

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2022**  
**Open to Public Inspection**

**A For the 2022 calendar year, or tax year beginning 07-01-2022, and ending 06-30-2023**

**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

**D** Employer identification number  
 52-0607957

Doing business as

**E** Telephone number  
 (410) 727-4828

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

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

**G** Gross receipts \$ 60,762,526

**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**

**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.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	31
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	30
<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	221
<b>6</b> Total number of volunteers (estimate if necessary)	6	6,500
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	620,303
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	236,318

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	45,068,226	53,330,211
<b>9</b> Program service revenue (Part VIII, line 2g)	4,563,784	6,434,940
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	204,421	229,520
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,509,848	767,855
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	52,346,279	60,762,526
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	30,898,345	28,943,387
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	14,174,230	17,262,219
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	11,442	12,551
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,498,584		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	7,067,093	10,294,342
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	52,151,110	56,512,499
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	195,169	4,250,027

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	40,483,720	46,642,009
<b>21</b> Total liabilities (Part X, line 26)	11,529,354	14,176,666
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	28,954,366	32,465,343

**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 2024-05-07

MARK SMOLARZ COO/CFO  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name Preparer's signature Date 2024-05-07 Check  if self-employed PTIN P00202198

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

Firm's address ▶ INTERNATIONAL PL 22ND FLOOR Phone no. (617) 717-0831  
 BOSTON, MA 02110

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 \$ 33,726,206 including grants of \$ 26,583,948 ) (Revenue \$ 3,116,486 )  
See Additional Data

**4b** (Code: ) (Expenses \$ 9,753,385 including grants of \$ 50,000 ) (Revenue \$ 871,871 )  
See Additional Data

**4c** (Code: ) (Expenses \$ 5,800,964 including grants of \$ 2,309,439 ) (Revenue \$ 1,826,280 )  
See Additional Data

(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
THE ASSOCIATED, THROUGH ITS AFFILIATE ASSOCIATED JEWISH CHARITIES (AJC), 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 AMOUNT OF SPACE USED BY EACH ENTITY.

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

**4e Total program service expenses** ▶ 49,280,555

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, covering various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question/Description, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 [ ]

Table with 3 columns: Question/Description, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with 5 main columns: Question ID, Question Text, Answer Field, Yes/No, and Other. Rows include questions 2a through 17 regarding employee reporting, federal employment tax returns, business income, foreign accounts, prohibited transactions, charitable contributions, and various organizational requirements.

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



Section A. Governing Body and Management

Table with 5 main rows (1a-9) and 3 sub-columns (1a, 1b, and Yes/No). Row 1a: 31 members. Row 1b: 30 independent members. Rows 2-9 contain various governance questions with Yes/No responses.

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

Table with 16 rows (10a-16b) and 3 sub-columns (10a, 10b, and Yes/No). Contains questions about local chapters, conflict of interest, whistleblower policies, and compensation.

Section C. Disclosure

Table with 3 rows (17-20) and 2 sub-columns (State and Description). Row 17: MD. Row 18: Website availability. Row 20: State name and address.

**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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>1c Total from continuation sheets to Part VII, Section A</b>										
<b>1d Total (add lines 1b and 1c)</b>								2,251,273	0	148,767

**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 ▶ 29

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	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
DEFENDER ONE SECURITY 310 CHAMBORLEY DRIVE REISTERSTOWN, MD 21136	ARMED SECURITY SERVICES	485,641
KENNETH DICKSTEIN 9006 TARR DRIVE NEW WINDSOR, MD 21776	SECURITY SERVICES	401,518
GIANT LEAPS CONTENT ACTIVITIES LTD PO BOX 3794 MEVASERET TZION IS	CHAIRMAN'S MISSION	400,219
CLIFTONLARSONALLEN LLP PO BOX 829709 PHILADELPHIA, PA 19182	AUDIT AND TAX SERVICES	365,100
CERIDIAN PO BOX 772830 CHICAGO, IL 60677	PAYROLL PROCESSING	216,364

