

PUBLIC DISCLOSURE COPY

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

ASSOCIATED JEWISH CHARITIES OF BALTIMORE

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

101 WEST MOUNT ROYAL AVENUE

Room/suite

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

BALTIMORE, MD 21201

F Name and address of principal officer: **MARC TERRILL**

SAME AS C ABOVE

D Employer identification number

52-6024192

E Telephone number

410-727-4828

G Gross receipts \$ **81,021,699.**

H(a) Is this a group return

for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number ▶

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

J Website: ▶ **WWW.ASSOCIATED.ORG**

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

L Year of formation: **1921** **M** State of legal domicile: **MD**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: HOLDING TITLE TO & INVESTING THE ASSETS OF THE ASSOCIATED JEWISH COMMUNITY FEDERATION OF BALTIMORE.
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 32
	4	Number of independent voting members of the governing body (Part VI, line 1b) 31
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a) 0
	6	Total number of volunteers (estimate if necessary) 150
		7a
7b		Net unrelated business taxable income from Form 990-T, Part I, line 11 0.
Revenue	8	Contributions and grants (Part VIII, line 1h) 38,573,435.
	9	Program service revenue (Part VIII, line 2g) 0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,169,529.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 6,306.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 39,749,270.
	Expenses	13
14		Benefits paid to or for members (Part IX, column (A), line 4) 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0.
16a		Professional fundraising fees (Part IX, column (A), line 11e) 0.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 137,204.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,728,055.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 37,686,774.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12 2,062,496.
	20	Total assets (Part X, line 16) 334,207,401.
	21	Total liabilities (Part X, line 26) 14,885,552.
	22	Net assets or fund balances. Subtract line 21 from line 20 319,321,849.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	MARK SMOLARZ, COO/CFO				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	KRISTINA HIMROD	KRISTINA HIMROD	04/18/22		P01544190
Firm's name	Firm's EIN ▶		Firm's EIN ▶		
	CLIFTONLARSONALLEN LLP		41-0746749		
Firm's address	Firm's address ▶		Phone no.		
	6406 IVY LANE, SUITE 200 GREENBELT, MD 20770		301-931-2050		

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck 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 CHARITIES OF BALTIMORE WAS ESTABLISHED TO FULFILL THE MISSION OF THE ASSOCIATED JEWISH COMMUNITY FEDERATION OF BALTIMORE, WHICH WORKS TO PRESERVE AND ENHANCE JEWISH LIFE.
(CONTINUED ON SCHEDULE O)

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

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

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

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

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

4a (Code:) (Expenses \$ 33,146,427. including grants of \$ 31,002,344.) (Revenue \$)
THE AJC OPERATES AN INVESTMENT PROGRAM FOR THE ASSOCIATED: JCFCB, ITS AGENCIES, SUPPORTING FOUNDATIONS, DONOR ADVISED FUNDS, AND OTHER TAX-EXEMPT PUBLIC ORGANIZATIONS THAT ARE CONNECTED WITH THE WORK OF THE ASSOCIATED. THE INVESTMENT PROGRAM IS MANAGED BY PROFESSIONAL STAFF EMPLOYED BY THE ASSOCIATED AND IS OVERSEEN BY AN INVESTMENT COMMITTEE PROCESS INVOLVING OVER 60 VOLUNTEERS WITH INVESTMENT AND BUSINESS EXPERTISE. THE ASSETS INVESTED IN THIS PROGRAM ARE CRITICAL TO THE SUCCESS OF THE OVERALL JEWISH COMMUNITY WITH DISTRIBUTIONS THEREFROM MOSTLY SUPPORTING THE OVERALL BALTIMORE AND LARGER JEWISH COMMUNITY TAX EXEMPT PUBLIC ORGANIZATIONS. THE FEES GENERATED FROM THIS ACTIVITY COVERS ALL RELATED COSTS OF OPERATING THIS CRITICAL PROGRAM.

4b (Code:) (Expenses \$ 3,089,240. including grants of \$) (Revenue \$)
THE AJC OWNS AND MANAGES THE REAL ESTATE PROPERTY THAT THE ASSOCIATED AND ITS AGENCIES OPERATES FROM. THE AJC IS RESPONSIBLE FOR ALL TYPICAL LANDLORD COSTS OF MAINTAINING THESE PROPERTIES AND CHARGES BOTH SECURITY AND RENT TO THE TENANTS OF THESE PROPERTIES.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
PLANNED GIVING ASSETS: THE AJC MANAGES THE ASSETS OF THE PLANNED GIVING PROGRAM OF THE ASSOCIATED. THESE INCLUDE CHARITABLE REMAINDER TRUSTS IN WHICH THE AJC OR THE ASSOCIATED HAVE BEEN DESIGNATED CORPORATE TRUSTEE, CHARITABLE GIFT ANNUITIES, POOLED INCOME FUNDS AND LIFE INSURANCE POLICIES OWNED BY THE AJC AND/OR THE ASSOCIATED.

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **36,235,667.**

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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 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>	3	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>	4	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>	5	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>	6 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>	7	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>	8	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>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 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>	11a 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>	11b 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>	11c	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>	11d	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>	11e 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>	11f 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>	12a	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>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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>	14b 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>	15	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>	16	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>	17	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>	18	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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	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>	23	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>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	X
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>	25a	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>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	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>	33	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>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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>	35b	
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>	36	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>	37	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	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

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

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	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)?	4a	X
b If "Yes," enter the name of the foreign country		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note: See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.		

Form 990 (2020)

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 on 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

	1a	32	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year		32		
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 on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent	1b	31		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6 Did the organization have members or stockholders?		6	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?		7a	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?		7b	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?		8a	X	
b Each committee with authority to act on behalf of the governing body?		8b	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 on Schedule O		9		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 (1024 or 1024-A, 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 on Schedule O)

19 Describe on 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 WEST MOUNT ROYAL AVENUE, BALTIMORE, MD 21201

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) MARC B. TERRILL SECRETARY & EXECUTIVE DIRECTOR	4.00 36.00	X		X				0.	719,560.	43,278.
(2) MARK SMOLARZ COO/CFO	8.00 32.00			X				0.	215,978.	26,139.
(3) MICHAEL FRIEDMAN SR. VP PLANNED GIVING & ENDOWMENT	30.00 10.00				X			0.	210,849.	5,655.
(4) MICHAEL DYE VP, INVESTMENTS	31.00 9.00				X			0.	169,902.	31,126.
(5) CONNIE STERN VP, FINANCE	4.00 36.00				X			0.	124,262.	34,489.
(6) BENJAMIN GERSHOWITZ VP, FACILITIES	8.00 32.00				X			0.	127,555.	9,368.
(7) FRITZI HALLOCK PRESIDENT	4.00 1.50	X		X				0.	0.	0.
(8) JOSH FIDLER FIRST VICE PRESIDENT	4.00 0.00	X		X				0.	0.	0.
(9) DAVID GREENBERG VICE PRESIDENT	4.00 0.00	X		X				0.	0.	0.
(10) IRA MALIS TREASURER	4.00 0.00	X		X				0.	0.	0.
(11) BETH GOLDSMITH DIRECTOR	1.50 4.00	X						0.	0.	0.
(12) LYNN B. SASSIN DIRECTOR	2.00 0.00	X						0.	0.	0.
(13) MARILYN CARP DIRECTOR	2.00 0.00	X						0.	0.	0.
(14) P.J. PEARLSTONE DIRECTOR	2.00 3.00	X						0.	0.	0.
(15) MITCHELL WHITEMAN DIRECTOR	2.00 0.00	X						0.	0.	0.
(16) MARK RENBAUM DIRECTOR	2.00 0.00	X						0.	0.	0.
(17) BOB MANEKIN DIRECTOR	2.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) JASON BLAVATT DIRECTOR	1.50 0.00	X						0.	0.	0.
(19) AARON MAX DIRECTOR	1.50 0.00	X						0.	0.	0.
(20) JEFF ROSEN DIRECTOR	1.50 0.00	X						0.	0.	0.
(21) BECKY BRENNER DIRECTOR	1.50 0.00	X						0.	0.	0.
(22) HOWARD K. COHEN DIRECTOR	1.50 0.00	X						0.	0.	0.
(23) ISSAC PRETTER DIRECTOR	1.50 1.50	X						0.	0.	0.
(24) JOHN DAVISON DIRECTOR	1.50 0.00	X						0.	0.	0.
(25) MAXWELL THANHOUSER DIRECTOR	1.50 0.00	X						0.	0.	0.
(26) JILL SNYDER DIRECTOR	1.50 0.00	X						0.	0.	0.
1b Subtotal								0.	1,568,106.	150,055.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	1,568,106.	150,055.

