

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

2017 Open to Public Inspection

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning JUL 1, 2017 and ending JUN 30, 2018

Form sections B through M: B Check if applicable; C Name of organization; D Employer identification number; E Telephone number; F Name and address of principal officer; G Gross receipts; H(a) Is this a group return; H(b) Are all subordinates included; H(c) Group exemption number; I Tax-exempt status; J Website; K Form of organization; L Year of formation; M State of legal domicile.

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1-7a Activities & Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

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.

Signature and Preparer sections: Sign Here (Signature of officer, Date); Paid (Print/Type preparer's name, Preparer's signature, Date, PTIN); Preparer Use Only (Firm's name, Firm's address, Firm's EIN, Phone no.).

May the IRS discuss this return with the preparer shown above? (see instructions) [X] 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

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 \$ 30,956,166. including grants of \$ 30,429,315.) (Revenue \$ 493,787.)
THE ASSOCIATED IS THE CENTRALIZED FUNDRAISING, ADMINISTRATIVE AND
ALLOCATIONS ORGANIZATION FOR THE BALTIMORE JEWISH COMMUNITY. IT RAISES
AND DISTRIBUTES \$29,618,198 TO OVER TWO DOZEN EDUCATIONAL AND SERVICE
ORGANIZATIONS IN THE LOCAL AND GLOBAL JEWISH COMMUNITY.

4b (Code: _____) (Expenses \$ 4,521,954. including grants of \$ 0.) (Revenue \$ 170,312.)
THE ASSOCIATED IS A DIRECT SERVICE PROVIDER AND OPERATES MULTIPLE
PROGRAMS INCLUDING: FOUR BALTIMORE -BASED COLLEGE HILLELS; PROGRAMS FOR
VICTIMS OF DOMESTIC VIOLENCE, STUDENTS WITH SPECIAL EDUCATION NEEDS,
VOLUNTEER AND LEADERSHIP TRAINING.

4c (Code: _____) (Expenses \$ 7,666,166. including grants of \$ 1,974,334.) (Revenue \$ 3,265,336.)
THE ASSOCIATED PROVIDES INFRASTRUCTURE SERVICES FOR ITS PROGRAMS AND
MOST OF THE AGENCIES THAT THEY FUND. SERVICES INCLUDE: FACILITIES
MAINTENANCE AND SECURITY; INFORMATION TECHNOLOGY, HUMAN RESOURCES
(INCLUDING EMPLOYEE RECRUITING AND RETENTION, PAYROLL, RETIREMENT
BENEFITS), HEALTH INSURANCE, ACCOUNTING, MARKETING, AND INVESTMENT
MANAGEMENT.

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

4e Total program service expenses **▶** 43,144,286.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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? <i>If "Yes," complete Schedule D, Part VI</i>		X
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? <i>If "Yes," complete Schedule D, Part VII</i>	X	
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
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? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
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	X	

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		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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		
2b	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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
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)?		X
4b	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?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

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 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 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?	X	
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
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?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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		X

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?		X
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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?		

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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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 - (410) 727-4828**
101 W. MOUNT ROYAL AVE., BALTIMORE, MD 21201

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization 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 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) LINDA A. HURWITZ CHAIR	3.00 1.50	X		X			0.	0.	0.	
(2) DEBRA S. WEINBERG CHAIR-ELECT	3.00	X		X			0.	0.	0.	
(3) PJ PEARLSTONE SECRETARY	3.00	X		X			0.	0.	0.	
(4) FRIEDA HALLOCK TREASURER	3.00 4.00	X		X			0.	0.	0.	
(5) MARK D. NEUMANN IMMEDIATE PAST CHAIR	1.50	X					0.	0.	0.	
(6) PAUL BEKMAN DIRECTOR	1.50	X					0.	0.	0.	
(7) DR. EMILE BENDIT DIRECTOR	1.50	X					0.	0.	0.	
(8) ROBB COHEN DIRECTOR	1.50	X					0.	0.	0.	
(9) JULIET EURICH DIRECTOR	1.50	X					0.	0.	0.	
(10) STEVE FADER DIRECTOR	1.50	X					0.	0.	0.	
(11) MICHAEL GREENEBAUM DIRECTOR	1.50	X					0.	0.	0.	
(12) BENJAMIN GREENWALD DIRECTOR	1.50	X					0.	0.	0.	
(13) NANCY HACKERMAN DIRECTOR	1.50 4.00	X					0.	0.	0.	
(14) MARTIN HIMELES, JR. DIRECTOR	1.50	X					0.	0.	0.	
(15) DOUGLAS HOFFBERGER DIRECTOR	1.50	X					0.	0.	0.	
(16) RINA JANET DIRECTOR	1.50	X					0.	0.	0.	
(17) MICHELE LAX DIRECTOR	1.50	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) TRACI LERNER DIRECTOR	1.50	X					0.	0.	0.	
(19) WILL MINKIN DIRECTOR	1.50	X					0.	0.	0.	
(20) YEHUDA NEUBERGER DIRECTOR	1.50	X					0.	0.	0.	
(21) JASON REITBERGER DIRECTOR	1.50	X					0.	0.	0.	
(22) SAMUEL ROSENBERG DIRECTOR	1.50	X					0.	0.	0.	
(23) DARA SCHNEE DIRECTOR	1.50	X					0.	0.	0.	
(24) JOHN SHMERLER DIRECTOR	1.50	X					0.	0.	0.	
(25) STEVEN SIBEL DIRECTOR	1.50	X					0.	0.	0.	
(26) BETH H. GOLDSMITH DIRECTOR	1.50	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							2,043,655.	0.	323,669.	
d Total (add lines 1b and 1c)							2,043,655.	0.	323,669.	

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 **14**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

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
CERIDIAN PO BOX 772830, CHICAGO, IL 60677	PAYROLL PROCESSING	329,886.
KENNETH DICKSTEIN (DBA AS SD SECURITY CONSU 9006 TARR DRIVE, NEW WINDSOR, MD 21776	SECURITY SERVICES	288,583.
DEFENDER ONE SECURITY, 310 CHAMBORLEY DRIVE, REISTERSTOWN, MD 21136	ARMED SECURITY SERVICES	237,958.
GRAHAM-PELTON CONSULTING, INC. 39 BEECHWOOD ROAD, SUMMIT, NJ 07901	CONSULTING SERVICES	195,459.
MT ROYAL PRINTING CO, INC. 6310 BLAIR HILL LANE, BALTIMORE, MD 21209	PRINTING SERVICES	165,009.