**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 ▶ 10



**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	100,000				
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>	19,034,015				
	<b>e</b> Government grants (contributions)	<b>1e</b>	1,178,583				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	33,017,613				
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$	<b>1g</b>	1,365,651				
	<b>h Total.</b> Add lines 1a-1f . . . . .			53,330,211			
<b>Program Service Revenue</b>	<b>2a</b> ENDOWMENT MANAGEMENT SERVICES	Business Code					
		900099	3,736,789	3,116,486	620,303		
	<b>b</b> INFRASTRUCTURE SERVICES	900099	1,826,280	1,826,280			
	<b>c</b> OPERATING PROGRAMS	900099	871,871	871,871			
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue.						
<b>g Total.</b> Add lines 2a-2f. . . . .		6,434,940					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		229,520			229,520	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		<b>6b</b> Less: rental expenses					
		<b>6c</b> Rental income or (loss)					
		<b>d</b> Net rental income or (loss) . . . . .					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>7b</b> Less: cost or other basis and sales expenses					
		<b>7c</b> Gain or (loss)					
		<b>d</b> Net gain or (loss) . . . . .					
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .						
		<b>b</b> Less: direct expenses . . . . .					
		<b>c</b> Net income or (loss) from fundraising events . . . . .					
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .						
<b>b</b> Less: direct expenses . . . . .							
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .							
	<b>b</b> Less: cost of goods sold . . . . .						
	<b>c</b> Net income or (loss) from sales of inventory . . . . .						
Miscellaneous Revenue		Business Code					
<b>11a</b> RELEASE OF RESERVES		900099	746,265			746,265	
<b>b</b> MISCELLANEOUS		900099	15,990			15,990	
<b>c</b> TIME DISCOUNTS FOR ANNUAL AR		900099	5,600			5,600	
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			767,855				
<b>12 Total revenue.</b> See instructions . . . . .			60,762,526	5,814,637	620,303	997,375	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	28,893,387	28,893,387		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	50,000	50,000		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	1,139,658	863,405	74,306	201,947
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	12,971,460	9,881,439	831,144	2,258,877
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	835,575	633,032	54,479	148,064
<b>9</b> Other employee benefits . . . . .	1,343,094	1,017,527	87,570	237,997
<b>10</b> Payroll taxes . . . . .	972,432	736,714	63,403	172,315
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	85,501	19,665	61,031	4,805
<b>c</b> Accounting . . . . .	146,934	33,795	104,881	8,258
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17	12,551			12,551
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	663,507	314,203	162,965	186,339
<b>12</b> Advertising and promotion . . . . .	195,012	136,508		58,504
<b>13</b> Office expenses . . . . .	697,893	463,847	25,131	208,915
<b>14</b> Information technology . . . . .	525,339	390,008	25,209	110,122
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	2,622,686	1,986,947	170,999	464,740
<b>17</b> Travel . . . . .	291,009	204,893	6,541	79,575
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	283,530	66,535	5,726	211,269
<b>20</b> Interest . . . . .	212,257	160,806	13,839	37,612
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .				
<b>23</b> Insurance . . . . .	188,516	142,820	12,291	33,405
<b>24</b> 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.)				
<b>a</b> MISSION & PROGRAM EXPEN	3,389,986	2,667,701	65	722,220
<b>b</b> FOOD SERVICE EXPENSE	467,712	237,606	1,101	229,005
<b>c</b> OTHER	253,223	174,228	14,994	64,001
<b>d</b> UBI TAX	152,617	115,622	9,951	27,044
<b>e</b> All other expenses	118,620	89,867	7,734	21,019
<b>25</b> Total functional expenses. Add lines 1 through 24e	56,512,499	49,280,555	1,733,360	5,498,584
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	8,426,545	<b>1</b>	6,859,028
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .	18,123,346	<b>3</b>	25,719,949
	<b>4</b> Accounts receivable, net . . . . .	2,328,168	<b>4</b>	1,402,862
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	4,370	<b>5</b>	4,370
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	534,130	<b>7</b>	486,130
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	537
	<b>9</b> Prepaid expenses and deferred charges . . . . .	179,738	<b>9</b>	332,374
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b</b>		<b>10c</b>
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	9,172,634	<b>12</b>	9,616,870
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	1,714,789	<b>15</b>	2,219,889
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	40,483,720	<b>16</b>	46,642,009	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	5,334,866	<b>17</b>	5,612,325
	<b>18</b> Grants payable . . . . .	27,763	<b>18</b>	172,440
	<b>19</b> Deferred revenue . . . . .	241,592	<b>19</b>	691,412
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	5,000,000	<b>24</b>	5,000,000
	<b>25</b> 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	925,133	<b>25</b>	2,700,489
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	11,529,354	<b>26</b>	14,176,666
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	-11,981,448	<b>27</b>	-12,429,998
	<b>28</b> Net assets with donor restrictions . . . . .	40,935,814	<b>28</b>	44,895,341
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	28,954,366	<b>32</b>	32,465,343	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	40,483,720	<b>33</b>	46,642,009	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	60,762,526
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	56,512,499
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	4,250,027
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	28,954,366
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-21,000
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-718,050
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	32,465,343

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 52-0607957

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

Form 990 (2022)

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**Form 990, Part III, Line 4a:**

THE ASSOCIATED IS THE CENTRALIZED ADDRESS FOR THE GREATER BALTIMORE JEWISH COMMUNITY. IT RAISES SIGNIFICANT DOLLARS THAT ARE THEN ALLOCATED TO ITS AGENCIES AND OTHER SUPPORTED ORGANIZATIONS TO HELP FULFILL THEIR MISSION. THE ASSOCIATED'S FUND RAISING PLATFORM INCLUDES A GENERAL ANNUAL CAMPAIGN AND DIRECTED CAMPAIGNS TARGETING CAPITAL PROJECTS, LEGACY AND ENDOWMENT, AND DONOR ADVISED FUND AND SUPPORTING FOUNDATIONS. 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.

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**Form 990, Part III, Line 4b:**

THE ASSOCIATED IS A DIRECT PROGRAMS PROVIDER TO THE JEWISH COMMUNITY 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)). OTHER PROGRAMS FOCUS ON VOLUNTEERING, PROFESSIONAL DEVELOPMENT, ASSISTANCE TO CHILDREN WITH LEARNING DIFFERENCES AND PREVENTION OF DOMESTIC, SEXUAL AND ELDER ABUSE AND ASSISTANCE TO SUCH VICTIMS.

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**Form 990, Part III, Line 4c:**

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 AND SECURITY. 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.

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**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BETH H GOLDSMITH ..... IMMEDIATE PAST CHAIR OF THE BOARD	1.50 ..... 0.00	X						0	0	0
JESSICA BRONFEIN ..... IMMEDIATE PAST CHAIR ASSOCIATED WOMEN	1.50 ..... 0.00	X						0	0	0
JOSH FIDLER ..... AJC PRESIDENT	3.00 ..... 1.50	X						0	0	0
RONALD ATTMAN ..... DIRECTOR AT LARGE	1.50 ..... 0.00	X						0	0	0
MYRNA CARDIN ..... DIRECTOR AT LARGE	1.50 ..... 0.00	X						0	0	0
JEFFREY ELKIN ..... DIRECTOR AT LARGE	1.50 ..... 0.00	X						0	0	0
ALYSON FRIEDMAN ..... DIRECTOR AT LARGE	1.50 ..... 0.00	X						0	0	0
JILL GANSLER ..... DIRECTOR AT LARGE	1.50 ..... 0.00	X						0	0	0
MORRIS GARTEN ..... DIRECTOR AT LARGE	1.50 ..... 0.00	X						0	0	0
BENJAMIN GREENWALD ..... DIRECTOR AT LARGE	1.50 ..... 0.00	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DANIEL HIRSCHHORN ..... DIRECTOR AT LARGE	1.50 ..... 0.00	X						0	0	0
LINDA HURWITZ ..... DIRECTOR AT LARGE	1.50 ..... 0.00	X						0	0	0
CLARA KLEIN ..... DIRECTOR AT LARGE	1.50 ..... 0.00	X						0	0	0
ISAAC PRETTER ..... DIRECTOR AT LARGE	1.50 ..... 0.00	X						0	0	0
JASON REITBERGER ..... DIRECTOR AT LARGE	1.50 ..... 0.00	X						0	0	0
SANDY ROSENBERG ..... DIRECTOR AT LARGE	1.50 ..... 0.00	X						0	0	0
NINA ROSENZWOG ..... DIRECTOR AT LARGE	1.50 ..... 0.00	X						0	0	0
ROBERT RUSSEL ..... DIRECTOR AT LARGE	1.50 ..... 0.00	X						0	0	0
YANKY SCHORR ..... DIRECTOR AT LARGE	1.50 ..... 0.00	X						0	0	0
KAREN SINGER ..... DIRECTOR AT LARGE	1.50 ..... 1.50	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MORRY ZOLET ..... DIRECTOR AT LARGE	1.50 ..... 0.00	X						0	0	0
MARK SMOLARZ ..... EXEC. VICE PRESIDENT, OPS	32.00 ..... 8.00			X				245,949	0	26,315
MICHAEL FRIEDMAN ..... SENIOR VICE PRESIDENT	10.00 ..... 30.00					X		253,852	0	11,120
MICHAEL DYE ..... VICE PRESIDENT	9.00 ..... 31.00					X		218,310	0	28,337
LESLIE POMERANTZ ..... CHIEF DEVELOPMENT OFFICER	40.00 ..... 0.00					X		197,832	0	8,840
CAROLE TAYLOR ..... SENIOR VP OF TECHNOLOGY AN	40.00 ..... 0.00					X		176,378	0	17,692
CONNIE STERN ..... VICE PRESIDENT, FINANCE	40.00 ..... 0.00					X		155,692	0	25,723
DARRELL FRIEDMAN ..... FORMER OFFICER	0.00 ..... 0.00						X	161,579	0	0

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

OMB No. 1545-0047

**2022**

**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).)
- 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . . \_\_\_\_\_
- g Provide the following information about the supported organization(s).

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

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
Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support
Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage
Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2022; 15 Public support percentage for 2020; 16a 33 1/3% support test-2022; 16b 33 1/3% support test-2021; 17a 10%-facts-and-circumstances test-2022; 17b 10%-facts-and-circumstances test-2021; 18 Private foundation.

**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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.						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.** . . . . .

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2022</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2021</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2022.** 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—2021.** 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<b>2</b>	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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
	<b>3a</b>		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<b>c</b>	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 <b>Part VI</b> 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.		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	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 <b>Part VI</b> .		
	<b>6</b>		
<b>7</b>	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).		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
	<b>8</b>		
<b>9a</b>	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 <b>Part VI</b> .		
	<b>9a</b>		
<b>b</b>	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9b</b>		
<b>c</b>	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9c</b>		
<b>10a</b>	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.		
	<b>10a</b>		
<b>b</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).		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**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 lines 2a and 2b below.**

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

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

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



**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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b> Qualified set-aside amounts ( <i>prior IRS approval required - provide details in Part VI</i> )	<b>5</b>
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions	<b>6</b>
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions	<b>8</b>
<b>9</b> Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b> Line 8 amount divided by Line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2022</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2022</b>
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required-- <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022:			
<b>a</b> From 2017. . . . .			
<b>b</b> From 2018. . . . .			
<b>c</b> From 2019. . . . .			
<b>d</b> From 2020. . . . .			
<b>e</b> From 2021. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018. . . . .			
<b>b</b> Excess from 2019. . . . .			
<b>c</b> Excess from 2020. . . . .			
<b>d</b> Excess from 2021. . . . .			
<b>e</b> Excess from 2022. . . . .			

**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).

<b>Facts And Circumstances Test</b>
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**990 Schedule A, Supplemental Information**

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	MISCELLANEOUS - 2019 AMOUNT: \$ 103,838. 2020 AMOUNT: \$ 396,306. 2021 AMOUNT: \$ 566,587. 2022 AMOUNT: \$ 767,855.

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

# Supplemental Financial Statements

OMB No. 1545-0047  
**2022**  
**Open to Public Inspection**

▶ **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](http://www.irs.gov/Form990) for instructions and the latest information.**

**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
<b>1</b> Total number at end of year . . . . .		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> 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
<b>a</b> Total number of conservation easements . . . . .	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements . . . . .	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a) . . . . .	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register . . . . .	<b>2d</b>

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

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

**a** Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

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

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

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance . . . . .
- d** Additions during the year . . . . .
- e** Distributions during the year . . . . .
- f** Ending balance . . . . .

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

- 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
<b>1a</b> Beginning of year balance . . . . .	141,067,000	162,610,000	114,379,000	112,205,000	120,210,000
<b>b</b> Contributions . . . . .	5,309,000	13,389,000	19,770,000	10,763,000	7,826,000
<b>c</b> Net investment earnings, gains, and losses	5,953,000	-25,023,000	40,943,000	3,048,000	2,634,000
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	8,057,000	9,909,000	12,482,000	11,637,000	18,465,000
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	144,272,000	141,067,000	162,610,000	114,379,000	112,205,000

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

- a** Board designated or quasi-endowment ▶ 42.319 %
- b** Permanent endowment ▶ 57.681 %
- c** Term endowment ▶ 0 %

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

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

- (i)** Unrelated organizations . . . . .
- (ii)** Related organizations . . . . .

	Yes	No
<b>3a(i)</b>		No
<b>3a(ii)</b>	Yes	
<b>3b</b>	Yes	

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

**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
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .				
<b>e</b> 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	6,456,548	F
(B) TRENDLINES	31,111	F
(C) REAL ESTATE FUND	2,741,469	F
(D) SPLIT INTEREST AGREEMENT	387,742	F
(E)		
(F)		
(G)		
(H)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	9,616,870	

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

**Part X Other Liabilities.**

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

(a) Description of liability	(b) Book value
<b>1.</b> (1) Federal income taxes	
DEFERRED COMP LIABILITY	658,337
CONTINGENCY RESERVE	2,042,152
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	2,700,489

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	60,247,000
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		-21,000
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		-494,526
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	-515,526
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	60,762,526
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	0
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	60,762,526

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	56,737,000
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		718,501
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	718,501
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	56,018,499
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		494,000
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	494,000
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	56,512,499

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation



## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 52-0607957

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

## Supplemental 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.

**Supplemental Information**

Return Reference	Explanation
PART X, LINE 2:	<p>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 DEFERRED RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS. MANAGEMENT HAS EVALUATED THE ASSOCIATEDS TAX POSITIONS AND HAS CONCLUDED THAT AT 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 2020.</p>

## Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	FINANCIAL STATEMENT ROUNDING -526. NONOPERATING INCOME -494,000.

## Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	BAD DEBT EXPENSE 718,000. FINANCIAL STATEMENT ROUNDING 501.

# Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	NONOPERATING INCOME 494,000.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**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** Activities 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 ) See Add'l Data					
( 2 )					
( 3 )					
( 4 )					
( 5 )					
<b>3a</b> Sub-total . . . . .	0	0			861,479
<b>b</b> Total from continuation sheets to Part I . . . . .	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	0	0			861,479

**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)								

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.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Region	<b>(c)</b> Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	<b>(g)</b> Description of noncash assistance	<b>(h)</b> 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.

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

## 990 Schedule F, Supplemental Information

Return Reference	Explanation
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:**

**EIN:** 52-0607957

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

### Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST AND NORTH AFRICA	0	0	INVESTMENTS		100,000
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	COORDINATING MISSIONS	761,479

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

Schedule I (Form 990)

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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...
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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 45
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	9	18,300			
(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 GRANTEE ORGANIZATIONS AS WELL AS TO ENSURE APPROPRIATE USE OF FUNDS. AGENCIES ARE REQUIRED TO SUBMIT BUDGETS ON A QUARTERLY BASIS AS WELL AS 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**

**Software ID:**  
**Software Version:**  
**EIN:** 52-0607957  
**Name:** THE ASSOCIATED JEWISH COMMUNITY  
FEDERATION OF BALTIMORE INC

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
70 FACES MEDIA 520 EIGHTH AVENUE FLOOR 4 NEW YORK, NY 10018	13-0887610	501(C)(3)	17,640	0	N/A	N/A	GENERAL SUPPORT
AMERICAN FRIENDS OF LATET HUMANITARIAN AID INC 57 WINGATE STREET STE 204 HAVERHILL, MA 01832	47-2069028	501(C)(3)	30,000	0	N/A	N/A	GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE 220 EAST 42ND STREET SUITE 400 NEW YORK, NY 10017	13-1656634	501(C)(3)	275,825	0	N/A	N/A	GENERAL SUPPORT
BAIS HAMEDRASH AND MESIVTA 6823 OLD PIMLICO ROAD BALTIMORE, MD 21209	52-1980774	501(C)(3)	158,651	0	N/A	N/A	GENERAL SUPPORT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BAIS YAAKOV SCHOOL FOR GIRLS 6302 SMITH AVENUE BALTIMORE, MD 21209	52-0613700	501(C)(3)	696,866	0	N/A	N/A	GENERAL SUPPORT
BALTIMORE HEBREW INSTITUTE AT TOWSON UNIVERSITY 8000 YORK ROAD TOWSON, MD 21252	52-0939453	501(C)(3)	337,658	0	N/A	N/A	GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BALTIMORE JEWISH COUNCIL 5750 PARK HEIGHTS AVENUE SUITE 329 BALTIMORE, MD 21215	52-1912836	501(C)(3)	953,804	0	N/A	N/A	GENERAL SUPPORT
BEN & ESTHER ROSENBLOOM HILLEL CENTER - FOR JEWISH LIFE AT UNIVERSITY OF MA BEN ESTHER ROSENBLOOM HILLEL CENTER FOR JEWISH LIFE AT UNIV OF MD COLLEGE PARK, MD 20740	53-0179971	501(C)(3)	679,463	0	N/A	N/A	GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BETH TFILOH COMMUNITY SCHOOL 3300 OLD COURT ROAD BALTIMORE, MD 21208	52-1837996	501(C)(3)	538,693	0	N/A	N/A	GENERAL SUPPORT
BNAI BRITH YOUTH ORGANIZATION 2020 K STREET NW 7TH FLOOR WASHINGTON, DC 20006	91-2139926	501(C)(3)	53,000	0	N/A	N/A	GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BNOS YISROEL 6300 PARK HEIGHTS AVENUE BALTIMORE, MD 21215	52-2231272	501(C)(3)	256,707	0	N/A	N/A	GENERAL SUPPORT
CHAI 5809 PARK HEIGHTS AVENUE BALTIMORE, MD 21215	23-7097000	501(C)(3)	903,560	0	N/A	N/A	GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHEDER CHABAD OF BALTIMORE 5713 PARK HEIGHTS AVENUE BALTIMORE, MD 21215	26-3435681	501(C)(3)	115,633	0	N/A	N/A	GENERAL SUPPORT
DISTANT COUSINS LLC 356 S LAPEER DRIVE BEVERLY HILLS, CA 90211	47-2246984	501(C)(3)	7,500	0	N/A	N/A	GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EDWARD A MYERBERG SR CTR 3101 FALLSTAFF ROAD BALTIMORE, MD 21209	52-1047511	501(C)(3)	269,214	0	N/A	N/A	GENERAL SUPPORT
HEBREW FREE LOAN ASSN 5752 PARK HEIGHTS AVENUE BALTIMORE, MD 21215	52-0633396	501(C)(3)	20,724	0	N/A	N/A	GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ISRAEL CONNECT INC 750 MELBOURNE ST PITTSBURGH, PA 15217	83-1267863	501(C)(3)	9,500	0	N/A	N/A	GENERAL SUPPORT
ISRAEL LACROSSE ASSOCIATION 1501 BROADWAY 21ST FLOOR NEW YORK, NY 10036	45-3857764	501(C)(3)	10,000	0	N/A	N/A	GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JEWELS SCHOOL INC 5713-B PARK HEIGHTS AVE BALTIMORE, MD 21215	46-0528711	501(C)(3)	22,293	0	N/A	N/A	GENERAL SUPPORT
JEWISH AGENCY FOR ISRAEL 633 THIRD AVENUE 21ST FLOOR NEW YORK, NY 10017	13-1760102	501(C)(3)	261,461	0	N/A	N/A	GENERAL SUPPORT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JEWISH CEMETERY ASSOCIATION 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201	52-2178573	501(C)(13)	27,970	0	N/A	N/A	GENERAL SUPPORT
JEWISH COMMUNITY CENTER 3506 GWYNNBROOK AVENUE OWINGS MILLS, MD 21117	52-0619002	501(C)(3)	5,687,015	0	N/A	N/A	GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JEWISH COMMUNITY SERVICES 5750 PARK HEIGHTS AVENUE BALTIMORE, MD 21215	52-0607909	501(C)(3)	5,954,291	0	N/A	N/A	GENERAL SUPPORT
JEWISH FED OF HOWARD COUNTY 10630 LITTLE PATUXENT PARKWAY STE 400 COLUMIBA, MD 21044	23-7072654	501(C)(3)	33,652	0	N/A	N/A	GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JEWISH FEDERATION OF NORTH AMERICA 25 BROADWAY SUITE 1700 NEW YORK, NY 10004	13-1624240	501(C)(3)	5,327,668	0	N/A	N/A	GENERAL SUPPORT
JEWISH MUSEUM OF MARYLAND 15 LLOYD STREET BALTIMORE, MD 21202	52-6034761	501(C)(3)	1,168,616	0	N/A	N/A	GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JPRO NETWORK 25 BROADWAY SUITE 1700 NEW YORK, NY 10004	13-1624105	501(C)(3)	5,004	0	N/A	N/A	GENERAL SUPPORT
KRIEGER SCHECTER DAY SCHOOL 8100 STEVENSON ROAD BALTIMORE, MD 21208	52-0591562	501(C)(3)	236,206	0	N/A	N/A	GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MARYLAND ISRAEL DEVELOPMENT CENTER 401 E PRATT STREET 7TH FLOOR BALTIMORE, MD 21202	52-1777737	501(C)(3)	124,892	0	N/A	N/A	GENERAL SUPPORT
MEALS ON WHEELS OF CENTRAL MD 63 SHIPPING PL FL 207 DUNDALK, MD 21222	52-6074723	501(C)(3)	120,000	0	N/A	N/A	GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MESIVTA KESSER TORAH OF BALTIMORE 8400 PARK HEIGHTS AVENUE PIKESVILLE, MD 21208	81-4569627	501(C)(3)	53,723	0	N/A	N/A	GENERAL SUPPORT
MOISHE HOUSE 5802 MONROE ROAD CHARLOTTE, NC 28212	26-2599786	501(C)(3)	62,500	0	N/A	N/A	GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NER ISRAEL 400 MOUNT WILSON LANE PIKESVILLE, MD 21208	52-0660881	501(C)(3)	348,902	0	N/A	N/A	GENERAL SUPPORT
OHR CHADASH ACADEMY OF BALTIMORE 7310 PARK HEIGHTS AVE PIKESVILLE, MD 21208	45-2187170	501(C)(3)	94,970	0	N/A	N/A	GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ONE TABLE 228 PARK AVENUE SOUTH SUITE 77191 NEW YORK, NY 10003	46-4715368	501(C)(3)	24,996	0	N/A	N/A	GENERAL SUPPORT
OPENDOR MEDIA 11110 W OAKLAND PARK BLVD 288 SUNRISE, FL 33351	26-1264680	501(C)(3)	25,000	0	N/A	N/A	GENERAL SUPPORT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
OR HANER INC 400 MT WILSON LANE BALTIMORE, MD 21208	52-2243222	501(C)(3)	20,000	0	N/A	N/A	GENERAL SUPPORT
PEARLSTONE CONFERENCE AND RETREAT CENTER 5425 MT GILEAD ROAD REISTERSTOWN, MD 21136	43-2080719	501(C)(3)	1,991,626	0	N/A	N/A	GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PEF ISRAEL ENDOWMENT FUND 630 3RD AVE RM 1501 NEW YORK, NY 10017	13-6134086	501(C)(3)	17,505	0	N/A	N/A	GENERAL SUPPORT
SULAM 13300 ARCTIC AVENUE ROCKVILLE, MD 20853	52-2105076	501(C)(3)	17,713	0	N/A	N/A	GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TALMUDICAL ACADEMY 4445 OLD COURT ROAD BALTIMORE, MD 21208	56-0591676	501(C)(3)	289,810	0	N/A	N/A	GENERAL SUPPORT
THE BIRTHRIGHT ISRAEL FOUNDATION 711 3RD AVENUE NEW YORK, NY 10017	13-4092050	501(C)(3)	55,000	0	N/A	N/A	GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TORAH INSTITUTE OF BALTIMORE 35 ROSEWOOD LANE OWINGS MILLS, MD 21117	23-7304990	501(C)(3)	300,413	0	N/A	N/A	GENERAL SUPPORT
TORAS SIMCHA 110 SADBROOK LANE PIKESVILLE, MD 21208	81-1685764	501(C)(3)	57,764	0	N/A	N/A	GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ZAMIR CHORAL FOUNDATION 475 RIVERSIDE DRIVE SUITE 1948 NEW YORK, NY 10115	13-6217087	501(C)(3)	10,000	0	N/A	N/A	GENERAL SUPPORT

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

# 2022

**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		
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax idemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input checked="" type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p><b>b</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</p>	<b>1b</b>	Yes			
<p><b>2</b> 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? . . . . .</p>	<b>2</b>	Yes			
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee  <input checked="" type="checkbox"/> Independent compensation consultant  <input checked="" type="checkbox"/> Form 990 of other organizations                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>		No		
	<b>4b</b>	Yes			
	<b>4c</b>		No		
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5a</b>		No		
	<b>5b</b>		No		
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6a</b>		No		
	<b>6b</b>		No		
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .</p>	<b>7</b>	Yes			
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .</p>	<b>8</b>		No		
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>	<b>9</b>				

**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, 1099-MISC compensation, and/or 1099-NEC			(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)	761,364	75,000	5,317	11,529	19,211	872,421	0
	(ii)	0	0	0	0	0	0	0
2 MARK SMOLARZ EXEC. VICE PRESIDENT, OPS	(i)	245,949	0	0	9,863	16,452	272,264	0
	(ii)	0	0	0	0	0	0	0
3 MICHAEL FRIEDMAN SENIOR VICE PRESIDENT	(i)	253,852	0	0	10,045	1,075	264,972	0
	(ii)	0	0	0	0	0	0	0
4 MICHAEL DYE VICE PRESIDENT	(i)	208,310	10,000	0	9,126	19,211	246,647	0
	(ii)	0	0	0	0	0	0	0
5 LESLIE POMERANTZ CHIEF DEVELOPMENT OFFICER	(i)	197,832	0	0	7,850	990	206,672	0
	(ii)	0	0	0	0	0	0	0
6 CAROLE TAYLOR SENIOR VP OF TECHNOLOGY AN	(i)	176,378	0	0	7,063	10,629	194,070	0
	(ii)	0	0	0	0	0	0	0
7 CONNIE STERN VICE PRESIDENT, FINANCE	(i)	155,692	0	0	6,699	19,024	181,415	0
	(ii)	0	0	0	0	0	0	0
8 DARRELL FRIEDMAN FORMER OFFICER	(i)	0	0	161,579	0	0	161,579	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 CHARTER TRAVEL AND COMPANION TRAVEL ON ONE BUSINESS TRIP PER YEAR TO MARC TERRILL PURUSANT TO HIS EMPLOYMENT CONTRACT HOWEVER, NO BENEFIT WAS PROVIDED IN 2022 DUE TO NO TRAVEL THAT YEAR. MARC TERRILL, THE PRESIDENT, HAS MEMBERSHIP IN THE CENTER CLUB ON BEHALF OF THE ORGANIZATION. THE CLUB IS USED SOLELY FOR THE ORGANIZATION'S BUSINESS PURPOSES. THEREFORE, THIS IS NOT TREATED AS TAXABLE INCOME TO HIM.



**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.

<b>Return Reference</b>	<b>Explanation</b>
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. MARC TERRILL HAS A CONTRACT EXECUTED ON JULY 1, 2020. THE TERMS AND CONDITIONS OF THE DEFERRED COMPENSATION PLAN ARE OUTLINED IN THE CONTRACT. DARRELL FRIEDMAN RECEIVED \$161,579 IN DEFERRED COMPENSATION IN TAX YEAR 2022.

**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 7:	THE BONUS AWARDED TO MICHAEL DYE IN FY23 WAS AWARDED DUE TO EXCELLENT PERFORMANCE. THE BONUS AWARDED TO MARC TERRILL IN FY23 WAS PER HIS CONTRACT.

**Schedule L**  
**(Form 990)**

**Transactions with Interested Persons**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

▶ **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](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization THE ASSOCIATED JEWISH COMMUNITY FEDERATION OF BALTIMORE INC	Employer identification number 52-0607957
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**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

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

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

**Part II Loans to and/or From Interested Persons.**  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) LESLIE POMERANTZ	CHIEF DEVELOPMENT OFFICER	ADVANCE DUE TO TRANSITION IN PAYROLL SYSTEM		X	4,370	4,370		No		No	Yes	
<b>Total</b>						▶ \$	4,370					

**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

**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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

## 2022

**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
<b>1</b> Art—Works of art . . . . .				
<b>2</b> Art—Historical treasures . . . . .				
<b>3</b> Art—Fractional interests . . . . .				
<b>4</b> Books and publications . . . . .				
<b>5</b> Clothing and household goods . . . . .				
<b>6</b> Cars and other vehicles . . . . .				
<b>7</b> Boats and planes . . . . .				
<b>8</b> Intellectual property . . . . .				
<b>9</b> Securities—Publicly traded . . . . .	X	105	1,365,651	STOCK MARKET VALUE
<b>10</b> Securities—Closely held stock . . . . .				
<b>11</b> Securities—Partnership, LLC, or trust interests . . . . .				
<b>12</b> Securities—Miscellaneous . . . . .				
<b>13</b> Qualified conservation contribution—Historic structures . . . . .				
<b>14</b> Qualified conservation contribution—Other . . . . .				
<b>15</b> Real estate—Residential . . . . .				
<b>16</b> Real estate—Commercial . . . . .				
<b>17</b> Real estate—Other . . . . .				
<b>18</b> Collectibles . . . . .				
<b>19</b> Food inventory . . . . .				
<b>20</b> Drugs and medical supplies . . . . .				
<b>21</b> Taxidermy . . . . .				
<b>22</b> Historical artifacts . . . . .				
<b>23</b> Scientific specimens . . . . .				
<b>24</b> Archeological artifacts . . . . .				
<b>25</b> Other ▶ ( _____ )				
<b>26</b> Other ▶ ( _____ )				
<b>27</b> Other ▶ ( _____ )				
<b>28</b> 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**

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

**b** If "Yes," describe the arrangement in Part II.

**31** Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

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

**b** If "Yes," describe in Part II.

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

	Yes	No
<b>30a</b>		No
<b>31</b>	Yes	
<b>32a</b>		No
<b>33</b>		

**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:	105 SHARES OF PUBLICLY TRADED SECURITIES WITH A FAIR MARKET VALUE OF \$1,365,651 WERE RECEIVED DURING THE CURRENT YEAR TO SATISFY PLEDGES WHICH HAVE BEEN RECOGNIZED AS REVENUE IN PRIOR YEARS.

**SCHEDULE O**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022****Open to Public  
Inspection**Name of the organization  
THE ASSOCIATED JEWISH COMMUNITY  
FEDERATION OF BALTIMORE INC

Employer identification number

52-0607957

**990 Schedule O, Supplemental Information**

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.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
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.



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
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 FORM 990 IN DETAIL PRIOR TO SUBMISSION TO THE IRS. THE ENTIRE BOARD IS PROVIDED A COMPLETE COPY PRIOR TO SUBMISSION OF THE FORM TO THE IRS.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 12C	<p>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 OR 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.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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 REVIEWS 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.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
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).

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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: \$49,280,555 TOTAL EXPENSE: \$56,512,499 PROGRAM SERVICE %: 87.20% AJC PROGRAM EXPENSE: \$45,027,545 TOTAL EXPENSE: \$45,366,489 PROGRAM SERVICE %: 99.25% TOTAL PROGRAM EXPENSE: \$94,308,100 TOTAL EXPENSE: \$101,878,988 PROGRAM SERVICE %: 92.57%

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9:	UNCOLLECTED CONTRIBUTIONS EXPENSE -718,000. FINANCIAL STATEMENT ROUNDING -50.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

▶ **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](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

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
See Additional Data Table							



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

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

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

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

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

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

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		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	19,034,015	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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII**    **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>

**Additional Data**

**Software ID:**

**Software Version:**

**EIN:** 52-0607957

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

**Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations**

(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
101 W MT ROYAL AVE BALTIMORE, MD 21201 52-6024192	HOLDING TITLE & INVESTING AJCFB ASSETS	MD	501(C)(3)	LINE 7	THE ASSOCIATED JCFB	Yes	
101 W MT ROYAL AVE BALTIMORE, MD 21201 52-1541188	CHARITABLE SUPPORT	MD	501(C)(3)	12A, I	THE ASSOCIATED JCFB	Yes	
101 W MT ROYAL AVE BALTIMORE, MD 21201 46-1468312	CHARITABLE SUPPORT	MD	501(C)(3)	12A, I	THE ASSOCIATED JCFB	Yes	
101 W MT ROYAL AVE BALTIMORE, MD 21201 52-1636273	CHARITABLE SUPPORT	MD	501(C)(3)	12A, I	THE ASSOCIATED JCFB	Yes	
101 W MT ROYAL AVE BALTIMORE, MD 21201 52-1126684	CHARITABLE SUPPORT	MD	501(C)(3)	12A, I	THE ASSOCIATED JCFB	Yes	
101 W MT ROYAL AVE BALTIMORE, MD 21201 52-1249913	CHARITABLE SUPPORT	MD	501(C)(3)	12A, I	THE ASSOCIATED JCFB	Yes	
101 W MT ROYAL AVE BALTIMORE, MD 21201 52-1167596	CHARITABLE SUPPORT	MD	501(C)(3)	12A, I	THE ASSOCIATED JCFB	Yes	
101 W MT ROYAL AVE BALTIMORE, MD 21201 52-1306094	CHARITABLE SUPPORT	MD	501(C)(3)	12A, I	THE ASSOCIATED JCFB	Yes	
101 W MT ROYAL AVE BALTIMORE, MD 21201 52-1899221	CHARITABLE SUPPORT	MD	501(C)(3)	12A, I	THE ASSOCIATED JCFB	Yes	
101 W MT ROYAL AVE BALTIMORE, MD 21201 52-1163411	CHARITABLE SUPPORT	MD	501(C)(3)	12A, I	THE ASSOCIATED JCFB	Yes	
101 W MT ROYAL AVE BALTIMORE, MD 21201 52-1726080	CHARITABLE SUPPORT	MD	501(C)(3)	12A, I	THE ASSOCIATED JCFB	Yes	
101 W MT ROYAL AVE BALTIMORE, MD 21201 22-3920799	CHARITABLE SUPPORT	MD	501(C)(3)	12A, I	THE ASSOCIATED JCFB	Yes	
101 W MT ROYAL AVE BALTIMORE, MD 21201 52-2206655	CHARITABLE SUPPORT	MD	501(C)(3)	12A, I	THE ASSOCIATED JCFB	Yes	
101 W MT ROYAL AVE BALTIMORE, MD 21201 46-3952974	CHARITABLE SUPPORT	MD	501(C)(3)	12A, I	THE ASSOCIATED JCFB	Yes	
101 W MT ROYAL AVE BALTIMORE, MD 21201 20-8572565	CHARITABLE SUPPORT	MD	501(C)(3)	12A, I	THE ASSOCIATED JCFB	Yes	
101 W MT ROYAL AVE BALTIMORE, MD 21201 52-1867912	CHARITABLE SUPPORT	MD	501(C)(3)	12A, I	THE ASSOCIATED JCFB	Yes	
101 W MT ROYAL AVE BALTIMORE, MD 21201 31-1478499	CHARITABLE SUPPORT	MD	501(C)(3)	12A, I	THE ASSOCIATED JCFB	Yes	
101 W MT ROYAL AVE BALTIMORE, MD 21201 52-1489357	CHARITABLE SUPPORT	MD	501(C)(3)	12A, I	THE ASSOCIATED JCFB	Yes	
101 W MT ROYAL AVE BALTIMORE, MD 21201 31-1615045	CHARITABLE SUPPORT	MD	501(C)(3)	12A, I	THE ASSOCIATED JCFB	Yes	
101 W MT ROYAL AVE BALTIMORE, MD 21201 31-1555845	CHARITABLE SUPPORT	MD	501(C)(3)	12A, I	THE ASSOCIATED JCFB	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(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
101 W MT ROYAL AVE BALTIMORE, MD 21201 31-1644387	CHARITABLE SUPPORT	MD	501(C)(3)	12A, I	THE ASSOCIATED JCFB	Yes	
101 W MT ROYAL AVE BALTIMORE, MD 21201 31-1662222	CHARITABLE SUPPORT	MD	501(C)(3)	12A, I	THE ASSOCIATED JCFB	Yes	
101 W MT ROYAL AVE BALTIMORE, MD 21201 56-2523091	CHARITABLE SUPPORT	MD	501(C)(3)	12A, I	THE ASSOCIATED JCFB	Yes	
101 W MT ROYAL AVE BALTIMORE, MD 21201 52-1801455	CHARITABLE SUPPORT	MD	501(C)(3)	12A, I	THE ASSOCIATED JCFB	Yes	
101 W MT ROYAL AVE BALTIMORE, MD 21201 52-1857755	CHARITABLE SUPPORT	MD	501(C)(3)	12A, I	THE ASSOCIATED JCFB	Yes	
101 W MT ROYAL AVE BALTIMORE, MD 21201 20-3486477	CHARITABLE SUPPORT	MD	501(C)(3)	12A, I	THE ASSOCIATED JCFB	Yes	
101 W MT ROYAL AVE BALTIMORE, MD 21201 52-2204089	CHARITABLE SUPPORT	MD	501(C)(3)	12A, I	THE ASSOCIATED JCFB	Yes	
101 W MT ROYAL AVE BALTIMORE, MD 21201 52-1489355	CHARITABLE SUPPORT	MD	501(C)(3)	12A, I	THE ASSOCIATED JCFB	Yes	
101 W MT ROYAL AVE BALTIMORE, MD 21201 52-1489357	CHARITABLE SUPPORT	MD	501(C)(3)	12A, I	THE ASSOCIATED JCFB	Yes	
101 W MT ROYAL AVE BALTIMORE, MD 21201 52-1879606	CHARITABLE SUPPORT	MD	501(C)(3)	12A, I	THE ASSOCIATED JCFB	Yes	
101 W MT ROYAL AVE BALTIMORE, MD 21201 31-1555883	CHARITABLE SUPPORT	MD	501(C)(3)	12A, I	THE ASSOCIATED JCFB	Yes	
101 W MT ROYAL AVE BALTIMORE, MD 21201 52-2230085	CHARITABLE SUPPORT	MD	501(C)(3)	12A, I	THE ASSOCIATED JCFB	Yes	
101 W MT ROYAL AVE BALTIMORE, MD 21201 52-2205658	CHARITABLE SUPPORT	MD	501(C)(3)	12A, I	THE ASSOCIATED JCFB	Yes	
101 W MT ROYAL AVE BALTIMORE, MD 21201 26-1943873	CHARITABLE SUPPORT	MD	501(C)(3)	12A, I	THE ASSOCIATED JCFB	Yes	
101 W MT ROYAL AVE BALTIMORE, MD 21201 46-5753796	CHARITABLE SUPPORT	MD	501(C)(3)	12A, I	THE ASSOCIATED JCFB	Yes	
101 W MT ROYAL AVE BALTIMORE, MD 21201 81-3750702	CHARITABLE SUPPORT	MD	501(C)(3)	12A, I	THE ASSOCIATED JCFB	Yes	
101 W MT ROYAL AVE BALTIMORE, MD 21201 52-1167942	CHARITABLE SUPPORT	MD	501(C)(3)	12A, I	THE ASSOCIATED JCFB	Yes	
101 W MT ROYAL AVE BALTIMORE, MD 21201 82-0956858	CHARITABLE SUPPORT	MD	501(C)(3)	12A, I	THE ASSOCIATED JCFB	Yes	
101 W MT ROYAL AVE BALTIMORE, MD 21201 52-1680035	CHARITABLE SUPPORT	MD	501(C)(3)	12A, I	THE ASSOCIATED JCFB	Yes	
101 W MT ROYAL AVE BALTIMORE, MD 21201 52-2209669	CHARITABLE SUPPORT	MD	501(C)(3)	12A, I	THE ASSOCIATED JCFB	Yes	

**Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations**

(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
101 W MT ROYAL AVE BALTIMORE, MD 21201 27-1040796	CHARITABLE SUPPORT	MD	501(C)(3)	12A, I	THE ASSOCIATED JCFB	Yes	
101 W MT ROYAL AVE BALTIMORE, MD 21201 45-3915659	CHARITABLE SUPPORT	MD	501(C)(3)	12A, I	THE ASSOCIATED JCFB	Yes	
101 W MT ROYAL AVE BALTIMORE, MD 21201 47-4050322	CHARITABLE SUPPORT	MD	501(C)(3)	12A, I	THE ASSOCIATED JCFB	Yes	