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 **0**

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4	X	
5		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? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

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
FUND EVALUATION GROUP, 201 EAST FIFTH STREET, SUITE 1600, CINCINNATI, OH 45202	INVESTMENT CONSULTING	313,706.
DAIKIN APPLIED 24827 NETWORK PLACE, CHICAGO, IL 60673	GENERAL CONTRACTOR	306,053.
FIDUCIARY TECHNOLOGY PARTNERS, 1 LANDMARK SQUARE, 2ND FLOOR, STAMFORD, CT 06901	ACCOUNTING SERVICES	284,261.
BRADLEIGH APPLICATIONS, INC., 2144 PRIEST BRIDGE COURT, SUITE 6, CROFTON, MD 21114	GENERAL CONTRACTOR	210,436.
D.S. THALER 7115 AMBASSADOR ROAD, BALTIMORE, MD 21244	CIVIL & ENVIRONMENTAL ENGINE	162,452.

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 **5**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2020)

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) LEN STOLER DIRECTOR	1.50 0.00	X						0.	0.	0.
(28) RICHARD DAVISON DIRECTOR	0.10 0.00	X						0.	0.	0.
(29) JILL GANSLER DIRECTOR	0.10 0.00	X						0.	0.	0.
(30) J. MARK SCHAPIRO DIRECTOR	0.10 0.00	X						0.	0.	0.
(31) JEFFREY SCHERR DIRECTOR	0.10 0.00	X						0.	0.	0.
(32) FREDERICA K SAXON DIRECTOR	0.10 0.00	X						0.	0.	0.
(33) ROBERT B. BANK DIRECTOR	0.10 0.00	X						0.	0.	0.
(34) PHILIP E. SACHS DIRECTOR	1.00 3.00	X						0.	0.	0.
(35) LAWRENCE M MACKS DIRECTOR	0.10 0.00	X						0.	0.	0.
(36) NANCY HACKERMAN DIRECTOR	0.10 0.00	X						0.	0.	0.
(37) BRUCE HOFFBERGER DIRECTOR	0.10 3.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of RevenueCheck 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					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	64,533,421.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 9,255,909.				
	h Total. Add lines 1a-1f			64,533,421.			
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			8,709,819.		-32,058.	8,741,877.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	(ii) Personal			
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
				7,772,918.			
	b Less: cost or other basis and sales expenses	7b		1,378,528.			
	c Gain or (loss)	7c		6,394,390.			
	d Net gain or (loss)			6,394,390.			6,394,390.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11 a MISCELLANEOUS INCOME		900099	5,541.			5,541.
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			5,541.			
12 Total revenue. See instructions			79,643,171.	0.	-32,058.	15,141,808.	

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

☒ X

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	31,002,344.	31,002,344.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management	21,971.	21,971.		
b Legal	6,682.	254.	5,115.	1,313.
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	2,055,106.	2,055,106.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	186,972.	134,396.	13,013.	39,563.
12 Advertising and promotion				
13 Office expenses	5,188.	128.	2,566.	2,494.
14 Information technology	39,131.	28,127.	2,724.	8,280.
15 Royalties				
16 Occupancy	257,083.	184,791.	17,894.	54,398.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	129,438.	93,040.	9,009.	27,389.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,702,717.	2,702,717.		
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a				
b				
c				
d				
e All other expenses	500,883.	12,793.	484,323.	3,767.
25 Total functional expenses. Add lines 1 through 24e	36,907,515.	36,235,667.	534,644.	137,204.
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 SheetCheck 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	287,572.	1	605,932.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	16,425,955.	3	12,980,391.
	4 Accounts receivable, net	2,867.	4	44,031.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	905,096.	9	925,926.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 92,891,181.		
	b Less: accumulated depreciation	10b 49,328,744.		
	11 Investments - publicly traded securities	47,034,030.	10c	43,562,437.
	12 Investments - other securities. See Part IV, line 11	9,917,563.	11	10,119,493.
	13 Investments - program-related. See Part IV, line 11	257,441,087.	12	387,369,359.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	2,193,231.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	334,207,401.	15	2,454,436.	
17 Accounts payable and accrued expenses	72,686.	16	458,062,005.	
18 Grants payable		17	36,575.	
19 Deferred revenue		18		
20 Tax-exempt bond liabilities	10,055,000.	19		
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	9,220,000.	
22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		21		
23 Secured mortgages and notes payable to unrelated third parties		22		
24 Unsecured notes and loans payable to unrelated third parties	87,500.	23		
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	4,670,366.	24	50,000.	
26 Total liabilities. Add lines 17 through 25	14,885,552.	25	166,731.	
27 Net assets or fund balances		26	9,473,306.	
Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
27 Net assets without donor restrictions	234,123,933.	27	339,244,296.	
28 Net assets with donor restrictions	85,197,916.	28	109,344,403.	
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds		29		
30 Paid-in or capital surplus, or land, building, or equipment fund		30		
31 Retained earnings, endowment, accumulated income, or other funds		31		
32 Total net assets or fund balances	319,321,849.	32	448,588,699.	
33 Total liabilities and net assets/fund balances	334,207,401.	33	458,062,005.	

Form 990 (2020)

Part XI Reconciliation of Net AssetsCheck 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	79,643,171.
2	Total expenses (must equal Part IX, column (A), line 25)	2	36,907,515.
3	Revenue less expenses. Subtract line 2 from line 1	3	42,735,656.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	319,321,849.
5	Net unrealized gains (losses) on investments	5	86,850,901.
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 on Schedule O)	9	-319,707.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	448,588,699.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
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 on Schedule O.	<input checked="" type="checkbox"/>	
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? _____		<input checked="" type="checkbox"/>
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 on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2020)

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	35195176.	33825364.	33197785.	38573435.	64533421.	205325181
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	35195176.	33825364.	33197785.	38573435.	64533421.	205325181
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)						13761013.
6 Public support. Subtract line 5 from line 4.						191564168

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	35195176.	33825364.	33197785.	38573435.	64533421.	205325181
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	490,445.	3391371.	3383991.	3484972.	8741877.	19492656.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	3,867.	3,874.	10,200.	5,459.	-32,058.	-8,658.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	84,164.	78,647.	39,482.	6,306.	5,541.	214,140.
11 Total support. Add lines 7 through 10						225023319
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	85.13	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	85.34	%
16a 33 1/3% support test - 2020. 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 - 2019. 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 - 2020. 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 - 2019. 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"/>

Schedule A (Form 990 or 990-EZ) 2020

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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 line 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 lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
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 (<i>explain in detail in Part VI</i>):			
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 0.015 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 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 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).			

Schedule A (Form 990 or 990-EZ) 2020

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	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Supplemental Information.

[illegible]

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

2020

Name of the organization

ASSOCIATED JEWISH CHARITIES OF BALTIMORE

Employer identification number

52-6024192

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 (entering "N/A" in column (b) instead of the contributor name and address), 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).

Name of organization

Employer identification number

ASSOCIATED JEWISH CHARITIES OF BALTIMORE

52-6024192

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
<u>1</u>		\$ <u>9,161,154.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>9,091,943.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>3,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>4,883,316.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>6,714,559.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>4,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

ASSOCIATED JEWISH CHARITIES OF BALTIMORE

52-6024192

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
7		\$ 1,917,165.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 2,015,915.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

52-6024192

Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	3945 SHARES OF CSCO STOCK 	\$ 181,727.	07/08/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 	\$	

Name of organization

Employer identification number

ASSOCIATED JEWISH CHARITIES OF BALTIMORE**52-6024192****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

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

2020**Open to Public
Inspection****Name of the organization**

ASSOCIATED JEWISH CHARITIES OF BALTIMORE

Employer identification number

52-6024192

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	406	
2 Aggregate value of contributions to (during year)	52,807,000.	
3 Aggregate value of grants from (during year)	23,776,000.	
4 Aggregate value at end of year	232,253,000.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2020

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 make significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

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

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

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

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	114,379,000.	112,205,000.	120,210,000.	134,290,000.	124,014,000.
b Contributions	19,770,000.	10,763,000.	7,826,000.	2,729,000.	2,344,000.
c Net investment earnings, gains, and losses	40,943,000.	3,048,000.	2,634,000.	10,424,000.	17,871,000.
d Grants or scholarships					
e Other expenditures for facilities and programs	12,482,000.	11,637,000.	18,465,000.	27,233,000.	9,939,000.
f Administrative expenses					
g End of year balance	162,610,000.	114,379,000.	112,205,000.	120,210,000.	134,290,000.

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

a Board designated or quasi-endowment ☒ 39.4700 %

b Permanent endowment ☒ 60.5300 %

c Term endowment ☒ .0000 %

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		92,759,898.	49,328,744.	43,431,154.
c Leasehold improvements				
d Equipment				
e Other		131,283.		131,283.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				43,562,437.

Schedule D (Form 990) 2020

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	140,108.	END-OF-YEAR MARKET VALUE
(B) JCIF	372,392,124.	END-OF-YEAR MARKET VALUE
(C) OTHER SECURITIES	2,696,487.	END-OF-YEAR MARKET VALUE
(D) REAL ESTATE	12,140,640.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	387,369,359.	

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO RELATED PARTIES	166,731.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	166,731.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☒

Schedule D (Form 990) 2020

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	166,495,000.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	86,850,901.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	928.
e	Add lines 2a through 2d	2e	86,851,829.
3	Subtract line 2e from line 1	3	79,643,171.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	79,643,171.

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	37,228,000.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	320,485.
e	Add lines 2a through 2d	2e	320,485.
3	Subtract line 2e from line 1	3	36,907,515.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	36,907,515.

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 CHARITIES ARE USED IN
 ACCORDANCE TO THE INTENT OF THE DONOR OR IN THE ABSENCE OF DONOR INTENT,
 AT THE DIRECTION OF THE BOARD OF DIRECTORS IN CONSULTATION WITH ITS
 AFFILIATE, THE ASSOCIATED JEWISH COMMUNITY FEDERATION OF BALTIMORE, INC.

PART X, LINE 2:

THE ASSOCIATED FOLLOWS THE ACCOUNTING STANDARD ON ACCOUNTING FOR
 UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER
 TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE
 RECORDED IN THE CONSOLIDATED FINANCIAL STATEMENTS. UNDER THIS GUIDANCE,
 THE ASSOCIATED MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX

Part XIII Supplemental Information (continued)

POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS. MANAGEMENT HAS EVALUATED THE ASSOCIATED'S TAX POSITIONS AND HAS CONCLUDED THAT THE ASSOCIATED HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE DISCLOSURE. GENERALLY, THE ASSOCIATED IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL AUTHORITIES FOR YEARS BEFORE 2018.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FINANCIAL STATEMENT ROUNDING	928.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

FINANCIAL STATEMENT ROUNDING	778.
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BAD DEBT EXPENSE	319,707.
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TOTAL TO SCHEDULE D, PART XII, LINE 2D	320,485.
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**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" 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

2020

Open to Public
Inspection

Name of the organization

Employer identification number

ASSOCIATED JEWISH CHARITIES OF BALTIMORE

52-6024192

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
CENTRAL AMERICA & CARIBBEAN	0	0	INVESTMENTS		35,702,581.
3 a Subtotal	0	0			35,702,581.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			35,702,581.

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

Schedule F (Form 990) 2020

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 a tax exempt 501(c)(3) organization 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 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

Schedule F (Form 990) 2020

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.

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

2020

**Open to Public
Inspection**

Name of the organization

ASSOCIATED JEWISH CHARITIES OF BALTIMORE

Employer identification number
52-6024192

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
NATIONAL YIDDISH BOOK CENTER, INC. 1021 WEST STREET AMHERST, MA 01002	04-2708878	501C3	13,000.	0.	N/A	N/A	GENERAL SUPPORT
RIVERSIDE COMMUNITY CARE 270 BRIDGE ST STE 301 DEDHAM, MA 02026	04-3097170	501C3	9,000.	0.	N/A	N/A	GENERAL SUPPORT
BOSTON MEDICAL CENTER 801 MASSACHUSETTS AVENUE, FIRST FLO BOSTON, MA 02118	04-3314093	501C3	101,250.	0.	N/A	N/A	GENERAL SUPPORT
NEEMAN FOUNDATION USA 18 HAZELTON RD NEWTON CENTER, MA 02459	47-3438072	501C3	12,000.	0.	N/A	N/A	GENERAL SUPPORT
YARD, INC. P.O. BOX 405 CHILMARK, MA 02535	23-7348937	501C3	12,500.	0.	N/A	N/A	GENERAL SUPPORT
MARTHA'S VINEYARD HEBREW CENTER P.O. BOX 692 VINEYARD HAVEN, MA 02568	51-0173049	501C3	6,868.	0.	N/A	N/A	GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **420.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
MARTHA'S VINEYARD MUSEUM, INC. 151 LAGOON POND ROAD VINEYARD HAVEN, MA 02568	04-2160642	501C3	25,000.	0.	N/A	N/A	GENERAL SUPPORT
VINEYARD PLAYHOUSE, INC. P.O. BOX 2452 VINEYARD HAVEN, MA 02568	22-2518286	501C3	32,500.	0.	N/A	N/A	GENERAL SUPPORT
ISLAND HOUSING TRUST CORPORATION PO BOX 779 WEST TISBURY, MA 02575	02-0549245	501C3	12,500.	0.	N/A	N/A	GENERAL SUPPORT
NEW ENGLAND RABBINICAL COLLEGE 262 BLACKSTONE BOULEVARD PROVIDENCE, RI 02906	05-0453955	501C3	7,200.	0.	N/A	N/A	GENERAL SUPPORT
BROWN HILLEL FOUNDATION 80 BROWN STREET PROVIDENCE, RI 02906	05-6019146	501C3	6,000.	0.	N/A	N/A	GENERAL SUPPORT
BROWN UNIVERSITY BOX 1877 PROVIDENCE, RI 02912	05-0258809	501C3	606,000.	0.	N/A	N/A	GENERAL SUPPORT
ORRS ISLAND MEETING HOUSE P.O. BOX 41 ORRS ISLAND, ME 04066	83-3797696	501C3	6,000.	0.	N/A	N/A	GENERAL SUPPORT
JEWISH COMMUNITY ALLIANCE OF SOUTHERN MAINE - 1342 CONGRESS ST - PORTLAND, ME 04102	01-0530420	501C3	17,800.	0.	N/A	N/A	GENERAL SUPPORT
BREAKWATER SCHOOL 856 BRIGHTON AVE PORTLAND, ME 04102	01-0249577	501C3	6,000.	0.	N/A	N/A	GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
PORTLAND STAGE COMPANY P.O. BOX 1458 PORTLAND, ME 04104	51-0143171	501C3	5,360.	0.	N/A	N/A	GENERAL SUPPORT
CONGREGATION BET HA'AM 81 WESTBROOK STREET SOUTH PORTLAND, ME 04106	01-0406924	501C3	18,700.	0.	N/A	N/A	GENERAL SUPPORT
FRIENDS OF CASCO BAY 43 SLOCUM DR S PORTLAND, ME 04106	01-0452620	501C3	5,250.	0.	N/A	N/A	GENERAL SUPPORT
SPRING LAKE RANCH, INC. 1169 SPRING LAKE ROAD CUTTINGSVILLE, VT 05738	03-0200366	501C3	7,000.	0.	N/A	N/A	GENERAL SUPPORT
TRINITY COLLEGE 300 SUMMIT STREET HARTFORD, CT 06106	06-0646927	501C3	11,000.	0.	N/A	N/A	GENERAL SUPPORT
YALE HILLEL 80 WALL ST NEW HAVEN, CT 06511	06-1257354	501C3	40,000.	0.	N/A	N/A	GENERAL SUPPORT
YESHIVA ATERES SHMUEL OF WATERBURY 47 BUCKINGHAM STREET WATERBURY, CT 06710	06-1594648	501C3	107,520.	0.	N/A	N/A	GENERAL SUPPORT
CHAVERIM ISRAEL FAMILY SERVICES 1360 CLIFTON AVENUE #370 CLIFTON, NJ 07012	20-1385707	501C3	8,250.	0.	N/A	N/A	GENERAL SUPPORT
TORAH COMMUNITY FUND 556 PASSAIC AVE CLIFTON, NJ 07014	27-4316702	501C3	5,100.	0.	N/A	N/A	GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
MESORAH HERITAGE FOUNDATION 313 REGINA AVE RAHWAY, NJ 07065	11-2981112	501C3	5,600.	0.	N/A	N/A	GENERAL SUPPORT
MORGAN STANLEY GLOBAL IMPACT FUNDING TRUST - 150 CLOVE ROAD (LOBBY LEVEL) - LITTLE FALLS, NJ 07424	52-7082731	501C3	190,684.	0.	N/A	N/A	GENERAL SUPPORT
FRIENDS OF YAD LKASHISH-LIFELINE FOR THE OLD - PO BOX 494 - ENGLEWOOD, NJ 07631	76-0734439	501C3	10,100.	0.	N/A	N/A	GENERAL SUPPORT
THE ARNOLD P. GOLD FOUNDATION 619 PALISADE AVENUE ENGLEWOOD CLIFFS, NJ 07632	22-3052098	501C3	7,500.	0.	N/A	N/A	GENERAL SUPPORT
BNEI DAVID FOUNDATION 333 OGDEN AVENUE TEANECK, NJ 07666	81-3428122	501C3	49,850.	0.	N/A	N/A	GENERAL SUPPORT
RESCUERS WITHOUT BORDERS 492 CEDAR LANE #184 TEANECK, NJ 07666	20-1239648	501C3	143,525.	0.	N/A	N/A	GENERAL SUPPORT
BETTER FUTURE FOR ISRAEL 492C CEDAR LANE 114 TEANECK, NJ 07666	46-3732857	501C3	10,000.	0.	N/A	N/A	GENERAL SUPPORT
JEW IN THE CITY P.O. BOX 2168 TEANECK, NJ 07666	47-1404218	501C3	15,000.	0.	N/A	N/A	GENERAL SUPPORT
JEWISH FEDERATION OF GREATER METROWEST NJ - 901 ROUTE 10 - WHIPPANY, NJ 07981	22-1487222	501C3	10,000.	0.	N/A	N/A	GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
AUTISM SPEAKS, INC. 1060 STATE ROAD, 2ND FLOOR PRINCETON, NJ 08540	20-2329938	501C3	25,000.	0.	N/A	N/A	GENERAL SUPPORT
KOLLEL INTERNATIONAL 212 CENTRAL AVE LAKEWOOD, NJ 08701	22-3511752	501C3	110,000.	0.	N/A	N/A	GENERAL SUPPORT
CONGREGATION AHAVAS CHESED & TORAH 684 9TH ST LAKEWOOD, NJ 08701	11-2818769	501C3	33,000.	0.	N/A	N/A	GENERAL SUPPORT
YESHIVA ORCHOS CHAIM P.O. BOX 963 LAKEWOOD, NJ 08701	22-3803275	501C3	8,100.	0.	N/A	N/A	GENERAL SUPPORT
YESHIVA SHAAR HATALMUD 1951 NEW CENTRAL AVE LAKEWOOD, NJ 08701	26-1126383	501C3	10,000.	0.	N/A	N/A	GENERAL SUPPORT
VAAD HARABBANIM LINYANEI TZEDUKA INC - 221 REGENT DR - LAKEWOOD, NJ 08701	37-1456890	501C3	51,950.	0.	N/A	N/A	GENERAL SUPPORT
SPECIAL CHILDREN CENTER 1400 PROSPECT ST LAKEWOOD, NJ 08701	22-3800123	501C3	10,000.	0.	N/A	N/A	GENERAL SUPPORT
BOYS TOWN JERUSALEM FOUNDATION OF AMERICA - 110 HILLSIDE BLVD SUITE 14 - LAKEWOOD, NJ 08701	11-5324002	501C3	6,290.	0.	N/A	N/A	GENERAL SUPPORT
LEV MODIIN 900 FOREST AVE. LAKEWOOD, NJ 08701	46-1409460	501C3	28,750.	0.	N/A	N/A	GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
AMERICAN FRIENDS OF DAAS AHARON 1527 CEDARWOOD DRIVE LAKEWOOD, NJ 08701	82-4726889	501C3	17,600.	0.	N/A	N/A	GENERAL SUPPORT
YESHIVAS D'VAR TORAH, INC. 7 WHISPERING PINES LANE LAKEWOOD, NJ 08701	06-1544863	501C3	17,760.	0.	N/A	N/A	GENERAL SUPPORT
BETH MEDRASH GOVOHA 617 SIXTH STREET LAKEWOOD, NJ 08701	21-0634542	501C3	52,500.	0.	N/A	N/A	GENERAL SUPPORT
YESHIVA KEREN ORAH 45 CIRCLE PLACE LAKEWOOD, NJ 08701	23-7098648	501C3	115,800.	0.	N/A	N/A	GENERAL SUPPORT
TORAS CHESED INC. 421 6TH ST LAKEWOOD, NJ 08701	22-3297123	501C3	16,600.	0.	N/A	N/A	GENERAL SUPPORT
AMERICAN FRIENDS OF IRGUN TOMCHEI TORAH KOLLELEI RAMOT - 208 FIFTH STREET - LAKEWOOD, NJ 08701	32-0102361	501C3	30,610.	0.	N/A	N/A	GENERAL SUPPORT
AMNESTY INTERNATIONAL USA, INC. 5 PENN PLAZA 16TH FL NEW YORK, NY 10001	52-0851555	501C3	10,100.	0.	N/A	N/A	GENERAL SUPPORT
BEND THE ARC 330 SEVENTH AVENUE, 19TH FL. NEW YORK, NY 10001	52-1332694	501C3	9,000.	0.	N/A	N/A	GENERAL SUPPORT
OPERATION OPEN CURTAIN 230 FIFTH AVENUE, #918 NEW YORK, NY 10001	23-7167089	501C3	20,000.	0.	N/A	N/A	GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
CHAI LIFELINE 151 W. 30TH STREET NEW YORK, NY 10001	11-2940331	501C3	29,870.	0.	N/A	N/A	GENERAL SUPPORT
AMERICAN FRIENDS OF KIRYAT SANZ LANIADO HOSPITAL - 261 W 35TH ST., STE. 803 - NEW YORK, NY 10001	13-2724055	501C3	31,610.	0.	N/A	N/A	GENERAL SUPPORT
POINT SOURCE YOUTH 215 PARK AVE SOUTH 11TH FLOOR NEW YORK, NY 10003	47-3748007	501C3	100,000.	0.	N/A	N/A	GENERAL SUPPORT
AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC. - 125 BROAD STREET, 18TH FLOOR - NEW YORK, NY 10004	13-6213516	501C3	8,900.	0.	N/A	N/A	GENERAL SUPPORT
JDRF FOUNDATION 26 BROADWAY, 14TH FLOOR NEW YORK, NY 10004	23-1907729	501C3	20,200.	0.	N/A	N/A	GENERAL SUPPORT
UNION OF ORTHODOX CONGREGATIONS OF AMERICA - 11 BROADWAY, 11TH FLOOR - NEW YORK, NY 10004	13-5623717	501C3	59,290.	0.	N/A	N/A	GENERAL SUPPORT
JEWISH FEDERATIONS OF NORTH AMERICA - 25 BROADWAY, #1700 - NEW YORK, NY 10004	13-1624240	501C3	196,100.	0.	N/A	N/A	GENERAL SUPPORT
OUR PLACE IN NY INC. 40 WALL STREET, 60TH FLOOR NEW YORK, NY 10005	11-3463309	501C3	11,000.	0.	N/A	N/A	GENERAL SUPPORT
NEW YORK UNIVERSITY 25 WEST 4TH STREET, 4TH FLOOR NEW YORK, NY 10012	13-5562308	501C3	10,000.	0.	N/A	N/A	GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
HIAS, INC. 411 FIFTH AVE. SUITE 1006 NEW YORK, NY 10016	13-5633307	501C3	6,733.	0.	N/A	N/A	GENERAL SUPPORT
AMERICAN FRIENDS OF SHALVA ISRAEL 315 FIFTH AVENUE NEW YORK, NY 10016	56-2676533	501C3	10,000.	0.	N/A	N/A	GENERAL SUPPORT
NEW ISRAEL FUND 6 E. 39TH STREET, SUITE 301 NEW YORK, NY 10016	94-2607722	501C3	17,300.	0.	N/A	N/A	GENERAL SUPPORT
THE ABRAHAM INITIATIVES 9 EAST 45TH STREET, 7TH FLOOR NEW YORK, NY 10017	13-3556715	501C3	7,000.	0.	N/A	N/A	GENERAL SUPPORT
P.E.F. ISRAEL ENDOWMENT FUNDS, INC. - 630 THIRD AVENUE, 15TH FLOOR - NEW YORK, NY 10017	13-6104086	501C3	98,250.	0.	N/A	N/A	GENERAL SUPPORT
AMERICAN FRIENDS OF NISHMAT 520 8TH AVE 4TH FLOOR NEW YORK, NY 10018	04-3106173	501C3	150,500.	0.	N/A	N/A	GENERAL SUPPORT
AMERICAN COMMITTEE FOR SHAARE ZEDEK HOSPITAL - 55 WEST 39TH STREET NO. 4TH FLOOR - NEW YORK, NY 10018	13-5645878	501C3	30,650.	0.	N/A	N/A	GENERAL SUPPORT
AMIT CHILDREN 49 W. 37TH STREET, 5TH FLOOR NEW YORK, NY 10018	13-5631502	501C3	10,200.	0.	N/A	N/A	GENERAL SUPPORT
ISRAEL TENNIS CENTERS FOUNDATION 57 W. 38TH SUITE 605 NEW YORK, NY 10018	13-2961273	501C3	5,700.	0.	N/A	N/A	GENERAL SUPPORT

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PRIZMAH CENTER FOR JEWISH DAY SCHOOLS INC - 254 WEST 54TH STREET, 11TH FLOOR - NEW YORK, NY 10019	81-1750864	501C3	100,000.	0.	N/A	N/A	GENERAL SUPPORT
BNAI ISRAEL CONGREGATION 335 EAST 77TH ST NEW YORK, NY 10021		501C3	15,000.	0.	N/A	N/A	GENERAL SUPPORT
AMERICAN SOCIETY FOR TECHNION-ISRAEL INST. OF TECHNOLOGY - 55 EAST 59TH STREET - NEW YORK, NY 10022	13-0434195	501C3	41,000.	0.	N/A	N/A	GENERAL SUPPORT
FRIENDS OF UNITED HATZALAH, INC. 208 EAST 51ST STREET NEW YORK, NY 10022	11-3533002	501C3	27,900.	0.	N/A	N/A	GENERAL SUPPORT
UNITED JEWISH APPEAL-FEDERATION OF JEWISH PHILANTHROPIES - 130 E. 59TH STREET - NEW YORK, NY 10022	51-0172429	501C3	14,800.	0.	N/A	N/A	GENERAL SUPPORT
CONGREGATION HABONIM 103 W END AVE NEW YORK, NY 10023	13-1623976	501C3	12,000.	0.	N/A	N/A	GENERAL SUPPORT
BANK STREET COLLEGE OF EDUCATION 610 WEST 112TH STREET NEW YORK, NY 10025	13-5562167	501C3	10,000.	0.	N/A	N/A	GENERAL SUPPORT
COLUMBIA UNIVERSITY 615 WEST 131ST STREET FL.4 NEW YORK, NY 10027	13-3901826	501C3	30,250.	0.	N/A	N/A	GENERAL SUPPORT
ALL STARS PROJECT, INC. 543 WEST 42ND STREET NEW YORK, NY 10036	13-3148295	501C3	10,000.	0.	N/A	N/A	GENERAL SUPPORT

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REPAIR THE WORLD 322 W 52ND ST NEW YORK, NY 10101	36-4524686	501C3	15,100.	0.	N/A	N/A	GENERAL SUPPORT
THE EHLERS-DANLOS SOCIETY 1732 1ST AVE. #20373 NEW YORK, NY 10128	38-2813140	501C3	6,000.	0.	N/A	N/A	GENERAL SUPPORT
FRIENDS OF THE ISRAEL DEFENSE FORCES - PO BOX 4224 - NEW YORK, NY 10163	13-3156445	501C3	50,560.	0.	N/A	N/A	GENERAL SUPPORT
THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE - P.O. BOX 4124 - NEW YORK, NY 10163	13-1656634	501C3	9,460.	0.	N/A	N/A	GENERAL SUPPORT
JERUSALEM FOUNDATION 420 LEXINGTON AVE RM 1645 NEW YORK, NY 10170	13-2563745	501C3	40,000.	0.	N/A	N/A	GENERAL SUPPORT
THE JEWISH ENTREPRENEUR 2715 ARLINGTON AVENUE BRONX, NY 10463	47-3697248	501C3	8,500.	0.	N/A	N/A	GENERAL SUPPORT
TEMPLE ISRAEL OF NEW ROCHELLE 1000 PINEBROOK BLVD NEW ROCHELLE, NY 10804	13-1740410	501C3	6,000.	0.	N/A	N/A	GENERAL SUPPORT
AMERICAN FRIENDS OF LEMAAH ACHAI, INC. - 10 BRIARWOOD LANE - SUFFERN, NY 10901	20-1614684	501C3	15,680.	0.	N/A	N/A	GENERAL SUPPORT
UNITED MOSDOS TORAH VEYIRAH YERUSHOLYIM - PO BOX 2340 - MONROE, NY 10949	11-3587550	501C3	15,000.	0.	N/A	N/A	GENERAL SUPPORT

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TOV VCHESSED FOUNDATION PO BOX 855 MONSEY, NY 10952	27-3994158	501C3	16,250.	0.	N/A	N/A	GENERAL SUPPORT
AMERICAN FRIENDS OF BIRCHAS MORDECHAI - 15 HERSCHEL TERRACE - MONSEY, NY 10952	11-3271622	501C3	13,600.	0.	N/A	N/A	GENERAL SUPPORT
DRESSED WITH DIGNITY INC 8 CHELSEA LN SPRING VALLEY, NY 10977	46-3691972	501C3	20,000.	0.	N/A	N/A	GENERAL SUPPORT
HOFFBERGER INSTITUTE FOR TEXT STUDY, INC. - 600 BAYVIEW AVE, SUITE 313 - INWOOD, NY 11096	27-3846145	501C3	96,500.	0.	N/A	N/A	GENERAL SUPPORT
MARY MCDOWELL CENTER FOR LEARNING 23 SIDNEY PLACE BROOKLYN, NY 11201	11-3020868	501C3	6,000.	0.	N/A	N/A	GENERAL SUPPORT
FRIENDS OF RCQ 648 LEFFERTS AVE BROOKLYN, NY 11203	45-1000160	501C3	25,691.	0.	N/A	N/A	GENERAL SUPPORT
CONGREGATION AGUDATH ISRAEL OF BORO PARK - 4911 16TH AVENUE - BROOKLYN, NY 11204	11-3132653	501C3	12,770.	0.	N/A	N/A	GENERAL SUPPORT
TZOHAR HALEV 5314 16TH AVE STE 317. BROOKLYN, NY 11204	83-1291255	501C3	15,200.	0.	N/A	N/A	GENERAL SUPPORT
FRIENDS OF BIKUR CHOLIM EZRAT ACHIM, INC. - 5014 16TH AVENUE #283 - BROOKLYN, NY 11204	27-1664693	501C3	14,900.	0.	N/A	N/A	GENERAL SUPPORT

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

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BONEI OLAM, INC. 1755 46TH STREET BROOKLYN, NY 11204	11-3473757	501C3	151,760.	0.	N/A	N/A	GENERAL SUPPORT
TORAH SCHOOLS FOR ISRAEL 1607 45TH STREET SUITE A BROOKLYN, NY 11204	13-1965385	501C3	30,200.	0.	N/A	N/A	GENERAL SUPPORT
CHASDEI DAVID, INC. 5314 16TH AVENUE #221 BROOKLYN, NY 11204	20-4081578	501C3	7,250.	0.	N/A	N/A	GENERAL SUPPORT
FRIENDS OF BAS AYIN 670 MYRTLE AVENUE #103 BROOKLYN, NY 11205	45-5480604	501C3	20,000.	0.	N/A	N/A	GENERAL SUPPORT
CHAYIM VCHESED 199 LEE AVE # 268 BROOKLYN, NY 11211	20-0703181	501C3	46,000.	0.	N/A	N/A	GENERAL SUPPORT
OHR SHALOM VCHESED EZRA LSHABBOS 183 WILSON STREET, PMB BOX 444 BROOKLYN, NY 11211	52-2331924	501C3	5,300.	0.	N/A	N/A	GENERAL SUPPORT
SHAVEI HEVRON INSTITUTIONS 1 REWE STREET BROOKLYN, NY 11211	26-3322880	501C3	13,050.	0.	N/A	N/A	GENERAL SUPPORT
MOSDOS BETH JOSEPH ZVI 543 BEDFORD AVENUE, PMB 113 BROOKLYN, NY 11211	11-3296103	501C3	50,000.	0.	N/A	N/A	GENERAL SUPPORT
CONG. EZER YESHIVA 199 LEE AVE. #268 BROOKLYN, NY 11211	45-3570317	501C3	15,000.	0.	N/A	N/A	GENERAL SUPPORT

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CHABAD MOROCCO 806 EASTERN PARKWAY, APT#2 SECOND F BROOKLYN, NY 11213	85-0916665	501C3	17,200.	0.	N/A	N/A	GENERAL SUPPORT
HARRY CHUSID TORAH CENTER 711 CROWN STREET BROOKLYN, NY 11213	20-3437952	501C3	10,000.	0.	N/A	N/A	GENERAL SUPPORT
NATIONAL COMMITTEE FOR FURTHERANCE OF JEWISH EDUCATION - 824 EASTERN PARKWAY - BROOKLYN, NY 11213	11-6003180	501C3	10,500.	0.	N/A	N/A	GENERAL SUPPORT
EDUCATIONAL INSTITUTE OHOLEI TORAH OF BROOKLYN - 667 EASTERN PKWY - BROOKLYN, NY 11213	11-6077811	501C3	32,900.	0.	N/A	N/A	GENERAL SUPPORT
JEWISH LEARNING INSTITUTE 822 EASTERN PARKWAY BROOKLYN, NY 11213	43-2090061	501C3	12,500.	0.	N/A	N/A	GENERAL SUPPORT
BRIDGING VOICE INC. 2132 84TH ST. BROOKLYN, NY 11214	83-3669089	501C3	39,200.	0.	N/A	N/A	GENERAL SUPPORT
PAAMONIM 1520 39TH ST BROOKLYN, NY 11218	20-5392216	501C3	25,360.	0.	N/A	N/A	GENERAL SUPPORT
YESHIVA SHAAR YERUSHALAYM, INC. 701 EAST 2ND STREET BROOKLYN, NY 11218	11-2599268	501C3	90,000.	0.	N/A	N/A	GENERAL SUPPORT
CONGREGATION AHAVAS TZDOKAH V'CHESD - 1347 42ND STREET - BROOKLYN, NY 11219	11-2558749	501C3	53,600.	0.	N/A	N/A	GENERAL SUPPORT

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AMERICAN FRIENDS OF MEIR PANIM 5316 NEW UTRECHT AVE. BROOKLYN, NY 11219	20-1582478	501C3	5,416.	0.	N/A	N/A	GENERAL SUPPORT
RABBI JACOB JOSEPH SCHOOL 1276 50TH ST. BROOKLYN, NY 11219	13-5562257	501C3	5,500.	0.	N/A	N/A	GENERAL SUPPORT
ZICHRON ELIYAHU, INC. 657 EAST 7TH STREET BROOKLYN, NY 11219	20-8063555	501C3	55,550.	0.	N/A	N/A	GENERAL SUPPORT
NETZACH EDUCATIONAL NETWORK INC 5021 11TH AVE BROOKLYN, NY 11219	35-2670748	501C3	15,500.	0.	N/A	N/A	GENERAL SUPPORT
KOLEL YESHIVAOTH RABBI YOCHONON BEN ZAKAI - 3916 NEW UTRECHT AVE - BROOKLYN, NY 11219	11-2576351	501C3	6,000.	0.	N/A	N/A	GENERAL SUPPORT
RELIEF RESOURCES, INC. 5904 13TH AVENUE BROOKLYN, NY 11219	52-2323151	501C3	29,300.	0.	N/A	N/A	GENERAL SUPPORT
CONGREGATION MISHKAN TECHESKEL 1575 50TH ST STE 4 BROOKLYN, NY 11219	11-3560782	501C3	20,500.	0.	N/A	N/A	GENERAL SUPPORT
THE OJC FUND 1303- 53RD ST STE 303 BROOKLYN, NY 11219	11-3618879	501C3	20,000.	0.	N/A	N/A	GENERAL SUPPORT
AMERICAN FRIENDS OF YESHIVA D'MIR 5227 NEW UTRECHT AVENUE BROOKLYN, NY 11219	13-2946608	501C3	79,520.	0.	N/A	N/A	GENERAL SUPPORT

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RENEWAL OF LIFE INC. 5904 13 AVENUE BROOKLYN, NY 11219	90-0772896	501C3	7,500.	0.	N/A	N/A	GENERAL SUPPORT
MEKIMI 1274 49TH STREET NO 297 BROOKLYN, NY 11219	55-0870419	501C3	10,000.	0.	N/A	N/A	GENERAL SUPPORT
CROWN HEIGHTS CHEVRA SIMCHAS SHABBOS VYOM TOV - 596 MONTGOMERY ST - BROOKLYN, NY 11225	20-0780201	501C3	11,136.	0.	N/A	N/A	GENERAL SUPPORT
INSTITUTE FOR DAYANIM 2048 E.17TH BROOKLYN, NY 11229	20-0899773	501C3	16,300.	0.	N/A	N/A	GENERAL SUPPORT
TORAH UMESORAH 620 FOSTER AVENUE, 6TH FL BROOKLYN, NY 11230	13-5564128	501C3	28,180.	0.	N/A	N/A	GENERAL SUPPORT
CONGREGATION BAIS AVROHAM DKULA 1177 E 18TH ST BROOKLYN, NY 11230	11-2868087	501C3	23,000.	0.	N/A	N/A	GENERAL SUPPORT
CONGREGATION OHR SHRAGA DVERETSKY 1102 AVENUE L BROOKLYN, NY 11230	11-2878236	501C3	25,000.	0.	N/A	N/A	GENERAL SUPPORT
HEBRON FUND, INC. 1760 OCEAN AVENUE BROOKLYN, NY 11230	11-2623719	501C3	22,300.	0.	N/A	N/A	GENERAL SUPPORT
AMERICAN FRIENDS OF MIGDAL TORAH 1191 EAST 18TH STREET BROOKLYN, NY 11230	11-3036558	501C3	302,140.	0.	N/A	N/A	GENERAL SUPPORT

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PEYLIM LEV LACHIM 1034 E 12TH STREET BROOKLYN, NY 11230	13-5643666	501C3	54,750.	0.	N/A	N/A	GENERAL SUPPORT
MESIVTA YESHIVA RABBI CHAIM BERLIN 1585 CONEY ISLAND AVENUE BROOKLYN, NY 11230	11-2225154	501C3	6,400.	0.	N/A	N/A	GENERAL SUPPORT
THE WOMEN'S NETWORK FOR SINGLE PARENTS - 204 AVENUE J - BROOKLYN, NY 11230	20-5555166	501C3	107,746.	0.	N/A	N/A	GENERAL SUPPORT
MENORA INC 13607 72ND AVE FLUSHING, NY 11367	47-4443597	501C3	6,500.	0.	N/A	N/A	GENERAL SUPPORT
AMERICAN FRIENDS OF YESHIVATH MEOR HATALMUD - 138-46 76TH AVENUE - FLUSHING, NY 11367	13-3339942	501C3	28,600.	0.	N/A	N/A	GENERAL SUPPORT
AMERICAN FRIENDS OF YESHIVA MEAH SHEARIM - 136-84 71ST ROAD - KEW GARDEN HILLS, NY 11367	11-2908992	501C3	7,000.	0.	N/A	N/A	GENERAL SUPPORT
RABBINICAL SEMINARY OF AMERICA 7601 147TH ST FLUSHING, NY 11367	11-1752021	501C3	10,000.	0.	N/A	N/A	GENERAL SUPPORT
AVIGDOR'S HELPING HAND, INC. 138-45 78TH DRIVE FLUSHING, NY 11367	59-3829893	501C3	5,360.	0.	N/A	N/A	GENERAL SUPPORT
ONE ISRAEL FUND, LTD. 445 CENTRAL AVENUE, #210 CEDARHURST, NY 11516	11-3195338	501C3	6,000.	0.	N/A	N/A	GENERAL SUPPORT

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CENTRAL FUND OF ISRAEL 461 CENTRAL AVENUE CEDARHURST, NY 11516	13-2992985	501C3	13,825.	0.	N/A	N/A	GENERAL SUPPORT
MESIVTA OF LONG BEACH 205 W. BEACH ST. LONG BEACH, NY 11561	11-2818825	501C3	20,760.	0.	N/A	N/A	GENERAL SUPPORT
IN HIS IMAGE 303 MERRICK ROAD LYNBROOK, NY 11563	13-7120573	501C3	37,060.	0.	N/A	N/A	GENERAL SUPPORT
JEWISH NATIONAL FUND 78 RANDALL AVE. ROCKVILLE CENTRE, NY 11570	13-1659627	501C3	41,675.	0.	N/A	N/A	GENERAL SUPPORT
COMMITTEE FOR JEWISH ADVANCEMENT AND RESEARCH - 317 HUNGRY HARBOR RD. - VALLEY STREAM, NY 11581	46-5347194	501C3	50,000.	0.	N/A	N/A	GENERAL SUPPORT
AMERICAN FRIENDS OF INTERNATIONAL YOUNG ISRAEL MOVEMENT INC. - 567 CEDARHILL RD. - FAR ROCKAWAY, NY 11691	45-4013676	501C3	10,000.	0.	N/A	N/A	GENERAL SUPPORT
BELLE HARBOR TORAH INSTITUTE 211 BEACH 140 STREET BELLE HARBOR, NY 11694	20-4801899	501C3	8,000.	0.	N/A	N/A	GENERAL SUPPORT
NYS TROOPERS PBA SIGNAL 30 FUND INC. - 120 STATE STREET - ALBANY, NY 12207	20-4062957	501C3	10,000.	0.	N/A	N/A	GENERAL SUPPORT
SYRACUSE UNIVERSITY 640 SKYTOP ROAD, ROOM 240 SYRACUSE, NY 13244	15-0532081	501C3	10,300.	0.	N/A	N/A	GENERAL SUPPORT

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AMERICAN FRIENDS OF THE OLD CITY CHEDER - PO BOX 3308 - ALLENTOWN, PA 18106	20-4401435	501C3	44,900.	0.	N/A	N/A	GENERAL SUPPORT
YESHIVATH BETH MOSHE 930 HICKORY STREET SCRANTON, PA 18505	23-6409333	501C3	7,500.	0.	N/A	N/A	GENERAL SUPPORT
CORPORATION OF HAVERFORD COLLEGE 370 LANCASTER AVENUE HAVERFORD, PA 19041	23-6002304	501C3	27,300.	0.	N/A	N/A	GENERAL SUPPORT
LUBAVITCH OF ABINGTON 515 MEETINGHOUSE RD STE 3 JENKINTOWN, PA 19046	71-0994193	501C3	6,200.	0.	N/A	N/A	GENERAL SUPPORT
AMERICAN FRIENDS OF MINYAN AVREICHIM - 228 STONEWAY LN - MERION STA, PA 19066	26-1963112	501C3	6,000.	0.	N/A	N/A	GENERAL SUPPORT
AMERICAN FRIENDS SERVICE COMMITTEE 1501 CHERRY ST PHILADELPHIA, PA 19102	23-1352010	501C3	10,100.	0.	N/A	N/A	GENERAL SUPPORT
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - PO BOX 71332 - PHILADELPHIA, PA 19176	23-1352685	501C3	6,000.	0.	N/A	N/A	GENERAL SUPPORT
BBYO 800 8TH ST NW WASHINGTON, DC 20001	31-1794932	501C3	10,000.	0.	N/A	N/A	GENERAL SUPPORT
AMERICAN ISRAEL EDUCATION FOUNDATION - 251 H STREET, NW - WASHINGTON, DC 20001	52-1623781	501C3	97,500.	0.	N/A	N/A	GENERAL SUPPORT

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TEMPLE MICAH 2829 WISCONSIN AVENUE, NW WASHINGTON, DC 20007	52-0845118	501C3	7,000.	0.	N/A	N/A	GENERAL SUPPORT
JEWISH PRIMARY DAY SCHOOL OF THE NATION'S CAPITAL, INC. - 6045 16TH STREET, NW - WASHINGTON, DC 20011	52-2115715	501C3	5,180.	0.	N/A	N/A	GENERAL SUPPORT
FOUNDATION FOR THE DEFENSE OF DEMOCRACIES, INC. - P.O. BOX 33249 - WASHINGTON, DC 20033	13-4174402	501C3	5,600.	0.	N/A	N/A	GENERAL SUPPORT
AMERICANS FOR PEACE NOW 1320 19TH STREET NW, SUITE 400 WASHINGTON, DC 20036	13-3509867	501C3	5,100.	0.	N/A	N/A	GENERAL SUPPORT
THE VOTER PARTICIPATION CENTER 1707 L STREET, NW #300 WASHINGTON, DC 20036	55-0889748	501C3	35,000.	0.	N/A	N/A	GENERAL SUPPORT
SMILE TRAIN, INC. PO BOX 96231 WASHINGTON, DC 20090	13-3661416	501C3	6,000.	0.	N/A	N/A	GENERAL SUPPORT
UNITED STATES HOLOCAUST MEMORIAL MUSEUM - 100 RAOUL WALLENBERG PL SW - WASHINGTON, DC 20090	52-1309391	501C3	20,140.	0.	N/A	N/A	GENERAL SUPPORT
MAZON: A JEWISH RESPONSE TO HUNGER P.O. BOX 96119 WASHINGTON, DC 20090	22-2624532	501C3	14,838.	0.	N/A	N/A	GENERAL SUPPORT
ADOPTIONS TOGETHER 4061 POWDER MILL ROAD #320 CALVERTON, MD 20705	52-1703994	501C3	30,000.	0.	N/A	N/A	GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
HILLEL - COLLEGE PARK 7612 MOWATT LANE COLLEGE PARK, MD 20740	52-0749507	501C3	38,730.	0.	N/A	N/A	GENERAL SUPPORT
UNIVERSITY OF MARYLAND COLLEGE PARK FOUNDATION - 2119 MAIN ADMINISTRATION BUILDING - COLLEGE PARK, MD 20742	52-2197313	501C3	183,216.	0.	N/A	N/A	GENERAL SUPPORT
UNIVERSITY OF MARYLAND FOUNDATION 3300 METZEROTT RD ADELPHI, MD 20783	52-1125663	501C3	51,500.	0.	N/A	N/A	GENERAL SUPPORT
ALS ASSOCIATION DCMDVA CHAPTER 30 W GUDE DR SUITE 150 ROCKVILLE, MD 20850	52-1749047	501C3	6,500.	0.	N/A	N/A	GENERAL SUPPORT
JEWISH CAMP AND CONFERENCE SERVICE, INC. - 11300 ROCKVILLE PIKE, #407 - ROCKVILLE, MD 20852	52-1515202	501C3	15,250.	0.	N/A	N/A	GENERAL SUPPORT
HABONIM CAMP ASSOCIATION, INC. 6101 EXECUTIVE BOULEVARD 319 NORTH BETHESDA, MD 20852	52-6054091	501C3	8,295.	0.	N/A	N/A	GENERAL SUPPORT
JEWISH FOUNDATION FOR GROUP HOMES 1500 EAST JEFFERSON STREET ROCKVILLE, MD 20852	52-1263608	501C3	5,850.	0.	N/A	N/A	GENERAL SUPPORT
SULAM, INC. 13300 ARTIC AVENUE ROCKVILLE, MD 20853	52-2105076	501C3	7,500.	0.	N/A	N/A	GENERAL SUPPORT
CHABAD-LUBAVITCH OF MARYLAND 11621 SEVEN LOCKS RD POTOMAC, MD 20854	46-1857945	501C3	11,080.	0.	N/A	N/A	GENERAL SUPPORT

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MANNA FOOD CENTER, INC. 9311 GAITHER ROAD GAITHERSBURG, MD 20877	52-1289203	501C3	7,500.	0.	N/A	N/A	GENERAL SUPPORT
YESHIVA OF GREATER WASHINGTON, INC. - 2010 LINDEN LANE - SILVER SPRING, MD 20910	52-1106842	501C3	20,000.	0.	N/A	N/A	GENERAL SUPPORT
HOPEWELL CANCER SUPPORT, MD P O BOX 755 BROOKLANDVILLE, MD 21022	52-1742315	501C3	9,600.	0.	N/A	N/A	GENERAL SUPPORT
ST. PAUL'S SCHOOL FOR BOYS 11152 FALLS ROAD BROOKLANDVILLE, MD 21022	52-0591463	501C3	1,044,600.	0.	N/A	N/A	GENERAL SUPPORT
BUILDING SCIENCE TECHNOLOGY AND EDUCATION PARTNERSHIPS, INC. - P.O. BOX 1393 - BROOKLANDVILLE, MD 21022	52-2003915	501C3	13,500.	0.	N/A	N/A	GENERAL SUPPORT
GILCHRIST HOSPICE CARE, INC. 11311 MCCORMICK ROAD, #350 HUNT VALLEY, MD 21031	52-1851251	501C3	15,385.	0.	N/A	N/A	GENERAL SUPPORT
JEWISH FEDERATION OF HOWARD COUNTY 10630 LITTLE PATUXENT PARKWAY, #400 COLUMBIA, MD 21044	23-7072654	501C3	21,690.	0.	N/A	N/A	GENERAL SUPPORT
PENN MAR ORGANIZATION 310 OLD FREELAND RD FREELAND, MD 21053	52-1207942	501C3	40,000.	0.	N/A	N/A	GENERAL SUPPORT
ALZHEIMER'S ASSOCIATION, GREATER MARYLAND CHAPTER - 1850 YORK ROAD, #D - TIMONIUM, MD 21093	52-1219428	501C3	12,780.	0.	N/A	N/A	GENERAL SUPPORT

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

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BALTIMORE HUNGER PROJECT 9596 DEERECO ROAD TIMONIUM, MD 21093	47-2281875	501C3	16,130.	0.	N/A	N/A	GENERAL SUPPORT
MY SISTER'S CIRCLE P.O. BOX 84 TIMONIUM, MD 21094	52-2335639	501C3	20,300.	0.	N/A	N/A	GENERAL SUPPORT
OWINGS MILLS SYNAGOGUE 2905 WALNUT AVE. OWINGS MILLS, MD 21117	84-4066316	501C3	1,512,900.	0.	N/A	N/A	GENERAL SUPPORT
T ROWE PRICE PROGRAM FOR CHARITABLE GIVING - 4555 PAINTERS MILL ROAD OM-1215 - OWINGS MMS, MD 21117	31-1709466	501C3	36,000.	0.	N/A	N/A	GENERAL SUPPORT
JEMICY SCHOOL 11 CELADON ROAD OWINGS MILLS, MD 21117	52-0976194	501C3	8,450.	0.	N/A	N/A	GENERAL SUPPORT
IRVINE NATURE CENTER 11201 GARRISON FOREST ROAD OWINGS MILLS, MD 21117	52-1231286	501C3	13,500.	0.	N/A	N/A	GENERAL SUPPORT
JEWISH COMMUNITY CENTER 3506 GWYNNBROOK AVE. OWINGS MILLS, MD 21117	52-0619002	501C3	23,530.	0.	N/A	N/A	GENERAL SUPPORT
BETH ISRAEL CONGREGATION MD 3706 CRONDALL LANE OWINGS MILLS, MD 21117	52-0743354	501C3	34,095.	0.	N/A	N/A	GENERAL SUPPORT
TORAH INSTITUTE OF BALTIMORE 35 ROSEWOOD LANE OWINGS MILLS, MD 21117	23-7304990	501C3	65,536.	0.	N/A	N/A	GENERAL SUPPORT

Schedule I (Form 990)

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

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CENTRAL SCHOLARSHIP BUREAU 6 PARK CENTER COURT, SUITE 211 OWINGS MILLS, MD 21117	52-6012589	501C3	205,182.	0.	N/A	N/A	GENERAL SUPPORT
MCDONOGH SCHOOL, INC. P. O. BOX 380 OWINGS MILLS, MD 21117	52-6001577	501C3	12,650.	0.	N/A	N/A	GENERAL SUPPORT
PEARLSTONE RETREAT CENTER 5425 MT. GILEAD ROAD REISTERSTOWN, MD 21136	43-2080719	501C3	224,580.	0.	N/A	N/A	GENERAL SUPPORT
INNOVATION WORKS, INC PO BOX 314 RIDERWOOD, MD 21139	82-3417166	501C3	10,000.	0.	N/A	N/A	GENERAL SUPPORT
THE ASSOCIATED: JEWISH COMMUNITY FEDERATION OF BALTIMORE - 101 W. MT. ROYAL AVENUE - BALTIMORE, MD 21201	52-0607957	501C3	13,741,947.	0.	N/A	N/A	GENERAL SUPPORT
ADVOCATES FOR CHILDREN AND YOUTH 1 NORTH CHARLES STREET, SUITE 2400 BALTIMORE, MD 21201	52-1555895	501C3	130,000.	0.	N/A	N/A	GENERAL SUPPORT
UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION - 620 W. LEXINGTON STREET 2ND FL - BALTIMORE, MD 21201	31-1678679	501C3	271,109.	0.	N/A	N/A	GENERAL SUPPORT
ENOCH PRATT FREE LIBRARY 400 CATHEDRAL STREET BALTIMORE, MD 21201	52-6001143	501C3	45,600.	0.	N/A	N/A	GENERAL SUPPORT
BALTIMORE SYMPHONY ORCHESTRA 1212 CATHEDRAL STREET BALTIMORE, MD 21201	52-0629696	501C3	93,804.	0.	N/A	N/A	GENERAL SUPPORT