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 **8**

SEE PART VII, SECTION A CONTINUATION SHEETS

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 line)	(C) Position (check all that apply)						(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			
(27) PHILIP E. SACHS DIRECTOR	1.50 1.50	X					0.	0.	0.	
(28) MORRY ZOLET DIRECTOR	1.50	X					0.	0.	0.	
(29) NINA ROSENZWOG DIRECTOR	1.50	X					0.	0.	0.	
(30) WENDY MILLER DIRECTOR	1.50	X					0.	0.	0.	
(31) ROBERT C. RUSSEL DIRECTOR	1.50 1.50	X					0.	0.	0.	
(32) MARC B. TERRILL PRESIDENT	36.00 4.00			X			547,908.	0.	189,023.	
(33) MARK SMOLARZ COO/CFO	32.00 8.00			X			214,832.	0.	27,852.	
(34) MICHAEL FRIEDMAN SENIOR VICE PRESIDENT	10.00 30.00				X		205,099.	0.	9,045.	
(35) LESLIE POMERANTZ SENIOR VICE PRESIDENT	40.00				X		165,772.	0.	7,497.	
(36) MICHAEL DYE VP, INVESTMENTS & RISK MGMT	9.00 31.00				X		158,967.	0.	32,312.	
(37) CAROLE TAYLOR VP, TECHNOLOGY	40.00					X	134,525.	0.	6,117.	
(38) BEN GERSHOWITZ VICE PRESIDENT, FACILITIES	32.00 8.00					X	113,222.	0.	10,090.	
(39) CONNIE STERN VP, FINANCE	36.00 4.00					X	128,931.	0.	5,855.	
(40) ALLISON BAUMWALD SVP, ANNUAL CAMPAIGN	40.00					X	111,685.	0.	30,347.	
(41) DEBBIE PINE VP, STRATEGIC PHILANTHROPY	40.00					X	122,432.	0.	5,531.	
(42) DARRELL FRIEDMAN FORMER OFFICER	0.00						X	140,282.	0.	
Total to Part VII, Section A, line 1c							2,043,655.		323,669.	

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	1 a Federated campaigns	1a 24,066,940.					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d 17,254,574.					
	e Government grants (contributions)	1e 435,047.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 5,613,212.					
	g Noncash contributions included in lines 1a-1f: \$	1,855,048.					
	h Total. Add lines 1a-1f	▶ 47,369,773.					
	Program Service Revenue	2 a ENDOWMENT FEE INCOME					Business Code 900099
b OPERATING PROGRAMS		900099	68,416.	68,416.			
c EDUCATIONAL PROGRAMS		900099	18,245.	18,245.			
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		▶ 3,929,435.					
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)	▶ 510,573.				510,573.
	4 Income from investment of tax-exempt bond proceeds	▶					
	5 Royalties	▶					
	6 a Gross rents	(i) Real	1,724,196.				
		(ii) Personal	0.				
		b Less: rental expenses					
		c Rental income or (loss)	1,724,196.				
	d Net rental income or (loss)	▶ 1,724,196.	1,724,196.				
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)	▶					
	8 a 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		▶					
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities	▶					
10 a 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					
11 a	MISCELLANEOUS	900099	317,690.			317,690.	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d	▶ 317,690.					
12 Total revenue. See instructions.	▶ 53,851,667.	5,111,202.	542,429.	828,263.			

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	32,371,520.	32,371,520.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	32,129.	32,129.		
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	1,302,368.	166,484.	551,374.	584,510.
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	9,115,177.	5,800,538.	1,091,806.	2,222,833.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	533,172.	102,296.	327,407.	103,469.
9 Other employee benefits	1,098,854.	610,203.	201,565.	287,086.
10 Payroll taxes	744,612.	422,829.	122,852.	198,931.
11 Fees for services (non-employees):				
a Management				
b Legal	36,848.		36,848.	
c Accounting	82,940.		82,940.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	20,064.			20,064.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	340,501.	31,608.	243,170.	65,723.
12 Advertising and promotion	424,561.	58,261.	5,066.	361,234.
13 Office expenses	399,278.	254,085.	47,825.	97,368.
14 Information technology	291,230.	185,327.	34,883.	71,020.
15 Royalties				
16 Occupancy	2,265,155.	1,441,455.	271,318.	552,382.
17 Travel	134,891.	53,697.	57,837.	23,357.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	154,009.	43,901.	85,576.	24,532.
20 Interest	254,861.		254,861.	
21 Payments to affiliates	241.	241.		
22 Depreciation, depletion, and amortization				
23 Insurance	141,330.	26,800.	114,530.	
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 EVENTS AND MISSION EXPE	1,491,639.	1,452,982.	38,657.	
b FUNDRAISING EXPENSE	719,108.			719,108.
c ALLOWANCE FOR UNCOLLECT	662,333.			662,333.
d UNRELATED BUSINESS INCO	64,056.		64,056.	
e All other expenses	180,368.	89,930.	61,318.	29,120.
25 Total functional expenses. Add lines 1 through 24e	52,861,245.	43,144,286.	3,693,889.	6,023,070.
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	746,115.	1	
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	18,200,835.	3	18,810,208.
	4 Accounts receivable, net	1,341,897.	4	1,677,778.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	25,000.	5	44,837.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	1,498,921.	7	1,419,637.
	8 Inventories for sale or use	5,585.	8	897.
	9 Prepaid expenses and deferred charges	128,832.	9	204,156.
	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	10,706,340.	12	10,998,517.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	4,539,612.	15	6,723,673.
16 Total assets. Add lines 1 through 15 (must equal line 34)	37,193,137.	16	39,879,703.	
Liabilities	17 Accounts payable and accrued expenses	4,837,173.	17	4,235,857.
	18 Grants payable	275,771.	18	364,175.
	19 Deferred revenue	170,366.	19	140,901.
	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		23	
	24 Unsecured notes and loans payable to unrelated third parties	12,402,388.	24	14,133,065.
	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	280,666.	25	474,465.
	26 Total liabilities. Add lines 17 through 25	17,966,364.	26	19,348,463.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-3,230,486.	27	-2,512,089.
	28 Temporarily restricted net assets	22,457,259.	28	23,043,329.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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	19,226,773.	33	20,531,240.	
34 Total liabilities and net assets/fund balances	37,193,137.	34	39,879,703.	

Part XI Reconciliation 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	53,851,667.
2	Total expenses (must equal Part IX, column (A), line 25)	2	52,861,245.
3	Revenue less expenses. Subtract line 2 from line 1	3	990,422.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19,226,773.
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	314,045.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	20,531,240.

Part XII Financial Statements and Reporting

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

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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

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

Employer identification number 52-0607957

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
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).
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).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions.
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s).
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support.

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	41,750,760.	43,140,876.	43,714,856.	44,835,349.	47,369,773.	220,811,614.
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	41,750,760.	43,140,876.	43,714,856.	44,835,349.	47,369,773.	220,811,614.
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)						16,792,565.
6 Public support. Subtract line 5 from line 4.						204,019,049.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	41,750,760.	43,140,876.	43,714,856.	44,835,349.	47,369,773.	220,811,614.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	195,067.	252,886.	247,809.	1,013,916.	510,573.	2,220,251.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	26,879.	26,560.	24,119.	35,868.	64,060.	177,486.
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						223,209,351.
12 Gross receipts from related activities, etc. (see instructions)					12	22,401,737.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	91.40 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	92.08 %
16a 33 1/3% support test - 2017. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2016. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2017. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2016. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b 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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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):		
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		(A) Prior Year	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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2017

Name of the organization

THE ASSOCIATED: JEWISH COMMUNITY
FEDERATION OF BALTIMORE, INC.

Employer identification number

52-0607957

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization THE ASSOCIATED: JEWISH COMMUNITY FEDERATION OF BALTIMORE, INC.	Employer identification number 52-0607957
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 10,322,611.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 1,337,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 1,300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 1,300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 3,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 1,865,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE ASSOCIATED: JEWISH COMMUNITY FEDERATION OF BALTIMORE, INC.	Employer identification number 52-0607957
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization THE ASSOCIATED: JEWISH COMMUNITY FEDERATION OF BALTIMORE, INC.	Employer identification number 52-0607957
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements (2a-2d), and yes/no questions about monitoring and reporting.

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

Form with questions (1a-1b, 2a-2b) regarding reporting of art and historical treasures, including checkboxes and dollar amount fields.

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | 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 on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	134,290,000.	124,014,000.	137,429,000.	141,449,000.	124,751,000.
b Contributions	2,729,000.	2,344,000.	4,958,000.	2,436,000.	3,512,000.
c Net investment earnings, gains, and losses	10,424,000.	17,871,000.	-8,106,000.	-364,000.	18,731,000.
d Grants or scholarships					
e Other expenditures for facilities and programs	27,233,000.	9,939,000.	10,267,000.	6,092,000.	5,545,000.
f Administrative expenses					
g End of year balance	120,210,000.	134,290,000.	124,014,000.	137,429,000.	141,449,000.

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

- a Board designated or quasi-endowment 45.06 %
- b Permanent endowment 3.46 %
- c Temporarily restricted endowment 51.48 %

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

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)	X	
3b	X	

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
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 10c.) 0.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) ISRAEL BONDS	7,949,459.	END-OF-YEAR MARKET VALUE
(B) MARYLAND/ISRAEL TRENDLINES	100,000.	END-OF-YEAR MARKET VALUE
(C) REAL ESTATE FUND	2,561,316.	END-OF-YEAR MARKET VALUE
(D) SPLIT INTEREST AGREEMENT	387,742.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	10,998,517.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) OTHER ASSETS	5,568,596.
(2) LIFE INSURANCE	937,378.
(3) DEFERRED COMPENSATION ASSET	217,699.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	6,723,673.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OTHER LIABILITIES	474,465.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	474,465.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	107,934,545.
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	54,120,662.
e	Add lines 2a through 2d	2e	54,120,662.
3	Subtract line 2e from line 1	3	53,813,883.
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	37,784.
c	Add lines 4a and 4b	4c	37,784.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	53,851,667.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	88,244,603.
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	35,421,142.
e	Add lines 2a through 2d	2e	35,421,142.
3	Subtract line 2e from line 1	3	52,823,461.
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	37,784.
c	Add lines 4a and 4b	4c	37,784.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	52,861,245.

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.

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 GOVERNORS.

PART X, LINE 2:

THE ASSOCIATED FOLLOWS THE ACCOUNTING STANDARD ON ACCOUNTING FOR
UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER
TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE
RECORDED IN THE 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

Part XIII Supplemental Information (continued)

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 2015.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

REVENUE FOR THE ASSOCIATED JEWISH CHARITIES REPORTED ON THE

CONSOLIDATED F/S	52,932,809.
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REVENUE FOR THE VARIOUS ANNUITY TRUSTS REPORTED ON THE

CONSOLIDATED F/S	1,187,853.
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TOTAL TO SCHEDULE D, PART XI, LINE 2D	54,120,662.
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PART XI, LINE 4B - OTHER ADJUSTMENTS:

TRANSFERS AND OTHER EXPENSES NETTED WITH REVENUE ON THE

FINANCIAL STATEMENTS	37,784.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES OF THE ASSOCIATED JEWISH CHARITIES REPORTED ON THE

CONSOLIDATED F/S	35,671,004.
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EXPENSES OF THE VARIOUS ANNUITY TRUSTS REPORTED ON THE

Part XIII Supplemental Information *(continued)*

CONSOLIDATED F/S 64,183.

CAPITAL ADJUSTMENT -314,045.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 35,421,142.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

TRANSFERS AND OTHER EXPENSES NETTED WITH REVENUE ON THE

FINANCIAL STATEMENTS 37,784.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization THE ASSOCIATED: JEWISH COMMUNITY FEDERATION OF BALTIMORE, INC.	Employer identification number 52-0607957
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Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICE	COORDINATING MISSIONS	345,197.
MIDDLE EAST AND NORTH AFRICA	0	0	INVESTMENTS		100,000.
3 a Sub-total	0	0			445,197.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			445,197.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

3 Enter total number of other organizations or entities ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

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

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

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

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

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

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

Part V Supplemental Information

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

PART I, LINE 3, COLUMN E:

AS PART OF ITS MISSION, THE ASSOCIATED PROVIDES PLANNING AND LOGISTICAL

SUPPORT FOR MEMBERS OF THE BALTIMORE COMMUNITY TO TRAVEL AND LEARN

ABOUT ISRAEL AND OTHER PLACES WITH JEWISH HISTORY OR IDENTITY.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

2017

Open to Public Inspection

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

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
SIEGEL MARKETING GROUP - 1845 N. FARWELL AVE, SUITE 300,	TELEMARKETING		X	61,690.	20,064.	41,626.
Total	▶			61,690.	20,064.	41,626.

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

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

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

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

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

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

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

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

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

b Enter the amount of distributions required under state law to be 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.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: SIEGEL MARKETING GROUP

(I) ADDRESS OF FUNDRAISER:

1845 N. FARWELL AVE, SUITE 300, MILWAUKEE, WI 53202

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization **THE ASSOCIATED: JEWISH COMMUNITY
FEDERATION OF BALTIMORE, INC.**

Employer identification number
52-0607957

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN FRIENDS OF ISRAEL EMERGENCY AID FUND, INC. - PO BOX 562 - WEST HEMPSTEAD, NY 11552	26-4515751	501(C)(3)	10,000.	0.			GENERAL SUPPORT
AMERICAN FRIENDS OF LEKET ISRAEL 101 CEDAR LANE, STE 306 TEANECK, NJ 07666	20-8202424	501(C)(3)	6,000.	0.			GENERAL SUPPORT
BAIS HAMEDRASH AND MESIVTA OF BALTIMORE - 6823 OLD PIMLICO ROAD - BALTIMORE, MD 21209	52-1980774	501(C)(3)	57,222.	0.			GENERAL SUPPORT
BAIS YAAKOV SCHOOL FOR GIRLS 6302 SMITH AVENUE BALTIMORE, MD 21209	52-0613700	501(C)(3)	852,627.	0.			GENERAL SUPPORT
BALTIMORE HEBREW INSTITUTE AT TOWSON UNIVERSITY - COLLEGE OF LIBERAL ARTS - TOWSON, MD 21252	52-0939453	501(C)(3)	330,167.	0.			GENERAL SUPPORT
BALTIMORE JEWISH COUNCIL 5750 PARK HEIGHTS AVENUE, SUITE 329 BALTIMORE, MD 21215	52-1912836	501(C)(3)	894,139.	0.			GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 48.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 1.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2017)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
BEN & ESTHER ROSENBLOOM HILLEL CENTER - 7612 MOWATT LANE - COLLEGE PARK, MD 20740	53-0179971	501(C)(3)	294,822.	0.			GENERAL SUPPORT
BETH TFILOH COMMUNITY SCHOOL 3300 OLD COURT ROAD BALTIMORE, MD 21208	52-1837996	501(C)(3)	463,869.	0.			GENERAL SUPPORT
BNAI BRITH YOUTH ORGANIZATION ATTN: JANET LAZIC, 2020 K STREET, NW, 7TH FLOOR - WASHINGTON, DC 20006	91-2139926	501(C)(3)	55,000.	0.			GENERAL SUPPORT
BNOS YISROEL 6300 PARK HEIGHTS AVENUE BALTIMORE, MD 21215	52-2231272	501(C)(3)	261,892.	0.			GENERAL SUPPORT
CAMP AIRY AND LOUISE 5750 PARK HEIGHTS AVENUE, SUITE 306 BALTIMORE, MD 21215	52-0563083	501(C)(3)	51,486.	0.			GENERAL SUPPORT
CENTER FOR JEWISH EDUCATION 5708 PARK HEIGHTS AVENUE BALTIMORE, MD 21215-3996	52-0591707	501(C)(3)	2,808,052.	0.			GENERAL SUPPORT
CHAI 5809 PARK HEIGHTS AVENUE BALTIMORE, MD 21215	23-7097000	501(C)(3)	784,407.	0.			GENERAL SUPPORT
CHEDER CHABAD OF BALTIMORE 5713 PARK HEIGHTS AVENUE BALTIMORE, MD 21215	26-3435681	501(C)(3)	64,383.	0.			GENERAL SUPPORT
CHIMES, INC. 4815 SETON DR. BALTIMORE, MD 21215-3211	52-0575305	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
EDWARD A. MYERBERG SR. CTR. 3101 FALLSTAFF ROAD BALTIMORE, MD 21209-2967	52-1047511	501(C)(3)	292,100.	0.			GENERAL SUPPORT
FUSION PARTNERSHIPS, INC. 1601 GUILFORD AVE., 2 SOUTH BALTIMORE, MD 21202	52-2148413	501(C)(3)	7,000.	0.			GENERAL SUPPORT
GILCHRIST HOSPICE CARE, INC. 555 W TOWSONTOWN BLVD TOWSON, MD 21204	52-1851251	501(C)(3)	10,000.	0.			GENERAL SUPPORT
HAROLD GRINSPOON FOUNDATION 67 HUNT STREET, SUITE 100 AGAWAM, MA 01001	04-6685725	501(C)(3)	30,000.	0.			GENERAL SUPPORT
HEBREW FREE LOAN ASSN. 5752 PARK HEIGHTS AVENUE BALTIMORE, MD 21215	52-0633396	501(C)(3)	15,981.	0.			GENERAL SUPPORT
ISRAEL LACROSSE ASSOCIATION 1501 BROADWAY, 21ST FLOOR NEW YORK, NY 10036	45-3857764	501(C)(3)	7,500.	0.			GENERAL SUPPORT
JAFINA 1101 30TH ST, NW, STE 500 WASHINGTON, DC 20007	23-0053483	501(C)(3)	25,000.	0.			GENERAL SUPPORT
JEWISH AGENCY FOR ISRAEL 633 THIRD AVENUE, 21ST FLOOR NEW YORK, NY 10017	13-1760102	501(C)(3)	41,094.	0.			GENERAL SUPPORT
JEWISH CEMETERY ASSOCIATION 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201	52-2178573	501(C)(13)	18,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
JEWISH COMMUNITY CENTER 3506 GWYNNBROOK AVENUE OWINGS MILLS, MD 21117	52-0607909	501(C)(3)	5,951,221.	0.			GENERAL SUPPORT
JEWISH COMMUNITY SERVICES 5750 PARK HEIGHTS AVENUE BALTIMORE, MD 21215	52-0607909	501(C)(3)	7,286,512.	0.			GENERAL SUPPORT
JEWISH FED. OF HOWARD COUNTY 10630 LITTLE PATUXENT PARKWAY, SUITE 400, CENTURY PLAZA 1000 - COLUMBIA, MD	23-7072654	501(C)(3)	524,573.	0.			GENERAL SUPPORT
JEWISH FEDERATION OF NORTH AMERICA 25 BROADWAY, SUITE 1700 NEW YORK, NY 10004-1010	13-1624240	501(C)(3)	6,444,359.	0.			GENERAL SUPPORT
JEWISH MUSEUM OF MARYLAND 15 LLOYD STREET BALTIMORE, MD 21202	52-6034761	501(C)(3)	423,141.	0.			GENERAL SUPPORT
JOINT DISTRIBUTION COMMITTEE 220 EAST 42ND STREET, SUITE 400 NEW YORK, NY 10017	13-1656634	501(C)(3)	152,029.	0.			GENERAL SUPPORT
KRIEGER SCHECTER DAY SCHOOL 8100 STEVENSON ROAD BALTIMORE, MD 21208	52-0591562	501(C)(3)	167,331.	0.			GENERAL SUPPORT
MARYLAND ISRAEL DEVELOPMENT CENTER 401 E. PRATT STREET, 7TH FLOOR BALTIMORE, MD 21202	52-1777737	501(C)(3)	161,935.	0.			GENERAL SUPPORT
MEALS ON WHEELS OF CENTRAL MD 515 S. HAVEN STREET BALTIMORE, MD 21224	52-6074723	501(C)(3)	120,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
MOISHE HOUSE 441 SAXONY ROAD, BARN 2, C/O DAVID CYGIELMAN - ENCINITAS, CA 92024-2725	26-2599786	501(C)(3)	60,890.	0.			GENERAL SUPPORT
NER ISRAEL 400 MOUNT WILSON LANE PIKESVILLE, MD 21208	52-0660881	501(C)(3)	413,572.	0.			GENERAL SUPPORT
OHR CHADASH ACADEMY OF BALTIMORE 7310 PARK HEIGHTS AVE PIKESVILLE, MD 21208-5436	45-2187170	501(C)(3)	79,766.	0.			GENERAL SUPPORT
OR HANER INC. 400 MT WILSON LANE BALTIMORE, MD 21208	52-2243222	501(C)(3)	20,000.	0.			GENERAL SUPPORT
PEARLSTONE CONFERENCE AND RETREAT CTR - 5425 MT. GILEAD ROAD - REISTERSTOWN, MD 21136	43-2080719	501(C)(3)	1,301,890.	0.			GENERAL SUPPORT
PEF ISRAEL ENDOWMENT FUND 630 3RD AVE RM 1501 NEW YORK, NY 10017-6745	13-6134086	501(C)(3)	58,000.	0.			GENERAL SUPPORT
SCHUSTERMAN INITIATIVES, INC. 110 WEST 7TH ST, SUITE 20000 TULSA, OK 74119	20-5344753	501(C)(3)	30,000.	0.			GENERAL SUPPORT
TALMUDICAL ACADEMY 4445 OLD COURT ROAD BALTIMORE, MD 21208	52-0591676	501(C)(3)	535,011.	0.			GENERAL SUPPORT
THE BALTIMORE SHABBAT PROJECT C/O JILL SAPERSTEIN, 2008 BURDOCK R BALTIMORE, MD 21209	52-1369910	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
THE BIRTHRIGHT ISRAEL FOUNDATION 33 EAST THIRTY THIRD STREET, SEVENTH NEW YORK, NY 10016	13-4092050	501(C)(3)	74,500.	0.			GENERAL SUPPORT
THE SCHECHTER INSTITUTES, INC. BOX 3566, PO BOX 8500 PHILADELPHIA, PA 19178-3566	22-3342043	501(C)(3)	9,000.	0.			GENERAL SUPPORT
TORAH INSTITUTE OF BALTIMORE 35 ROSEWOOD LANE OWINGS MILLS, MD 21117	23-7304990	501(C)(3)	352,955.	0.			GENERAL SUPPORT
UNITED ISRAEL APPEAL, INC. 25 BROADWAY, SUITE 1700 NEW YORK, NY 10004	13-1760102	501(C)(3)	7,200.	0.			GENERAL SUPPORT
WORLD ORT INC. JIM LODGE, 1745 BROADWAY, 17TH FLOOR NEW YORK, NY 10019	06-1669917	501(C)(3)	15,000.	0.			GENERAL SUPPORT
WORLD UNION FOR PROGRESSIVE JUDAISM, LTD - 633 THIRD AVENUE, 7TH FLOOR, ATTN: NAOMI SMOOK - NEW YORK, NY 10017-6778	13-1930176	501(C)(3)	9,000.	0.			GENERAL SUPPORT
ZAMIR CHORAL FOUNDATION 475 RIVERSIDE DRIVE, SUITE 1948 NEW YORK, NY 10115	13-6217087	501(C)(3)	10,395.	0.			GENERAL SUPPORT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FELLOWSHIP	14	28,354.	0.		
ROSENBERG	1	3,775.	0.		

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

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

Part IV Supplemental Information

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.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2017

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

Employer identification number
52-0607957

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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.

- | | |
|---|--|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2017

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARC B. TERRILL PRESIDENT	(i)	458,829.	56,250.	32,829.	160,800.	28,223.	736,931.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARK SMOLARZ COO/CFO	(i)	214,832.	0.	0.	8,712.	19,140.	242,684.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MICHAEL FRIEDMAN SENIOR VICE PRESIDENT	(i)	205,099.	0.	0.	8,135.	910.	214,144.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LESLIE POMERANTZ SENIOR VICE PRESIDENT	(i)	165,772.	0.	0.	6,597.	900.	173,269.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MICHAEL DYE VP, INVESTMENTS & RISK MGMT	(i)	158,967.	0.	0.	6,789.	25,523.	191,279.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DARRELL FRIEDMAN FORMER OFFICER	(i)	0.	0.	140,282.	0.	0.	140,282.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

PART I, LINE 1A:

THE ORGANIZATION PROVIDES BUSINESS RELATED TRAVEL AND OTHER EXPENSES TO
MARC TERRILL PURSUANT TO HIS EMPLOYMENT CONTRACT.

PART I, LINE 4B:

MARC TERRILL PARTICIPATES IN A NONQUALIFIED DEFERRED COMPENSATION PLAN. NO
AMOUNTS WERE VESTED DURING THE YEAR. \$150,000 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, 2017. THE TERMS AND CONDITIONS OF THE
DEFERRED COMPENSATION PLAN ARE OUTLINED IN THE CONTRACT.

PART I, LINE 7:

MARC TERRILL RECEIVES AN ANNUAL BONUS THAT IS BASED ON PERFORMANCE.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2017

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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 the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
MARC TERRILL	PRESIDEN	TO ASSIS		X	125,000.	6,250.		X	X		X	
MARC TERRILL	PRESIDEN	ADVANCE		X	9,361.	9,361.		X		X	X	
MICHAEL FRIEDMA	KEY EMPL	ADVANCE		X	5,160.	5,160.		X		X	X	
LESLIE POMERANT	KEY EMPL	ADVANCE		X	4,370.	4,370.		X		X	X	
MICHAEL DYE	KEY EMPL	ADVANCE		X	4,683.	4,683.		X		X	X	
CAROLE TAYLOR	HIGHEST	ADVANCE		X	3,421.	3,421.		X		X	X	
DEBBIE PINE	HIGHEST	ADVANCE		X	3,300.	3,300.		X		X	X	
CONNIE STERN	HIGHEST	ADVANCE		X	2,976.	2,976.		X		X	X	
ALLISON BAUMWAL	HIGHEST	ADVANCE		X	2,347.	2,347.		X		X	X	
BEN GERSHOWITZ	HIGHEST	ADVANCE		X	2,969.	2,969.		X		X	X	
Total						▶ \$	44,837.					

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

SEE PART V FOR CONTINUATIONS

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).

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: MARC TERRILL

(B) RELATIONSHIP WITH ORGANIZATION: PRESIDENT

(C) PURPOSE OF LOAN: TO ASSIST PURCHASING A HOME IN THE BALTIMORE AREA AS

A RETENTION STRATEGY

(A) NAME OF PERSON: MARC TERRILL

(B) RELATIONSHIP WITH ORGANIZATION: PRESIDENT

(C) PURPOSE OF LOAN: ADVANCE DUE TO TRANSITION IN PAYROLL SYSTEM

(A) NAME OF PERSON: MICHAEL FRIEDMAN

(B) RELATIONSHIP WITH ORGANIZATION: KEY EMPLOYEE

(C) PURPOSE OF LOAN: ADVANCE DUE TO TRANSITION IN PAYROLL SYSTEM

(A) NAME OF PERSON: LESLIE POMERANTZ

(B) RELATIONSHIP WITH ORGANIZATION: KEY EMPLOYEE

(C) PURPOSE OF LOAN: ADVANCE DUE TO TRANSITION IN PAYROLL SYSTEM

(A) NAME OF PERSON: MICHAEL DYE

(B) RELATIONSHIP WITH ORGANIZATION: KEY EMPLOYEE

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(C) PURPOSE OF LOAN: ADVANCE DUE TO TRANSITION IN PAYROLL SYSTEM

(A) NAME OF PERSON: CAROLE TAYLOR

(B) RELATIONSHIP WITH ORGANIZATION: HIGHEST COMPENSATED

(C) PURPOSE OF LOAN: ADVANCE DUE TO TRANSITION IN PAYROLL SYSTEM

(A) NAME OF PERSON: DEBBIE PINE

(B) RELATIONSHIP WITH ORGANIZATION: HIGHEST COMPENSATED

(C) PURPOSE OF LOAN: ADVANCE DUE TO TRANSITION IN PAYROLL SYSTEM

(A) NAME OF PERSON: CONNIE STERN

(B) RELATIONSHIP WITH ORGANIZATION: HIGHEST COMPENSATED

(C) PURPOSE OF LOAN: ADVANCE DUE TO TRANSITION IN PAYROLL SYSTEM

(A) NAME OF PERSON: ALLISON BAUMWALD

(B) RELATIONSHIP WITH ORGANIZATION: HIGHEST COMPENSATED

(C) PURPOSE OF LOAN: ADVANCE DUE TO TRANSITION IN PAYROLL SYSTEM

(A) NAME OF PERSON: BEN GERSHOWITZ

(B) RELATIONSHIP WITH ORGANIZATION: HIGHEST COMPENSATED

(C) PURPOSE OF LOAN: ADVANCE DUE TO TRANSITION IN PAYROLL SYSTEM

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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

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	134	1,855,048.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

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

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

SCHEDULE M, 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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization	THE ASSOCIATED: JEWISH COMMUNITY FEDERATION OF BALTIMORE, INC.	Employer identification number 52-0607957
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IT ADDRESSES CHARITABLE, EDUCATIONAL, RELIGIOUS, HUMANITARIAN, HEALTH,
CULTURAL AND SOCIAL SERVICE NEEDS OF THE JEWISH COMMUNITY, LOCALLY,
NATIONALLY, IN ISRAEL AND THROUGHOUT THE WORLD.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SUPPORT LOCAL, NATIONAL AND INTERNATIONAL INITIATIVES THROUGH A NETWORK
OF PARTNER AGENCIES.

FORM 990, PART VI, SECTION A, LINE 2:

DIRECTORS, STEVE FADER AND ROBERT RUSSEL HAD A BUSINESS RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 6:

ANY INDIVIDUAL(S), JEWISH OR NON-JEWISH, WHO SUPPORTS THE MISSION AND WHO,
DIRECTLY OR THROUGH A FAMILY, CORPORATION, FIRM, TRUST, OR FOUNDATION,
CONTRIBUTES TO THE ASSOCIATED ANNUAL CAMPAIGN IN ANY FISCAL YEAR OF THE
ASSOCIATED, SHALL BE A MEMBER FOR AND DURING THE FISCAL YEAR IN WHICH A
CONTRIBUTION IS MADE AND FOR THE SUCCEEDING FISCAL YEAR.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERS OF THE ORGANIZATION ELECT THE BOARD OF GOVERNORS. ELECTIONS OF
DIRECTORS AND OFFICERS SHALL BE HELD BY BALLOT AT EACH ANNUAL MEETING OF
THE ASSOCIATED.

FORM 990, PART VI, SECTION A, LINE 7B:

THE MEMBERS OF THE ORGANIZATION ARE REQUIRED TO APPROVE ANY AMENDMENTS TO

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization THE ASSOCIATED: JEWISH COMMUNITY FEDERATION OF BALTIMORE, INC.	Employer identification number 52-0607957
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THE BYLAWS OR THE ARTICLES OF INCORPORATION.

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

THE BOARD DELEGATED AUTHORITY OF THE REVIEW AND APPROVAL OF THE FORM 990 TO
 THE AUDIT COMMITTEE. BOTH SENIOR MANAGEMENT AND THE AUDIT COMMITTEE HAVE
 REVIEWED THE 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.

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

Name of the organization THE ASSOCIATED: JEWISH COMMUNITY FEDERATION OF BALTIMORE, INC.	Employer identification number 52-0607957
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RESOLUTION INVOLVING SUCH MATTERS.

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

THE ASSOCIATED'S EXECUTIVE COMPENSATION COMMITTEE WHICH IS COMPRISED OF BOTH PAST AND CURRENT TOP LAY LEADERSHIP ANNUALLY REVIEWS COMPENSATION OF ALL KEY EMPLOYEES, OFFICERS AND THE PRESIDENT BASED ON REVIEW OF INDEPENDENT SURVEYS OF SUCH INDIVIDUALS OF OTHER LIKE SIZE ORGANIZATIONS ACROSS THE NATION AS WELL AS COMPENSATION REVIEWS OF OTHER NOT FOR PROFIT ORGANIZATIONS IN THE GREATER BALTIMORE METRO AREA. THE COMMITTEE CONSIDERS STANDARDS OF LIVING AS WELL AS SIZE AND COMPLEXITY OF SUCH ORGANIZATIONS. THE COMMITTEE ALSO 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.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ADJUSTMENT FOR CAPITAL	314,045.
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FORM 990, PART IX

THE ASSOCIATED: JEWISH COMMUNITY FEDERATION OF BALTIMORE, INC. (THE ASSOCIATED) AND THE ASSOCIATED JEWISH CHARITIES OF BALTIMORE (THE AJC)

Name of the organization	THE ASSOCIATED: JEWISH COMMUNITY FEDERATION OF BALTIMORE, INC.	Employer identification number 52-0607957
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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 88.99%.

THE ASSOCIATED

PROGRAM EXPENSE 43,144,286

TOTAL EXPENSE 52,861,245

PROGRAM SERVICE % 81.62%

AJC

PROGRAM EXPENSE 38,180,321

TOTAL EXPENSE 38,528,635

PROGRAM SERVICE % 99.10%

TOTAL

PROGRAM EXPENSE 81,324,607

TOTAL EXPENSE 91,389,880

PROGRAM SERVICE % 88.99%

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ASSOCIATED JEWISH CHARITIES OF BALTIMORE, INC. - 52-6024192, 101 WEST MOUNT ROYAL AVENUE, BALTIMORE, MD 21201	EXEMPT ORGANIZATION	MARYLAND	501(C)(3)	LINE 7	THE ASSOCIATED: JCFB	X	
ZANVYL KRIEGER FUND, INC. - 52-1126684 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB	X	
JILL FOX MEMORIAL FUND, INC. - 52-1167942 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB	X	
DUPKIN JEWISH CHARITY & WELFARE FUND, INC. - 52-1163411, 101 WEST MOUNT ROYAL AVENUE, BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2017

Part II Continuation of 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 organization?	
						Yes	No
SARAH & HAROLD ZALESCH FOUNDATION, INC. - 52-1191346, 101 WEST MOUNT ROYAL AVENUE, BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB	X	
GOLDSMITH FOUNDATION, INC. - 52-1306094 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB	X	
MARTIN S. HIMELES SR. FUND, INC. - 52-1489357, 101 WEST MOUNT ROYAL AVENUE, BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB	X	
FELDMAN FAMILY FUND, INC. - 52-1489355 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB	X	
MARVIN SCHAPIRO FAMILY FOUNDATION, INC. - 52-1615020, 101 WEST MOUNT ROYAL AVENUE, BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB	X	
KOLKER-SAXON-HALLOCK FAMILY FOUNDATION, INC. - 52-1636273, 101 WEST MOUNT ROYAL AVENUE, BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB	X	
JEWISH DAY SCHOOL FOUNDATION, INC. - 52-1879606, 101 WEST MOUNT ROYAL AVENUE, BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB	X	
BRENDA BROWN LIPITZ FAMILY FOUNDATION, INC. - 31-1555883, 101 WEST MOUNT ROYAL AVENUE, BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB	X	
JOAN G. AND JOSEPH KLEIN FOUNDATION, INC. - 31-1555845, 101 WEST MOUNT ROYAL AVENUE, BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB	X	
BAVAR FAMILY FOUNDATION, INC. - 52-2230085 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB	X	
JOSEPH & ANNETTE COOPER FAMILY FOUNDATION, INC. - 52-2206655, 101 WEST MOUNT ROYAL AVENUE, BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB	X	
FRANCES & FRANK FLEISHMAN FAMILY CHARITABLE FDN., INC. - 52-2205658, 101 WEST MOUNT ROYAL AVENUE, BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB	X	

Part II Continuation of 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 organization?	
						Yes	No
HERBERT & PHYLLIS SIEGEL CHARITABLE FOUNDATION, INC. - 26-1943873, 101 WEST MOUNT ROYAL AVENUE, BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB	X	
JANE KRIEGER SCHAPIRO FAMILY FOUNDATION, INC. - 46-1468312, 101 WEST MOUNT ROYAL AVENUE, BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB	X	
MACADOO FAMILY FOUNDATION, INC. - 46-3952974 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB	X	
LUSKING FAMILY FOUNDATION, INC. - 46-5753796 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB	X	
SIDNEY S. NAHAM FAMILY FOUNDATION, INC. - 47-4204051, 101 WEST MOUNT ROYAL AVENUE, BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB	X	
WOLASKY FAMILY FOUNDATION, INC. - 82-0956858 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB	X	
HOFFBERGER FAMILY FUND, INC. - 52-1167596 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB	X	
NATHAN & PAULINE MASH FAMILY FOUNDATION, INC. - 52-1436803, 101 WEST MOUNT ROYAL AVENUE, BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB	X	
HARRY WEINBERG FAMILY FOUNDATION, INC. - 52-1541188, 101 WEST MOUNT ROYAL AVENUE, BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB	X	
SWIRNOW CHARITABLE FOUNDATION, INC. - 52-1680035, 101 WEST MOUNT ROYAL AVENUE, BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB	X	
GERSON G. & SANDY F. EISENBERG FOUNDATION, INC. - 52-1726080, 101 WEST MOUNT ROYAL AVENUE, BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB	X	
THE FLORENCE & CHARLES HOFFBERGER CHARITABLE FDN. INC. - 52-1801455, 101 WEST MOUNT ROYAL AVENUE, BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB	X	

Part II Continuation of 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 organization?	
						Yes	No
PEARLSTONE FAMILY FUND, INC. - 52-1249913 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB	X	
WILLIAM & IRENE WEINBERG FAMILY FOUNDATION, INC. - 52-1857755, 101 WEST MOUNT ROYAL AVENUE, BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB	X	
NATHAN & LILLIAN WEINBERG FOUNDATION, INC. - 52-1867912, 101 WEST MOUNT ROYAL AVENUE, BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB	X	
THE RICHMAN FAMILY FOUNDATION, INC. - 52-1899221, 101 WEST MOUNT ROYAL AVENUE, BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB	X	
KESHER FUND OF THE COHEN-FRUCHTMAN-KRIEGER FMLY, INC. - 31-1478499, 101 WEST MOUNT ROYAL AVENUE, BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB	X	
MARJORIE COOK FOUNDATION, INC. - 52-6044319 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB	X	
DAVID & REGINA WEINBERG FAMILY FOUNDATION, INC. - 31-1615045, 101 WEST MOUNT ROYAL AVENUE, BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB	X	
THE FUND FOR CHANGE, INC. - 31-1662222 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB	X	
THE BANCROFT FOUNDATION, INC. - 31-1644387 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB	X	
KR FUND, INC. - 52-2209699 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB	X	
LINDA & G. ARNOLD KAUFMAN FOUNDATION, INC. - 52-2204089, 101 WEST MOUNT ROYAL AVENUE, BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB	X	
HOFFBERGER FOUNDATION FOR TORAH STUDY - 52-2137496, 101 WEST MOUNT ROYAL AVENUE, BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB	X	

Part II Continuation of 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 organization?	
						Yes	No
ZIMMERMAN FUND FOR CHILDREN, INC. - 56-2523091, 101 WEST MOUNT ROYAL AVENUE, BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB	X	
LYN STACIE GETZ FOUNDATION, INC. - 20-3486477, 101 WEST MOUNT ROYAL AVENUE, BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB	X	
JUDI & STEVEN B. FADER FAMILY FOUNDATION, INC. - 22-3920799, 101 WEST MOUNT ROYAL AVENUE, BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB	X	
GLENN & DEBRA WEINBERG FOUNDATION, INC. - 20-8142217, 101 WEST MOUNT ROYAL AVENUE, BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB	X	
LIBMAN FAMILY FOUNDATION, INC. - 20-8572565 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB	X	
YEHUDA & ANNE NEUBERGER FOUNDATION, INC. - 27-1040796, 101 WEST MOUNT ROYAL AVENUE, BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB	X	
SHOLK-KAPLAN FAMILY FOUNDATION, INC. - 45-3915659, 101 WEST MOUNT ROYAL AVENUE, BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB	X	
VOLOSOV FAMILY FOUNDATION, INC. - 47-4050322 101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB	X	

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

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

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

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

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ASSOCIATED JEWISH CHARITIES OF BALTIMORE	C	10,322,611.	CASH VALUE
(2) DUPKIN JEWISH CHARITY AND WELFARE FUND	C	520,000.	CASH VALUE
(3) GERSON G. AND SANDY F. EISENBERG FOUNDATION, INC.	C	100,000.	CASH VALUE
(4) GOLDSMITH FOUNDATION	C	500,000.	CASH VALUE
(5) HARRY WEINBERG FAMILY FOUNDATION, INC.	C	1,442,500.	CASH VALUE
(6) HOFFBERGER FAMILY FUND, INC.	C	737,000.	CASH VALUE

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) JANE KRIEGER SCHAPIRO FAMILY FOUNDATION, INC.	C	150,000.	CASH VALUE
(8) KOLKER-SAXON-HALLOCK FUND B	C	152,998.	CASH VALUE
(9) MARTIN S. HIMELES, SR. FOUNDATION, INC.	C	56,000.	CASH VALUE
(10) PEARLSTONE FAMILY FUND	C	968,128.	CASH VALUE
(11) RICHMAN FAMILY FOUNDATION, INC.	C	170,000.	CASH VALUE
(12) ZANVYL AND ISABELLE KRIEGER FUND, INC.	C	963,337.	CASH VALUE
(13) ZIMMERMAN FUND FOR CHILDREN, INC.	C	140,000.	CASH VALUE
(14) VOLOSOV FAMILY FOUNDATION, INC.	C	660,000.	CASH VALUE
(15) YEHUDA AND ANNE NEUBERGER FOUNDATION, INC.	C	100,000.	CASH VALUE
(16) WOLASKY FAMILY FOUNDATION, INC.	C	272,000.	CASH VALUE
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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 sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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	

