAL AVE BALTIMORE, MD 21201 31-1644387	CHARITABLE SUPPORT	MD	501C3	12A, I	THE ASSOCIATED JCFB	Yes	
(38)KR FUND INC 101 W MT ROYAL AVE BALTIMORE, MD 21201 52-2209699	CHARITABLE SUPPORT	MD	501C3	12A, I	THE ASSOCIATED JCFB	Yes	
(39)LINDA & G ARNOLD KAUFMAN FOUNDATION INC 101 W MT ROYAL AVE BALTIMORE, MD 21201 52-2204089	CHARITABLE SUPPORT	MD	501C3	12A, I	THE ASSOCIATED JCFB	Yes	
(40)ZIMMERMAN FUND FOR CHILDREN INC 101 W MT ROYAL AVE BALTIMORE, MD 21201 56-2523091	CHARITABLE SUPPORT	MD	501C3	12A, I	THE ASSOCIATED JCFB	Yes	
(41)LYN STACIE GETZ FOUNDATION INC 101 W MT ROYAL AVE BALTIMORE, MD 21201 20-3486477	CHARITABLE SUPPORT	MD	501C3	12A, I	THE ASSOCIATED JCFB	Yes	
(42)JUDI & STEVEN B FADER FAMILY FOUNDATION INC 101 W MT ROYAL AVE BALTIMORE, MD 21201 22-3920799	CHARITABLE SUPPORT	MD	501C3	12A, I	THE ASSOCIATED JCFB	Yes	
(43)LIBMAN FAMILY FOUNDATION INC 101 W MT ROYAL AVE BALTIMORE, MD 21201 20-8572565	CHARITABLE SUPPORT	MD	501C3	12A, I	THE ASSOCIATED JCFB	Yes	
(44)YEHUDA & ANNE NEUBERGER FOUNDATION INC 101 W MT ROYAL AVE BALTIMORE, MD 21201 27-1040796	CHARITABLE SUPPORT	MD	501C3	12A, I	THE ASSOCIATED JCFB	Yes	
(45)SHOLK-KAPLAN FAMILY FOUNDATION INC 101 W MT ROYAL AVE BALTIMORE, MD 21201 45-3915659	CHARITABLE SUPPORT	MD	501C3	12A, I	THE ASSOCIATED JCFB	Yes	
(46)VOLOSOV FAMILY FOUNDATION INC 101 W MT ROYAL AVE BALTIMORE, MD 21201 47-4050322	CHARITABLE SUPPORT	MD	501C3	12A, I	THE ASSOCIATED JCFB	Yes	

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

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

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

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

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

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

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

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

(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1)ASSOCIATED JEWISH CHARITIES OF BALTIMORE	C	14,103,389	CASH VALUE
(2)ZANVYL KRIEGER FUND INC	C	458,657	CASH VALUE
(3)DUPKIN JEWISH CHARITY & WELFARE FUND INC	C	1,070,000	CASH VALUE
(4)GOLDSMITH FOUNDATION INC	C	500,000	CASH VALUE
(5)MARTIN S HIMELES SR FUND INC	C	55,700	CASH VALUE
(6)MARVIN SCHAPIRO FAMILY FOUNDATION INC	C	250,000	CASH VALUE
(7)KOLKER-SAXON-HALLOCK FAMILY FOUNDATION INC	C	124,932	CASH VALUE
(8)BAVAR FAMILY FOUNDATION INC	C	70,000	CASH VALUE
(9)JANE KRIEGER SCHAPIRO FAMILY FOUNDATION INC	C	205,260	CASH VALUE
(10)MACADOO FAMILY FOUNDATION INC	C	155,000	CASH VALUE
(11)LUSKIN FAMILY FOUNDATION INC	C	230,000	CASH VALUE
(12)WOLASKY FAMILY FOUNDATION INC	C	100,000	CASH VALUE
(13)HOFFBERGER FAMILY FUND INC	C	743,000	CASH VALUE
(14)HARRY WEINBERG FAMILY FOUNDATION INC	C	1,185,000	CASH VALUE
(15)GERSON G & SANDY F EISENBERG FOUNDATION INC	C	95,000	CASH VALUE
(16)PEARLSTONE FAMILY FUND INC	C	777,744	CASH VALUE
(17)NATHAN & LILLIAN WEINBERG FOUNDATION INC	C	55,000	CASH VALUE
(18)THE RICHMAN FAMILY FOUNDATION INC	C	548,000	CASH VALUE
(19)ZIMMERMAN FUND FOR CHILDREN INC	C	75,000	CASH VALUE
(20)JUDI & STEVEN B FADER FAMILY FOUNDATION INC	C	273,836	CASH VALUE
(21)YEHUDA & ANNE NEUBERGER FOUNDATION INC	C	133,000	CASH VALUE
(22)VOLOSOV FAMILY FOUNDATION INC	C	700,000	CASH VALUE
(23)ASSOCIATED JEWISH CHARITIES OF BALTIMORE	B	56,000	CASH VALUE

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

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

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

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Return to Form

Software ID:
Software Version: