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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
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015

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

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

Doing business as

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

Room/suite

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

D Employer identification number
52-0607957

E Telephone number
(410)727-4828

G Gross receipts $ 47,725,057

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
THE ASSOCIATED JEWISH COMMUNITY FEDERATION OF BALTIMORE WORKS TO PRESERVE AND ENHANCE JEWISH LIFE IT ADDRESSES CHARITABLE, EDUCATIONAL, RELIGIOUS, HUMANITARIAN, HEALTH, CULTURAL AND SOCIAL SERVICE NEEDS OF THE JEWISH COMMUNITY, LOCALLY, NATIONALLY, IN ISRAEL AND THROUGHOUT THE WORLD

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	31
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	31
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	181
6	Total number of volunteers (estimate if necessary)	**6**	7,500
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	451,199
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	111,050

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	41,750,760	43,140,876
9	Program service revenue (Part VIII, line 2g)	3,736,860	3,340,287
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	273,676	224,949
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	465,860	1,018,945
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	46,227,156	47,725,057
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	28,008,011	28,845,498
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	11,148,638	11,507,359
16a	Professional fundraising fees (Part IX, column (A), line 11e)	12,269	19,790
b	Total fundraising expenses (Part IX, column (D), line 25) ▶5,036,707		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	7,418,487	6,499,137
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	46,587,405	46,871,784
19	Revenue less expenses Subtract line 18 from line 12	-360,249	853,273
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	30,752,267	31,957,464
21	Total liabilities (Part X, line 26)	13,967,667	14,319,591
22	Net assets or fund balances Subtract line 21 from line 20	16,784,600	17,637,873

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

****** 2016-03-10
Signature of officer Date

MARK SMOLARZ COO/CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JULIA FLANNERY CPA	JULIA FLANNERY CPA			P00928918

Firm's name ▶ RSM US LLP — Firm's EIN ▶ 42-0714325

Firm's address ▶ 100 INTERNATIONAL DRIVE SUITE 1400 BALTIMORE, MD 21202 — Phone no (410) 246-9300

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 SINCE 1920, THE ASSOCIATED HAS SPEARHEADED COMMUNITY-WIDE FUNDRAISING EFFORTS TO SUPPORT LOCAL, NATIONAL AND INTERNATIONAL INITIATIVES THROUGH A NETWORK OF PARTNER AGENCIES

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 35,514,789 including grants of $ 28,097,371) (Revenue $ 2,889,088)

THE ASSOCIATED IS THE CENTRALIZED FUNDRAISING, ADMINISTRATIVE, AND ALLOCATIONS ORGANIZATION FOR THE BALTIMORE JEWISH COMMUNITY IT RAISES AND DISTRIBUTES $28,097,371 TO OVER TWO DOZEN EDUCATIONAL AND SERVICE ORGANIZATIONS IN THE LOCAL AND GLOBAL JEWISH COMMUNITY THE ASSOCIATED PROVIDES A WIDE RANGE OF SERVICES TO ITS COMMUNITY PARTNERS INCLUDING INVESTMENT MANAGEMENT, BOOKKEEPING, AND IT SERVICES FOR A LIST OF ENTITIES SUPPORTED, SEE SCHEDULE I

4b (Code) (Expenses $ 792,023 including grants of $ 191,395) (Revenue $)

CHANA IS THE ABUSE PREVENTION PROGRAM OPERATED BY THE ASSOCIATED ITS PURPOSE IS TO PROVIDE HELP FOR VICTIMS OF DOMESTIC, SEXUAL, AND ELDERLY ABUSE SERVICES INCLUDE TEMPORARY HOUSING, FINANCIAL AID, AND COUNSELING

4c (Code) (Expenses $ 722,242 including grants of $ 220,795) (Revenue $)

JEWISH VOLUNTEER CONNECTION COORDINATES THE SYSTEM-WIDE VOLUNTEER PROGRAM FOR THE ASSOCIATED AND ITS AGENCIES IT ENGAGES AND COORDINATES APPROXIMATELY 7,500 HANDS-ON VOLUNTEERS IN A NUMBER OF VOLUNTEER PROGRAMS INCLUDING SCHOOL TUTORING, HOMELESS PROGRAMS, ELDERLY IN-HOUSE CARE AMONG MANY OTHERS

See Additional Data

4d Other program services (Describe in Schedule O)

(Expenses $ 1,902,311 including grants of $ 335,937) (Revenue $)

4e **Total program service expenses** ▶ 38,931,365

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	150		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	181		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	31		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	31		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

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

Section C. Disclosure

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

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

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

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

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

101 W MOUNT ROYAL AVE
BALTIMORE, MD 21201 (410) 727-4828

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

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

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

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

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

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

☐ Check this box if neither the organization 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)	(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			

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)	(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			
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								1,938,199	0	230,875

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 ▶ 10

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MCGLADREY LLP 5155 PAYSPHERE CIRCLE CHICAGO, IL 60674	AUDITING & ACCT SERVICES	258,489
MOUNT ROYAL PRINTING COMPANY 6310 BLAIR HILL LANE BALTIMORE, MD 21209	PRINTING SERVICES	199,752
FIELD TRAVEL 295 MADISON AVE STE 1805 NEW YORK, NY 10017	TRAVEL SERVICES	180,028
OPHIR TOURS 6 HANATZIV ST TEL AVIV 67010 IS	TRAVEL SERVICES	179,362
PBI ENVIRONMENTAL RESTORATION 7100 HOLLADAY TYLER RD GLENN DALE, MD 20769	RESTORATION SERVICES	150,751

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 ▶ 11

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 22,681,704				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d 15,602,860				
	e	Government grants (contributions)	1e 331,994				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 4,524,318				
	g	Noncash contributions included in lines 1a-1f $	1,387,585				
	h	**Total.** Add lines 1a-1f		43,140,876			
Program Service Revenue			Business Code				
	2a	ENDOWMENT FEE INCOME	900099	3,263,669	2,812,470	451,199	
	b	OPERATING PROGRAMS	900099	76,618	76,618		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		3,340,287			
	3	Investment income (including dividends, interest, and other similar amounts)		224,949			224,949
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real / (ii) Personal				
	6a	Gross rents	27,937				
	b	Less rental expenses	0				
	c	Rental income or (loss)	27,937				
	d	Net rental income or (loss)		27,937			27,937
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS	900099	991,008			991,008
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		991,008			
	12	**Total revenue.** See Instructions		47,725,057	2,889,088	451,199	1,243,894

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	28,813,903	28,813,903		
2 Grants and other assistance to domestic individuals See Part IV, line 22	31,595	31,595		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,194,866	152,984	506,417	535,465
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	8,214,348	5,516,347	951,932	1,746,069
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	416,616	104,653	225,946	86,017
9 Other employee benefits	1,017,727	755,946		261,781
10 Payroll taxes	663,802	399,960	102,884	160,958
11 Fees for services (non-employees)				
a Management				
b Legal	32,770	264	32,506	
c Accounting	68,569	61	68,508	
d Lobbying				
e Professional fundraising services See Part IV, line 17	19,790			19,790
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	355,692	49,159	245,152	61,381
12 Advertising and promotion	488,536	56,469	8,340	423,727
13 Office expenses	413,514	273,057	45,849	94,608
14 Information technology	182,647	120,608	20,251	41,788
15 Royalties				
16 Occupancy	2,040,664	1,347,519	226,261	466,884
17 Travel	165,521	59,201	66,707	39,613
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	174,488	45,357	99,639	29,492
20 Interest	114,886		114,886	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	199,800	20,367	179,433	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PROGRAM SERVICE EXPENSE	1,577,283	1,134,348		442,935
b ALLOWANCE FOR UNCOLLECT	600,000			600,000
c				
d				
e All other expenses	84,767	49,567	9,001	26,199
25 **Total functional expenses.** Add lines 1 through 24e	46,871,784	38,931,365	2,903,712	5,036,707
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	863,409	1	1,101,998
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	17,693,016	3	18,110,448
	4	Accounts receivable, net	1,017,240	4	481,945
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	58,281	5	43,750
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	695,685	7	1,325,138
	8	Inventories for sale or use	5,152	8	3,043
	9	Prepaid expenses and deferred charges	95,660	9	195,070
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a			
	b	Less accumulated depreciation — 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11	9,701,825	12	9,906,717
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	621,999	15	789,355
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	30,752,267	16	31,957,464
Liabilities	17	Accounts payable and accrued expenses	3,505,981	17	3,945,896
	18	Grants payable	443,529	18	666,540
	19	Deferred revenue	151,799	19	87,797
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	3,420	23	
	24	Unsecured notes and loans payable to unrelated third parties	9,035,473	24	9,002,290
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	827,465	25	617,068
	26	**Total liabilities.** Add lines 17 through 25	13,967,667	26	14,319,591
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	-2,366,441	27	-2,409,207
	28	Temporarily restricted net assets	19,151,041	28	20,047,080
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	16,784,600	33	17,637,873
	34	Total liabilities and net assets/fund balances	30,752,267	34	31,957,464

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	47,725,057
2	Total expenses (must equal Part IX, column (A), line 25)	2	46,871,784
3	Revenue less expenses Subtract line 2 from line 1	3	853,273
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,784,600
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	17,637,873

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:

Software Version:

EIN: 52-0607957

Name: THE ASSOCIATED JEWISH COMMUNITY FEDERATION OF BALTIMORE INC

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses $ 1,902,311 including grants of $ 335,937) (Revenue $)

THE ASSOCIATED OPERATES HILLELS (JEWISH STUDENT UNION) ON FOUR COLLEGE CAMPUSES IN THE GREATER BALTIMORE AREA THE HILLELS PROVIDE RELIGIOUS SERVICES, KOSHER DINING, AND OTHER SOCIAL ENGAGEMENT ACTIVITIES TO UNIVERSITY STUDENTS AND STAFF

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			
(1) MARK NEUMANN CHAIR	6 00 3 00	X		X				0	0	0
(1) LINDA HURWITZ CHAIR-ELECT	3 00	X		X				0	0	0
(2) NANCY HACKERMAN SECRETARY	2 00 3 00	X		X				0	0	0
(3) PHILIP E SACHS TREASURER	3 00 1 50	X		X				0	0	0
(4) JEFFREY BLAVATT DIRECTOR	1 50	X						0	0	0
(5) MARC COHEN DIRECTOR	1 50	X						0	0	0
(6) ROBB COHEN DIRECTOR	1 50	X						0	0	0
(7) ANNETTE COOPER DIRECTOR	1 50	X						0	0	0
(8) MELISSA CORDISH DIRECTOR	1 50	X						0	0	0
(9) JOHN DAVISON DIRECTOR	1 50	X						0	0	0
(10) LINDA ELMAN DIRECTOR	1 50	X						0	0	0
(11) JULIET EURICH DIRECTOR	1 50	X						0	0	0
(12) JUDITH FADER DIRECTOR	1 50	X						0	0	0
(13) HOWARD FRIEDMAN DIRECTOR	1 50	X						0	0	0
(14) BETH GOLDSMITH DIRECTOR	1 50	X						0	0	0
(15) BENJAMIN GREENWALD DIRECTOR	1 50	X						0	0	0
(16) DANIEL HIRSCHHORN DIRECTOR	1 50	X						0	0	0
(17) RINA JANET DIRECTOR	1 50	X						0	0	0
(18) NANCY KOHN RABIN DIRECTOR	1 50	X						0	0	0
(19) ELLEN MACKS DIRECTOR	1 50	X						0	0	0
(20) MICHELLE MALIS DIRECTOR	1 50	X						0	0	0
(21) ELIZABETH MOSER DIRECTOR	1 50	X						0	0	0
(22) YEHUDA NEUBERGER DIRECTOR	1 50	X						0	0	0
(23) TERRY M RUBENSTEIN DIRECTOR	1 50	X						0	0	0
(24) JM SCHAPIRO DIRECTOR	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			
(26) JOHN SCHMERLER DIRECTOR	1 50	X						0	0	0
(1) BRUCE SHOLK DIRECTOR	1 50	X						0	0	0
(2) DEBRA S WEINBERG DIRECTOR	1 50	X						0	0	0
(3) JERRY WOLASKY DIRECTOR	1 50	X						0	0	0
(4) ROBERT RUSSEL DIRECTOR	1 50 2 00	X						0	0	0
(5) CHARLES BAUM DIRECTOR	1 50 4 00	X						0	0	0
(6) MARC B TERRILL PRESIDENT	40 00 10 00			X				618,142	0	83,420
(7) MARK SMOLARZ COO/CFO	40 00			X				205,782	0	27,628
(8) MICHAEL FRIEDMAN SENIOR VICE PRESIDENT	40 00				X			201,067	0	4,262
(9) LESLIE POMERANTZ SENIOR VICE PRESIDENT	40 00				X			153,162	0	6,604
(10) MICHAEL HOFFMAN CHIEF DEVELOPMENT OFFICER	40 00					X		142,820	0	36,224
(11) MICHAEL DYE VP, INVESTMENTS & RISK MGM	40 00					X		137,050	0	34,710
(12) CAROLE TAYLOR VP, TECHNOLOGY	40 00					X		122,885	0	6,005
(13) CONNIE STERN VP, FINANCE	40 00					X		115,702	0	5,459
(14) DARLENE WOLF VP, HUMAN RESOURCES	40 00					X		106,118	0	26,563
(15) DARRELL FRIEDMAN FORMER OFFICER	0 00						X	135,471	0	0

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

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 11, 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)

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 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)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

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- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	39,543,640	42,947,080	39,911,912	41,750,760	43,140,876	207,294,268
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	39,543,640	42,947,080	39,911,912	41,750,760	43,140,876	207,294,268
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						15,165,507
6 **Public support.** Subtract line 5 from line 4						192,128,761

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	39,543,640	42,947,080	39,911,912	41,750,760	43,140,876	207,294,268
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	302,762	262,689	264,417	195,067	252,886	1,277,821
9 Net income from unrelated business activities, whether or not the business is regularly carried on	11,238	14,210	21,131	26,879	26,560	100,018
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support** Add lines 7 through 10						208,672,107

12	Gross receipts from related activities, etc (see instructions)	12	16,454,150

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	92 070 %
15	Public support percentage for 2013 Schedule A, Part II, line 14	15	92 610 %

16a **33 1/3% support test—2014.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** 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—2013.** 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 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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

Facts And Circumstances Test

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493090000396

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

Employer identification number
52-0607957

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

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

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

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

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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" to Form 990, Part IV, line 8.

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

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

(i) Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

a Revenue included in 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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

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

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

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

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	141,449,000	124,751,000	167,725,000	173,840,000	135,835,000
b	Contributions	2,436,000	3,512,000	21,086,000	15,268,000	21,526,000
c	Net investment earnings, gains, and losses	-364,000	18,731,000	22,343,000	-4,072,000	32,236,000
d	Grants or scholarships					
e	Other expenditures for facilities and programs	6,092,000	5,545,000	17,813,000	17,311,000	15,757,000
f	Administrative expenses					
g	End of year balance	137,429,000	141,449,000	193,341,000	167,725,000	173,840,000

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

- a Board designated or quasi-endowment ▶ 55 920 %
- b Permanent endowment ▶ 3 020 %
- c Temporarily restricted endowment ▶ 41 060 %

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				0

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to 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) REAL ESTATE FUND	1,660,011	F
(B) ISRAEL BONDS	7,758,964	F
(C) SPLIT INTEREST AGREEMENT	387,742	F
(D) MARYLAND/ISRAEL TRENDLINES	100,000	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	9,906,717	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to 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
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
OTHER LIABILITIES	617,068
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	617,068

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' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	72,121,775
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	24,396,718		
e	Add lines **2a** through **2d**			2e	24,396,718
3	Subtract line **2e** from line **1**			3	47,725,057
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	47,725,057

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

1	Total expenses and losses per audited financial statements			1	76,430,464
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	29,558,680		
e	Add lines **2a** through **2d**			2e	29,558,680
3	Subtract line **2e** from line **1**			3	46,871,784
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	46,871,784

Part XIII **Supplemental Information**

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

Return Reference	Explanation
PART V, LINE 4	THE ENDOWMENT FUNDS OF THE ASSOCIATED JEWISH COMMUNITY FEDERATION OF BALTIMORE ARE USED IN ACCORDANCE TO THE INTENT OF THE DONOR OR IN THE ABSENCE OF DONOR INTENT, AT THE DIRECTION OF THE BOARD OF DIRECTORS
PART X, LINE 2	THE ASSOCIATED FOLLOWS THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE COMBINED 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 COMBINED FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS MANAGEMENT HAS EVALUATED THE ASSOCIATED'S TAX POSITIONS AND HAS CONCLUDED THAT THE ASSOCIATED HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE DISCLOSURE THE ASSOCIATED IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U S FEDERAL, STATE OR LOCAL AUTHORITIES FOR YEARS BEFORE 2012
PART XI, LINE 2D - OTHER ADJUSTMENTS	REVENUE FOR THE ASSOCIATED JEWISH CHARITES REPORTED ON THE CONSOLIDATED F/S 24,654,040 REVENUE FOR THE VARIOUS ANNUITY TRUSTS REPORTED ON THE CONSOLIDATED F/S -156,022 OTHER EXPENSES RECORDED AS REVENUE ON THE FINANCIAL STATEMENTS -101,300
PART XII, LINE 2D - OTHER ADJUSTMENTS	EXPENSES OF THE ASSOCIATED JEWISH CHARITIES REPORTED ON THE CONSOLIDATED F/S 29,599,978 EXPENSES OF THE VARIOUS ANNUITY TRUSTS REPORTED ON THE CONSOLIDATED F/S 60,002 OTHER EXPENSES RECORDED AS REVENUE ON THE FINANCIAL STATEMENTS -101,300

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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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.

► Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

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" to Form 990, Part IV, line 14b.

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

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

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

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , 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 region	(f) Total expenditures for and investments in region
(1)	MIDDLE EAST AND NORTH AFRICA	0	1	PROGRAM SERVICE	COORDINATING EDUCATIONAL PROGRAMS	390,408
(2)	EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	PROGRAM SERVICE	COORDINATING EDUCATIONAL PROGRAMS	4,000
(3)	MIDDLE EAST AND NORTH AFRICA			INVESTMENTS		100,000
(4)						
(5)						
3a	Sub-total	0	1			494,408
b	Total from continuation sheets to Part I	0	0			0
c	**Totals** (add lines 3a and 3b)	0	1			494,408

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Description of non-cash 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" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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; do not 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 file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*	☐ Yes	☑ No

Additional Data

Software ID:

Software Version:

EIN: 52-0607957

Name: THE ASSOCIATED JEWISH COMMUNITY FEDERATION OF BALTIMORE INC

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).

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

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

Employer identification number
52-0607957

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

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1	SIEGEL MARKETING GROUP 1845 N FARWELL AVE SUITE 300 MILWAUKEE, WI 53202	TELEMARKETING		No	14,146	19,790	-5,644
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶					14,146	19,790	-5,644

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

MD

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

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

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activities conducted in

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

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

c If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

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

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

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

Employer identification number
52-0607957

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
See Additional Data Table							

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" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) FELLOWSHIP	16	29,929			
(2) ROSENBERG	1	1,666			

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

Return Reference	Explanation
PART I, LINE 2	LAY AND PROFESSIONAL LEADERSHIP MEETS WITH AGENCY REPRESENTATION SEVERAL TIMES DURING THE YEAR TO MONITOR THE FISCAL HEALTH OF THE ORGANIZATION AS WELL AS TO ENSURE APPROPRIATE USE OF FUNDS AGENCIES ARE REQUIRED TO SUBMIT BUDGETS ON A QUARTERLY BASIS AS WELL AS AN ORGANIZATION BUSINESS PLAN ONCE A YEAR THE ASSOCIATED THROUGH ITS COMMUNITY PLANNING AND ALLOCATIONS 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 DECISIONS 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.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN FRIENDS OF ELI THE ISRAEL ASSOC FOR CHILD PROTECTION 492C CEDAR LANE 103 TEANECK,NJ 07666	52-2171745	501(C)(3)	25,000				GENERAL SUPPORT
AMERICAN FRIENDS OF ORR SHALOM3708 ENTERPISE DR JANESVILLE,WI 535468737	13-3502817	501(C)(3)	58,311				GENERAL SUPPORT
AMERICAN FRIENDS OF YAD ELIEZER1102 E 26TH ST BROOKLYN,NY 11210	11-3459952	501(C)(3)	25,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BAIS HAMEDRASH AND MESIVTA OF BALTIMORE 6823 OLD PIMLICO ROAD BALTIMORE,MD 21209	52-1980774	501(C)(3)	66,544				GENERAL SUPPORT
BAIS YAAKOV SCHOOL FOR GIRLS11111 PARK HEIGHTS AVE OWINGS MILLS,MD 21117	52-0613700	501(C)(3)	896,455				GENERAL SUPPORT
BALTIMORE BOARD OF RABBIS5750 PARK HEIGHTS AVENUE BALTIMORE,MD 21215	04-3598368	501(C)(3)	50,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BALTIMORE HEBREW INSTITUTE AT TOWSON UNIVERSITY11111 PARK HEIGHTS AVE TOWSON,MD 21252	52-0939453	501(C)(3)	325,335				GENERAL SUPPORT
BALTIMORE JEWISH COUNCILCOLLEGE OF LIBERAL ARTS 8000 YORK ROAD BALTIMORE,MD 21215	52-1912836	501(C)(3)	880,958				GENERAL SUPPORT
BETH TFILOH COMMUNITY SCHOOL3300 OLD COURT ROAD BALTIMORE,MD 21208	52-1837996	501(C)(3)	488,821				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BNAI BRITH YOUTH ORGANIZATIONATTN JANET LAZIC 2020 K STREET NW 7TH FLOOR WASHINGTON,DC 20006	91-2139926	501(C)(3)	55,000				GENERAL SUPPORT
BNOS YISROEL6300 PARK HEIGHTS AVENUE BALTIMORE,MD 21215	52-2231272	501(C)(3)	300,535				GENERAL SUPPORT
CAPITAL CAMPS12750 BUCHNAN TRAIL EAST WAYNESBORO,PA 17268	52-1515202	501(C)(3)	10,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CENTER FOR JEWISH EDUCATION5708 PARK HEIGHTS AVENUE BALTIMORE,MD 212153996	52-0591707	501(C)(3)	1,774,028				GENERAL SUPPORT
CHAI5809 PARK HEIGHTS AVENUE BALTIMORE,MD 21215	23-7097000	501(C)(3)	734,337				GENERAL SUPPORT
CHEDER CHABAD OF BALTIMORE5713 PARK HEIGHTS AVENUE BALTIMORE,MD 21215	26-3435681	501(C)(3)	38,688				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHIMES INC4815 SETON DR BALTIMORE,MD 212153211	52-0575305	501(C)(3)	10,000				GENERAL SUPPORT
EDWARD A MYERBERG SR CTR3101 FALLSTAFF ROAD BALTIMORE,MD 212092967	52-1047511	501(C)(3)	110,000				GENERAL SUPPORT
HEBREW FREE LOAN ASSN 5752 PARK HEIGHTS AVENUE BALTIMORE,MD 21215	52-0633396	501(C)(3)	11,400				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HILLEL THE FOUNDATION FOR JEWISH CAMPUS LIFE 800 EIGTH STREET NW WASHINGTON,DC 20001	52-1844823	501(C)(3)	22,600				GENERAL SUPPORT
ISRAEL LACROSSE ASSOCIATION1501 BROADWAY 21ST FLOOR NEW YORK,NY 10036	45-3857764	501(C)(3)	35,000				GENERAL SUPPORT
JEWELS SCHOOL INC5713-B PARK HEIGHTS AVE BALTIMORE,MD 21215	46-0528711	501(C)(3)	35,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JEWISH AGENCY FOR ISRAEL6101 MONTROSE ROAD ROCKVILLE,MD 20852	13-1760102	501(C)(3)	115,000				GENERAL SUPPORT
JEWISH CEMETERY ASSOCIATION101 WEST MOUNT ROYAL AVENUE BALTIMORE,MD 21201	52-2178573	501(C)(13)	18,000				GENERAL SUPPORT
JEWISH COMMUNITY CENTER3506 GWYNNBROOK AVENUE OWINGS MILLS,MD 21117	52-0607909	501(C)(3)	4,178,119				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JEWISH COMMUNITY SERVICES5750 PARK HEIGHTS AVENUE BALTIMORE,MD 21215	52-0607909	501(C)(3)	6,854,864				GENERAL SUPPORT
JEWISH FED OF HOWARD COUNTY10630 LITTLE PATUXENT PARKWAY SUITE 400 CENTURY PLAZA 1000 COLUMBIA,MD 210443294	23-7072654	501(C)(3)	484,518				GENERAL SUPPORT
JEWISH FEDERATION OF NORTH AMERICA25 BROADWAY SUITE 1700 NEW YORK,NY 100041010	13-1624240	501(C)(3)	7,027,318				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JEWISH MUSEUM OF MARYLAND15 LLOYD STREET BALTIMORE,MD 21202	52-6034761	501(C)(3)	318,289				GENERAL SUPPORT
JOINT DISTRIBUTION COMMITTEE711 3RD AVENUE NEWYORK,NY 10017	13-1656634	501(C)(3)	213,320				GENERAL SUPPORT
KRIEGER SCHECHTER DAY SCHOOL8100 STEVENSON ROAD BALTIMORE,MD 21208	52-0591562	501(C)(3)	235,460				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MARYLAND ISRAEL DEVELOPMENT CENTER 401 E PRATT STREET 7TH FLOOR BALTIMORE,MD 21202	52-1777737	501(C)(3)	170,458				GENERAL SUPPORT
MARYLAND ISRAEL TRENDLINES FUND GP LLC 401 E PRATT STREET 7TH FLOOR BALTIMORE,MD 21202	52-1777737	501(C)(3)	20,000				GENERAL SUPPORT
MEALS ON WHEELS OF CENTRAL MD515 S HAVEN STREET BALTIMORE,MD 21224	52-6074723	501(C)(3)	120,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MOISHE HOUSE441 SAXONY ROAD BARN 2 ENCINITAS,CA 920242725	26-2599786	501(C)(3)	58,950				GENERAL SUPPORT
NER ISRAEL400 MOUNT WILSON LANE PIKESVILLE,MD 21208	52-0660881	501(C)(3)	478,147				GENERAL SUPPORT
OHR CHADASH ACADEMY OF BALTIMORE7310 PARK HEIGHTS AVE PIKESVILLE,MD 212085436	45-2187170	501(C)(3)	83,217				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PAAMONIM CHARITY ORGANIZATION1520 39TH STREET BROOKLYN,NY 112184414	20-5392216	501(C)(3)	18,500				GENERAL SUPPORT
PEARLSTONE CONFERENCE AND RETREAT CTR5425 MT GILEAD ROAD REISTERSTOWN,MD 21136	43-2080719	501(C)(3)	586,966				GENERAL SUPPORT
TALMUDICAL ACADEMY 4445 OLD COURT ROAD BALTIMORE,MD 21208	52-0591676	501(C)(3)	569,979				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE BIRTHRIGHT ISRAEL FOUNDATION33 EAST THIRTY THIRD ST SEVENTH FLOOR NEW YORK,NY 10016	13-4092050	501(C)(3)	70,000				GENERAL SUPPORT
TORAH INSTITUTE OF BALTIMORE35 ROSEWOOD LANE OWINGS MILLS,MD 21117	23-7304990	501(C)(3)	415,430				GENERAL SUPPORT
UNION OF ORTHODOX JEWISH CONGREGATIONS OF AMERICA11 BROADWAY NEW YORK,NY 10004	13-5623717	501(C)(3)	19,750				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF MARYLAND HILLEL7612 MOWATT LANE COLLEGE PARK,MD 20740	53-0179971	501(C)(3)	281,837				GENERAL SUPPORT
WORLD ORT INC1745 BROADWAY 17TH FLOOR NEW YORK,NY 10019	06-1669917	501(C)(3)	11,400				GENERAL SUPPORT
WORLD UNION FOR PROGRESSIVE JUDAISM LTD633 THIRD AVENUE 7TH FLOOR NEW YORK,NY 100176778	13-1930176	501(C)(3)	60,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ZAMIR CHORAL FOUNDATION475 RIVERSIDE DRIVE SUITE 825 NEW YORK, NY 10115	13-6217087	501(C)(3)	5,850				GENERAL SUPPORT

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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" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

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

Employer identification number
52-0607957

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☑ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MARC B TERRILL, PRESIDENT	(i)	477,486	75,000	65,656	60,653	22,767	701,562	0
	(ii)	0	0	0	0	0	0	0
2 MARK SMOLARZ, COO/CFO	(i)	205,782	0	0	8,360	19,268	233,410	0
	(ii)	0	0	0	0	0	0	0
3 MICHAEL FRIEDMAN, SENIOR VICE PRESIDENT	(i)	201,067	0	0	3,013	1,249	205,329	0
	(ii)	0	0	0	0	0	0	0
4 LESLIE POMERANTZ, SENIOR VICE PRESIDENT	(i)	153,162	0	0	5,653	951	159,766	0
	(ii)	0	0	0	0	0	0	0
5 MICHAEL HOFFMAN, CHIEF DEVELOPMENT OFFICER	(i)	142,820	0	0	6,120	30,104	179,044	0
	(ii)	0	0	0	0	0	0	0
6 MICHAEL DYE, VP, INVESTMENTS & RISK MGM	(i)	137,050	0	0	5,827	28,883	171,760	0
	(ii)	0	0	0	0	0	0	0
7 CAROLE TAYLOR, VP, TECHNOLOGY	(i)	122,885	0	0	4,913	1,092	128,890	0
	(ii)	0	0	0	0	0	0	0
8 DARRELL FRIEDMAN, FORMER OFFICER	(i)	0	0	135,471	0	0	135,471	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	THE ORGANIZATION PROVIDES BUSINESS RELATED TRAVEL AND OTHER EXPENSES TO MARC TERRILL PURSUANT TO HIS EMPLOYMENT CONTRACT THE DISCRETIONARY SPENDING ACCOUNT IS TREATED AS TAXABLE INCOME
PART I, LINE 4B	MARC TERRILL PARTICIPATES IN A NONQUALIFIED DEFERRED COMPENSATION PLAN NO AMOUNTS WERE VESTED DURING THE YEAR $50,000 WAS DEFERRED AND IS INCLUDED IN FORM 990, PART VII, COLUMN F AND SCHEDULE J, PART II, COLUMN C AS DETAILED IN FORM 990, PART VI, SECTION B, LINE 15, A NEW 5-YEAR CONTRACT WAS EXECUTED BEGINNING JANUARY 1, 2013 THE TERMS AND CONDITIONS OF THE DEFERRED COMPENSATION PLAN ARE OUTLINED IN THE CONTRACT

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

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

Employer identification number
52-0607957

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 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 organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	**(b)** Relationship with organization	**(c)** Purpose of loan	**(d)** Loan to or from the organization? To	From	**(e)** Original principal amount	**(f)** Balance due	**(g)** In default? Yes	No	**(h)** Approved by board or committee? Yes	No	**(i)** Written agreement? Yes	No
(1) MARC TERRILL	PRESIDENT	TO ASSIST PURCHASING A HOME IN THE BALTIMORE AREA AS A RETENTION STRATEGY		X	125,000	43,750		No	Yes		Yes	
Total	▶ $				43,750							

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

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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.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

Employer identification number
52-0607957

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	191	1,387,585	FMV AT CONTRIBUTION DATE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶(_____)				
27	Other ▶(_____)				
28	Other ▶ (_____)				

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

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

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

Return Reference	Explanation
PART I, LINE 32B	THIRD PARTIES ARE USED TO SELL NON-CASH ASSETS (INCLUDING DONATED REAL ESTATE) THE ORGANIZATION DOES NOT HAVE ANY ONGOING RELATIONSHIPS WITH THESE THIRD PARTIES, BUT WILL PICK BASED ON NEED AND LOCATION OF THE NON-CASH ASSETS

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	ANY INDIVIDUAL(S), JEWISH OR NON-JEWISH, WHO SUPPORTS THE MISSION AND WHO, DIRECTLY OR THROUGH A FAMILY, CORPORATION, FIRM, TRUST, OR FOUNDATION, CONTRIBUTES TO THE ASSOCIATED ANNUAL CAMPAIGN IN ANY FISCAL YEAR OF THE ASSOCIATED, SHALL BE A MEMBER FOR AND DURING THE FISCAL YEAR IN WHICH A CONTRIBUTION IS MADE AND FOR THE SUCCEEDING FISCAL YEAR

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBERS OF THE ORGANIZATION ELECT THE BOARD OF GOVERNORS ELECTIONS OF DIRECTORS AND OFFICERS SHALL BE HELD BY BALLOT AT EACH ANNUAL MEETING OF THE ASSOCIATED

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	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 CAN REVIEW AN ELECTRONIC COPY PRIOR TO SUBMISSION OF THE FORM TO THE IRS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	OFFICERS, BOARD MEMBERS AND SENIOR STAFF OF THE ASSOCIATED ARE REQUIRED TO SUBMIT A CONFLICT OF INTEREST DISCLOSURE FORM EACH YEAR EACH OFFICER, DIRECTOR AND STAFF MEMBER IS EXPECTED TO DISCLOSE ANY POTENTIAL CONFLICTS INCLUDING A DIRECT OR INDIRECT INTEREST (FINANCIAL, FAMILIAL OR OTHERWISE) WITH THE BUSINESS OF THE ASSOCIATED IF THE ASSOCIATED TAKES UP FOR CONSIDERATION ANY MATTER IN WHICH AN OFFICER, DIRECTOR OR STAFF MEMBER, OR PERSONS AFFILIATED WITH THEM, HAVE SUCH A CONFLICTED INTEREST, THE ASSOCIATED SHALL RESOLVE QUESTIONS OF REAL OR APPARENT CONFLICT OF INTEREST THROUGH THE FOLLOWING PROCEDURES 1 THE PERSON WITH A CONFLICTED INTEREST MUST DISCLOSE ANY RELEVANT FACTS THAT MIGHT GIVE RISE TO A CONFLICT OF INTEREST 2 THE PERSON SO AFFECTED MAY TAKE PART IN ANY DISCUSSION OF ANY SUCH MATTERS, UNLESS THE ASSOCIATED SPECIFICALLY REQUESTS THE PERSON TO ABSTAIN FROM SUCH DISCUSSION 3 THE PERSON WITH A CONFLICTED INTEREST SHALL ABSTAIN FROM VOTING ON ANY RESOLUTION INVOLVING SUCH MATTERS

Return Reference	Explanation
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

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)

Return Reference	Explanation
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 89 37% THE ASSOCIATED PROGRAM EXPENSE 38,931,365 TOTAL EXPENSE 46,871,784 PROGRAM SERVICE % 83 06% AJC PROGRAM EXPENSE 31,824,984 TOTAL EXPENSE 32,300,980 PROGRAM SERVICE % 98 53% TOTAL PROGRAM EXPENSE 70,756,349 TOTAL EXPENSE 79,172,764 PROGRAM SERVICE % 89 37%

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

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

Employer identification number
52-0607957

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) 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) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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.

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

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	(g) No
(1) ASSOCIATED JEWISH CHARITIES OF BALTIMORE INC 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201 52-6024192	EXEMPT ORGANIZATION	MD	501(C)(3)	LINE 7	THE ASSOCIATED JCFB	Yes	
(1) ZANVYL KRIEGER FUND INC 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201 52-1126684	CHARITABLE SUPPORT	MD	501(C)(3)	LINE 11A, I	THE ASSOCIATED JCFB	Yes	
(2) JILL FOX MEMORIAL FUND INC 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201 52-1167942	CHARITABLE SUPPORT	MD	501(C)(3)	LINE 11A, I	THE ASSOCIATED JCFB	Yes	
(3) DUPKIN JEWISH CHARITY & WELFARE FUND INC 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201 52-1163411	CHARITABLE SUPPORT	MD	501(C)(3)	LINE 11A, I	THE ASSOCIATED JCFB	Yes	
(4) SARAH & HAROLD ZALESCH FOUNDATION INC 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201 52-1191346	CHARITABLE SUPPORT	MD	501(C)(3)	LINE 11A, I	THE ASSOCIATED JCFB	Yes	
(5) GOLDSMITH FOUNDATION INC 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201 52-1306094	CHARITABLE SUPPORT	MD	501(C)(3)	LINE 11A, I	THE ASSOCIATED JCFB	Yes	
(6) LIPITZ FAMILY FOUNDATION INC 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201 52-1487251	CHARITABLE SUPPORT	MD	501(C)(3)	LINE 11A, I	THE ASSOCIATED JCFB	Yes	
(7) MARTIN S HIMELES SR FUND INC 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201 52-1489357	CHARITABLE SUPPORT	MD	501(C)(3)	LINE 11A, I	THE ASSOCIATED JCFB	Yes	
(8) FELDMAN FAMILY FUND INC 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201 52-1489355	CHARITABLE SUPPORT	MD	501(C)(3)	LINE 11A, I	THE ASSOCIATED JCFB	Yes	
(9) MARVIN SCHAPIRO FAMILY FOUNDATION INC 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201 52-1615020	CHARITABLE SUPPORT	MD	501(C)(3)	LINE 11A, I	THE ASSOCIATED JCFB	Yes	
(10) KOLKER-SAXON-HALLOCK FAMILY FOUNDATION INC 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201 52-1636273	CHARITABLE SUPPORT	MD	501(C)(3)	LINE 11A, I	THE ASSOCIATED JCFB	Yes	
(11) JEWISH DAY SCHOOL FOUNDATION INC 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201 52-1879606	CHARITABLE SUPPORT	MD	501(C)(3)	LINE 11A, I	THE ASSOCIATED JCFB	Yes	
(12) MORTON B & TAMARA S PLANT FOUNDATION INC 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201 52-1950626	CHARITABLE SUPPORT	MD	501(C)(3)	LINE 11A, I	THE ASSOCIATED JCFB	Yes	
(13) BENDIT FOUNDATION INC 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201 52-1412574	CHARITABLE SUPPORT	MD	501(C)(3)	LINE 11A, I	THE ASSOCIATED JCFB	Yes	
(14) BRENDA BROWN LIPITZ FAMILY FOUNDATION INC 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201 31-1555883	CHARITABLE SUPPORT	MD	501(C)(3)	LINE 11A, I	THE ASSOCIATED JCFB	Yes	
(15) JOAN G AND JOSEPH KLEIN FOUNDATION INC 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201 31-1555845	CHARITABLE SUPPORT	MD	501(C)(3)	LINE 11A, I	THE ASSOCIATED JCFB	Yes	
(16) BAVAR FAMILY FOUNDATION INC 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201 52-2230085	CHARITABLE SUPPORT	MD	501(C)(3)	LINE 11A, I	THE ASSOCIATED JCFB	Yes	
(17) JOSEPH & ANNETTE COOPER FAMILY FOUNDATION INC 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201 52-2206655	CHARITABLE SUPPORT	MD	501(C)(3)	LINE 11A, I	THE ASSOCIATED JCFB	Yes	
(18) FRANCES & FRANK FLEISHMAN FAMILY CHARITABLE FDN INC 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201 52-2205658	CHARITABLE SUPPORT	MD	501(C)(3)	LINE 11A, I	THE ASSOCIATED JCFB	Yes	
(19) HERBERT & PHYLLIS SIEGEL CHARITABLE FOUNDATION INC 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201 26-1943873	CHARITABLE SUPPORT	MD	501(C)(3)	LINE 11A, 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
(21) JANE KRIEGER SCHAPIRO FAMILY FOUNDATION INC 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201 46-1468312	CHARITABLE SUPPORT	MD	501(C)(3)	LINE 11A, I	THE ASSOCIATED JCFB	Yes	
(1) MACADOO FAMILY FOUNDATION INC 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201 46-3952974	CHARITABLE SUPPORT	MD	501(C)(3)	LINE 11A, I	THE ASSOCIATED JCFB	Yes	
(2) LUSKIN FAMILY FOUNDATION INC 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201 46-5753796	CHARITABLE SUPPORT	MD	501(C)(3)	LINE 11A, I	THE ASSOCIATED JCFB	Yes	
(3) SIDNEY S NAHAM FAMILY FOUNDATION INC 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201 47-4204051	CHARITABLE SUPPORT	MD	501(C)(3)	LINE 11A, I	THE ASSOCIATED JCFB	Yes	
(4) HOFFBERGER FAMILY FUND INC 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201 52-1167596	CHARITABLE SUPPORT	MD	501(C)(3)	LINE 11A, I	THE ASSOCIATED JCFB	Yes	
(5) NATHAN & PAULINE MASH FAMILY FOUNDATION INC 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201 52-1436803	CHARITABLE SUPPORT	MD	501(C)(3)	LINE 11A, I	THE ASSOCIATED JCFB	Yes	
(6) HARRY WEINBERG FAMILY FOUNDATION INC 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201 52-1541188	CHARITABLE SUPPORT	MD	501(C)(3)	LINE 11A, I	THE ASSOCIATED JCFB	Yes	
(7) THE BERNARD MANEKIN FAMILY FUND INC 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201 52-1623185	CHARITABLE SUPPORT	MD	501(C)(3)	LINE 11A, I	THE ASSOCIATED JCFB	Yes	
(8) SWIRNOW CHARITABLE FOUNDATION INC 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201 52-1680035	CHARITABLE SUPPORT	MD	501(C)(3)	LINE 11A, I	THE ASSOCIATED JCFB	Yes	
(9) GERSON G & SANDY F EISENBERG FOUNDATION INC 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201 52-1726080	CHARITABLE SUPPORT	MD	501(C)(3)	LINE 11A, I	THE ASSOCIATED JCFB	Yes	
(10) THE FLORENCE & CHARLES HOFFBERGER CHARITABLE FDN INC 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201 52-1801455	CHARITABLE SUPPORT	MD	501(C)(3)	LINE 11A, I	THE ASSOCIATED JCFB	Yes	
(11) PEARLSTONE FAMILY FUND INC 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201 52-1249913	CHARITABLE SUPPORT	MD	501(C)(3)	LINE 11A, I	THE ASSOCIATED JCFB	Yes	
(12) WILLIAM & IRENE WEINBERG FAMILY FOUNDTION INC 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201 52-1857755	CHARITABLE SUPPORT	MD	501(C)(3)	LINE 11A, I	THE ASSOCIATED JCFB	Yes	
(13) NATHAN & LILLIAN WEINBERG FOUNDATION INC 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201 52-1867912	CHARITABLE SUPPORT	MD	501(C)(3)	LINE 11A, I	THE ASSOCIATED JCFB	Yes	
(14) THE RICHMAN FAMILY FOUNDATION INC 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201 52-1899221	CHARITABLE SUPPORT	MD	501(C)(3)	LINE 11A, I	THE ASSOCIATED JCFB	Yes	
(15) GILBERT L & RUTH SOLOMON FOUNDATION INC 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201 52-1898913	CHARITABLE SUPPORT	MD	501(C)(3)	LINE 11A, I	THE ASSOCIATED JCFB	Yes	
(16) FRED & GRETA SCHLOSSBERG FOUNDATION INC 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201 52-1903359	CHARITABLE SUPPORT	MD	501(C)(3)	LINE 11A, I	THE ASSOCIATED JCFB	Yes	
(17) KESHER FUND OF THE COHEN-FRUCHTMAN-KRIEGER FMLY INC 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201 31-1478499	CHARITABLE SUPPORT	MD	501(C)(3)	LINE 11A, I	THE ASSOCIATED JCFB	Yes	
(18) ADES FAMILY FOUNDATION INC 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201 52-6826032	CHARITABLE SUPPORT	MD	501(C)(3)	LINE 11A, I	THE ASSOCIATED JCFB	Yes	
(19) MARJORIE COOK FOUNDATION INC 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201 52-6044319	CHARITABLE SUPPORT	MD	501(C)(3)	LINE 11A, 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
(41) ROBERT & LOIS KLEIN FAMILY FOUNDATION INC 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201 31-1594685	CHARITABLE SUPPORT	MD	501(C)(3)	LINE 11A, I	THE ASSOCIATED JCFB	Yes	
(1) DAVID & REGINA WEINBERG FAMILY FOUNDATION INC 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201 31-1615045	CHARITABLE SUPPORT	MD	501(C)(3)	LINE 11A, I	THE ASSOCIATED JCFB	Yes	
(2) THE FUND FOR CHANGE INC 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201 31-1662222	CHARITABLE SUPPORT	MD	501(C)(3)	LINE 11A, I	THE ASSOCIATED JCFB	Yes	
(3) THE BANCROFT FOUNDATION INC 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201 31-1644387	CHARITABLE SUPPORT	MD	501(C)(3)	LINE 11A, I	THE ASSOCIATED JCFB	Yes	
(4) KR FUND INC 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201 52-2209699	CHARITABLE SUPPORT	MD	501(C)(3)	LINE 11A, I	THE ASSOCIATED JCFB	Yes	
(5) LINDA & G ARNOLD KAUFMAN FOUNDATION INC 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201 52-2204089	CHARITABLE SUPPORT	MD	501(C)(3)	LINE 11A, I	THE ASSOCIATED JCFB	Yes	
(6) HOFFBERGER FOUNDATION FOR TORAH STUDY 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201 52-2137496	CHARITABLE SUPPORT	MD	501(C)(3)	LINE 11A, I	THE ASSOCIATED JCFB	Yes	
(7) ZIMMERMAN FUND FOR CHILDREN INC 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201 56-2523091	CHARITABLE SUPPORT	MD	501(C)(3)	LINE 11A, I	THE ASSOCIATED JCFB	Yes	
(8) LYN STACIE GETZ FOUNDATION INC 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201 20-3486477	CHARITABLE SUPPORT	MD	501(C)(3)	LINE 11A, I	THE ASSOCIATED JCFB	Yes	
(9) JUDI & STEVEN B FADER FAMILY FOUNDATION INC 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201 22-3920799	CHARITABLE SUPPORT	MD	501(C)(3)	LINE 11A, I	THE ASSOCIATED JCFB	Yes	
(10) GLENN & DEBRA WEINBERG FOUNDATION INC 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201 20-8142217	CHARITABLE SUPPORT	MD	501(C)(3)	LINE 11A, I	THE ASSOCIATED JCFB	Yes	
(11) LIBMAN FAMILY FOUNDATION INC 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201 20-8572565	CHARITABLE SUPPORT	MD	501(C)(3)	LINE 11A, I	THE ASSOCIATED JCFB	Yes	
(12) YEHUDA & ANNE NEUBERGER FOUNDATION INC 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201 27-1040796	CHARITABLE SUPPORT	MD	501(C)(3)	LINE 11A, I	THE ASSOCIATED JCFB	Yes	
(13) SHOLK-KAPLAN FAMILY FOUNDATION INC 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201 45-3915659	CHARITABLE SUPPORT	MD	501(C)(3)	LINE 11A, I	THE ASSOCIATED JCFB	Yes	
(14) VOLOSOV FAMILY FOUNDATION INC 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201 47-4050322	CHARITABLE SUPPORT	MD	501(C)(3)	LINE 11A, I	THE ASSOCIATED JCFB	Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ASSOCIATED JEWISH CHARITIES OF BALTIMORE INC	C	9,007,504	CASH VALUE
BENDIT FOUNDATION INC	C	96,885	CASH VALUE
DUPKIN JEWISH CHARITY AND WELFARE FUND INC	C	385,000	CASH VALUE
GERSON G AND SANDY F EISENBERG FOUNDATION INC	C	98,000	CASH VALUE
GOLDSMITH FOUNDATION INC	C	551,100	CASH VALUE
HARRY WEINBERG FAMILY FOUNDATION INC	C	1,850,000	CASH VALUE
HOFFBERGER FAMILY FUND INC	C	676,642	CASH VALUE
JANE KRIEGER SCHAPIRO FAMILY FOUNDATION INC	C	200,000	CASH VALUE
JOSEPH AND ANNETTE COOPER FAMILY FOUNDATION INC	C	85,000	CASH VALUE
KOLKER-SAXON-HALLOCK FAMILY FOUNDATION INC	C	52,879	CASH VALUE
KOLKER-SAXON-HALLOCK FUND B	C	117,000	CASH VALUE
KR FUND INC	C	90,000	CASH VALUE
KRIEGER	C	524,213	CASH VALUE
LUSKIN FAMILY FOUNDATION	C	231,265	CASH VALUE
MARTIN S HIMELES SR FUND INC	C	55,500	CASH VALUE
NATHAN AND LILLIAN WEINBERG FOUNDATION INC	C	70,500	CASH VALUE
PEARLSTONE FAMILY FUND INC	C	775,413	CASH VALUE
SWIRNOW CHARITABLE FOUNDATION	C	158,000	CASH VALUE
ZANVYL & ISABELLE KRIEGER FUND INC	C	507,960	CASH VALUE
ZIMMERMAN FUND FOR CHILDREN INC	C	70,000	CASH VALUE