

Form **990-T**  
 Department of the Treasury  
 Internal Revenue Service

**Exempt Organization Business Income Tax Return**  
**(and proxy tax under section 6033(e))**  
 For calendar year 2021 or other tax year beginning 07-01-2021 and ending 06-30-2022  
 ▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
 ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047  
**2021**  
 Open to Public  
 Inspection for 501(c)(3)  
 Organizations Only

- A**  Check box if address changed.
- B** Exempt under section  
 501(c3)  408(e)  220(e)  
 408A  530(a)  
 529(a)  529A

**Print or Type**

Name of organization ( Check box if name changed and see instructions.)  
 THE ASSOCIATED JEWISH COMMUNITY  
 FEDERATION OF BALTIMORE INC

Number, street, and room or suite no. If a P.O. box, see instructions.  
 101 W MOUNT ROYAL AVENUE

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

**C** Book value of all assets at end of year . . . . ▶ 40,483,720

**D** Employer identification number  
 52-0607957

**E** Group exemption number  
 (see instructions)

**F**  Check box if an amended return.

- G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust
- H** Check if filing only to ▶  Claim credit from Form 8941  Claim a refund shown on Form 2439
- I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation . . . . ▶
- J** Enter the number of attached Schedules A (Form 990-T) . . . . . ▶ 1
- K** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . ▶  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation ▶
- L** The books are in care of ▶ MARK SMOLARZ Telephone number ▶ (410) 727-4828  
 101 W MOUNT ROYAL AVENUE  
 BALTIMORE, MD 21201

**Part I Total Unrelated Business Taxable Income**

<b>1</b> Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) . . . . .	<b>1</b>	329,637
<b>2</b> Reserved . . . . .	<b>2</b>	
<b>3</b> Add lines 1 and 2 . . . . .	<b>3</b>	329,637
<b>4</b> Charitable contributions (see instructions for limitation rules) . . . . .	<b>4</b>	32,864
<b>5</b> Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 . . . . .	<b>5</b>	296,773
<b>6</b> Deduction for net operating loss. See instructions . . . . .	<b>6</b>	
<b>7</b> Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 . . . . .	<b>7</b>	296,773
<b>8</b> Specific deduction (generally \$1,000, but see instructions for exceptions) . . . . .	<b>8</b>	1,000
<b>9</b> Trusts. Section 199A deduction. See instructions . . . . .	<b>9</b>	
<b>10</b> Total deductions. Add lines 8 and 9 . . . . .	<b>10</b>	1,000
<b>11</b> Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero . . . . .	<b>11</b>	295,773

**Part II Tax Computation**

<b>1</b> Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) . . . . . ▶	<b>1</b>	62,112
<b>2</b> Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) . . . . . ▶	<b>2</b>	
<b>3</b> Proxy tax. See instructions . . . . . ▶	<b>3</b>	
<b>4</b> Other tax amounts. See instructions . . . . .	<b>4</b>	
<b>5</b> Alternative minimum tax (trusts only) . . . . .	<b>5</b>	
<b>6</b> Tax on noncompliant facility income. See instructions . . . . .	<b>6</b>	
<b>7</b> Total. Add lines 3 through 6 to line 1 or 2, whichever applies . . . . .	<b>7</b>	62,112

Part III Tax and Payments

Table with 11 rows (1a-11) and 2 columns. Rows include: Foreign tax credit, Other credits, General business credit, Credit for prior year minimum tax, Total credits, Subtract line 1e from Part II, line 7, Other amounts due, Total tax, Current net 965 tax liability paid, Payments (6a-6g), Estimated tax penalty, Tax due, Overpayment, and Credited to 2022 estimated tax.

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

Table with 5 rows (1-5) and 2 columns (Yes/No). Rows include: 1. Foreign account interest, 2. Foreign trust distribution, 3. Tax-exempt interest, 4. Pre-2018 NOL carryovers, 5. Post-2017 NOL carryovers. Includes a sub-table for Business activity code and Available post-2017 NOL carryover.

Part V Supplemental Information

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

Sign Here

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

Signature of officer: MARK SMOLARZ, Date: 2023-03-16, Title: COO/CFO

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No

Paid Preparer Use Only

Table with 5 rows and 5 columns. Rows include: Preparer's name (LAURA J KENNEY), Firm's name (CLIFTONLARSONALLEN LLP), Firm's address (INTERNATIONAL PL 22ND FLOOR, BOSTON, MA 02110), Date (2023-03-16), Check if self-employed, PTIN (P00202198), Firm's EIN (41-0746749), and Phone no. (617) 717-0831.

**TY 2021 OtherDeductionSchedule**

**Name:** THE ASSOCIATED JEWISH COMMUNITY  
FEDERATION OF BALTIMORE INC

**EIN:** 52-0607957

**Form 4562 amount:**

**Form 8873 amount:**

**Management fees (non-employees):**

**Legal fee amount:**

**Accounting amount:**

**Lobbying amount:**

**Investment management amount:**

**Advertising and promotion amount:**

**Insurance amount:**

**Occupancy amount:**

**Travel amount:**

**Information technology amount:**

**Office expenses amount:**

Other type of deduction	Other type deduction amount
ADVERTISING	1,388
BANK FEES	2,530
BUSINESS MEALS	30
DISPLAYS & EXHIBIT	42
DONOR CULTIVATION	239
DUES, FEE AND REGISTRATIONS	678
EVENT EXPENSES	1,314
FOOD SERVICE	42
INSURANCE	3,109
IT	9,475
OCCUPANCY	1,800
OFFICE SUPPLIES	5,171
PROFESSIONAL FEES	13,538
TRAVEL	471
INTEREST	2,142

Other type of deduction	Other type deduction amount
PROGRAM EXPENSES	205

**TY 2021 OtherIncomeSchedule3**

**Name:** THE ASSOCIATED JEWISH COMMUNITY  
FEDERATION OF BALTIMORE INC

**EIN:** 52-0607957

**Earnings And Profits Other Adjustment Statement**

Form Number or IRC Section Number	Other income description	Other income amount
	ENDOWMENT MANAGEMENT FEES	648,274

**Total Other Income Amount:** 648,274

**SCHEDULE A  
(Form 990-T)**

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

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

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

<b>A</b> Name of the organization THE ASSOCIATED JEWISH COMMUNITY FEDERATION OF BALTIMORE INC	<b>B</b> Employer identification number 52-0607957
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<b>C</b> Unrelated business activity code (see instructions) ▶ 560000	<b>D</b> Sequence: 1 of 1
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**E** Describe the unrelated trade or business ▶ PROVIDING ENDOWMENT MANAGEMENT SERVICES TO RELATED AND AREA NFP

<b>Part I</b> Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances <b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b>		
<b>6</b> Rent income (Part IV)	<b>6</b>	0	0
<b>7</b> Unrelated debt-financed income (Part V)	<b>7</b>	0	0
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>	0	0
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b>	0	0
<b>10</b> Exploited exempt activity income (Part VIII)	<b>10</b>		
<b>11</b> Advertising income (Part IX)	<b>11</b>	0	0
<b>12</b> Other income (see instructions; attach statement)	<b>12</b>	648,274	648,274
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b>	648,274	648,274

<b>Part II</b> Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income			
<b>1</b> Compensation of officers, directors, and trustees (Part X)	<b>1</b>		0
<b>2</b> Salaries and wages	<b>2</b>		241,762
<b>3</b> Repairs and maintenance	<b>3</b>		417
<b>4</b> Bad debts	<b>4</b>		
<b>5</b> Interest (attach statement) (see instructions)	<b>5</b>		
<b>6</b> Taxes and licenses	<b>6</b>		29,685
<b>7</b> Depreciation (attach Form 4562) (see instructions)	<b>7</b>		
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>		
<b>9</b> Depletion	<b>9</b>		
<b>10</b> Contributions to deferred compensation plans	<b>10</b>		
<b>11</b> Employee benefit programs	<b>11</b>		4,599
<b>12</b> Excess exempt expenses (Part VIII)	<b>12</b>		
<b>13</b> Excess readership costs (Part IX)	<b>13</b>		0
<b>14</b> Other deductions (attach statement)	<b>14</b>		42,174
<b>15 Total deductions.</b> Add lines 1 through 14	<b>15</b>		318,637
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>		329,637
<b>17</b> Deduction for net operating loss (see instructions)	<b>17</b>		0
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>		329,637

**Part III Cost of Goods Sold** Enter method of inventory valuation ►

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

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

**1** Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

**A**  \_\_\_\_\_

**B**  \_\_\_\_\_

**C**  \_\_\_\_\_

**D**  \_\_\_\_\_

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<b>2</b> Rent received or accrued				
<b>a</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) . . . . .				
<b>b</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) . . . . .				
<b>c</b> Total rents received or accrued by property. Add lines 2a and 2b, columns A through D . . . . .				
<b>3</b> Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) . . . . .				<b>0</b>
<b>4</b> Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) . . . . .				
<b>5</b> <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) . . . . .				<b>0</b>

**Part V Unrelated Debt-Financed Income** (see instructions)

**1** Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

**A**  \_\_\_\_\_

**B**  \_\_\_\_\_

**C**  \_\_\_\_\_

**D**  \_\_\_\_\_

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

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

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

Nonexempt Controlled Organizations

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

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

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

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

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