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

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FUND FOR EDUCATIONAL EXCELLENCE 800 N. CHARLES STREET, #400 BALTIMORE, MD 21201	52-1129402	501C3	78,875.	0.	N/A	N/A	GENERAL SUPPORT
BALTIMORE SCHOOL FOR THE ARTS FOUNDATION, INC. - 712 CATHEDRAL STREET - BALTIMORE, MD 21201	52-1174284	501C3	40,000.	0.	N/A	N/A	GENERAL SUPPORT
PROJECT PNEUMA INC 25 WEST FAYETTE STREET, HASKINS CENTER, 6TH FLOOR - BALTIMORE, MD 21201	47-3524536	501C3	30,000.	0.	N/A	N/A	GENERAL SUPPORT
JILL FOX MEMORIAL FUND, INC. 101 W. MOUNT ROYAL AVENUE BALTIMORE, MD 21201	52-1167942	501C3	19,715.	0.	N/A	N/A	GENERAL SUPPORT
PLANNED PARENTHOOD OF MARYLAND 330 NORTH HOWARD STREET BALTIMORE, MD 21201	52-0607930	501C3	18,094.	0.	N/A	N/A	GENERAL SUPPORT
FOUNDATION FOR BALTIMORE LEADERSHIP SCHOOL FOR YOUNG WOMEN - 128 W. FRANKLIN STREET - BALTIMORE, MD 21201	26-2221540	501C3	10,700.	0.	N/A	N/A	GENERAL SUPPORT
WALTERS ART MUSEUM 600 N. CHARLES STREET BALTIMORE, MD 21201	52-6002611	501C3	9,650.	0.	N/A	N/A	GENERAL SUPPORT
JEWISH CEMETERY ASSOCIATION OF GREATER BALTIMORE, INC. - 101 W. MT. ROYAL AVENUE - BALTIMORE, MD 21201	52-2178573	501C3	7,047.	0.	N/A	N/A	GENERAL SUPPORT
EVERYMAN THEATRE 315 W. FAYETTE STREET BALTIMORE, MD 21201	52-1593239	501C3	6,350.	0.	N/A	N/A	GENERAL SUPPORT

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UNIVERSITY OF BALTIMORE FOUNDATION 1130 NORTH CHARLES STREET BALTIMORE, MD 21201	23-7036780	501C3	20,000.	0.	N/A	N/A	GENERAL SUPPORT
PUBLIC JUSTICE CENTER 201 N CHARLES ST., SUITE 1200 BALTIMORE, MD 21201	52-1412226	501C3	5,350.	0.	N/A	N/A	GENERAL SUPPORT
UNIVERSITY OF MARYLAND MEDICAL SYSTEM FOUNDATION - 110 S PACA STREET, 9TH FL. - BALTIMORE, MD 21201	52-2238893	501C3	121,000.	0.	N/A	N/A	GENERAL SUPPORT
MARYLAND HUMANITIES COUNCIL, INC. 108 W. CENTRE STREET BALTIMORE, MD 21201	52-1102799	501C3	7,000.	0.	N/A	N/A	GENERAL SUPPORT
BALTIMORE EDUCATIONAL SCHOLARSHIP TRUST - 808 NORTH CHARLES STREET, #200-C - BALTIMORE, MD 21201	52-1072250	501C3	7,750.	0.	N/A	N/A	GENERAL SUPPORT
HEALTH CARE FOR THE HOMELESS, INC. 421 FALLSWAY BALTIMORE, MD 21202	52-1576404	501C3	9,150.	0.	N/A	N/A	GENERAL SUPPORT
MERCY HEALTH FOUNDATION 301 ST. PAUL STREET BALTIMORE, MD 21202	52-2173656	501C3	26,600.	0.	N/A	N/A	GENERAL SUPPORT
LEGAL AID BUREAU 500 EAST LEXINGTON STREET BALTIMORE, MD 21202	52-0591621	501C3	5,500.	0.	N/A	N/A	GENERAL SUPPORT
PORT DISCOVERY CHILDREN'S MUSEUM 35 MARKET PLACE BALTIMORE, MD 21202	52-1806933	501C3	7,000.	0.	N/A	N/A	GENERAL SUPPORT

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NATIONAL AQUARIUM IN BALTIMORE, INC. - 501 EAST PRATT STREET, PIER 3 - BALTIMORE, MD 21202	52-1121163	501C3	8,000.	0.	N/A	N/A	GENERAL SUPPORT
KAD RIVKAH ONE SOUTH STREET 27TH FLOOR BALTIMORE, MD 21202	52-1557612	501C3	12,000.	0.	N/A	N/A	GENERAL SUPPORT
CENTER STAGE 700 N. CALVERT STREET BALTIMORE, MD 21202	52-0780194	501C3	26,100.	0.	N/A	N/A	GENERAL SUPPORT
B'NAI ISRAEL CONGREGATION 27 LLOYD STREET BALTIMORE, MD 21202	52-0607976	501C3	31,816.	0.	N/A	N/A	GENERAL SUPPORT
MARYLAND FAMILY NETWORK 1001 EASTERN AVENUE, 2ND FLOOR BALTIMORE, MD 21202	52-1486702	501C3	32,000.	0.	N/A	N/A	GENERAL SUPPORT
FUSION PARTNERSHIPS, INC. 1601 GUILFORD AVE., 2 SOUTH BALTIMORE, MD 21202	52-2148413	501C3	87,634.	0.	N/A	N/A	GENERAL SUPPORT
JEWISH MUSEUM OF MARYLAND 15 LLOYD STREET BALTIMORE, MD 21202	52-6034761	501C3	88,350.	0.	N/A	N/A	GENERAL SUPPORT
JOHNS HOPKINS UNIVERSITY 750 EAST PRATT STREET, 17TH FLOOR BALTIMORE, MD 21202	52-0595110	501C3	1,028,000.	0.	N/A	N/A	GENERAL SUPPORT
THREAD P O BOX 1584 BALTIMORE, MD 21203	84-1700955	501C3	513,500.	0.	N/A	N/A	GENERAL SUPPORT

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YMCA OF CENTRAL MARYLAND 303 W. CHESAPEAKE AVE. TOWSON, MD 21204	52-0591699	501C3	11,500.	0.	N/A	N/A	GENERAL SUPPORT
ST. JOSEPH MEDICAL CENTER FOUNDATION - 7601 OSLER DRIVE - TOWSON, MD 21204	52-1681044	501C3	10,000.	0.	N/A	N/A	GENERAL SUPPORT
INSTITUTE FOR ISLAMIC, CHRISTIAN & JEWISH STUDIES - 956 DULANEY VALLEY ROAD - BALTIMORE, MD 21204	52-1531016	501C3	28,470.	0.	N/A	N/A	GENERAL SUPPORT
GOUCHER COLLEGE 1021 DULANEY VALLEY ROAD BALTIMORE, MD 21204	52-0591613	501C3	76,500.	0.	N/A	N/A	GENERAL SUPPORT
PLAY ON PURPOSE 910 SOUTHERLY RD., APT R248 TOWSON, MD 21204	37-1762917	501C3	10,000.	0.	N/A	N/A	GENERAL SUPPORT
GBMC FOUNDATION 6701 NORTH CHARLES STREET BALTIMORE, MD 21204	52-1411935	501C3	10,000.	0.	N/A	N/A	GENERAL SUPPORT
HEBREW BURIAL AND SOCIAL SERVICE SOCIETY - 405 YORK RD. - TOWSON, MD 21204	52-1053438	501C3	10,000.	0.	N/A	N/A	GENERAL SUPPORT
JOHNS HOPKINS HOSPITAL 401 N. BROADWAY BALTIMORE, MD 21205	52-0591656	501C3	6,500.	0.	N/A	N/A	GENERAL SUPPORT
KENNEDY KRIEGER INSTITUTE 707 NORTH BROADWAY BALTIMORE, MD 21205	52-1734695	501C3	5,100.	0.	N/A	N/A	GENERAL SUPPORT

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CITY NEIGHBORS CHARTER SCHOOL 4301 RASPE AVENUE BALTIMORE, MD 21206	77-0619632	501C3	20,000.	0.	N/A	N/A	GENERAL SUPPORT
THE PARK SCHOOL 2425 OLD COURT ROAD PIKESVILLE, MD 21208	52-0591625	501C3	101,725.	0.	N/A	N/A	GENERAL SUPPORT
SIMCHAS ESTHER 424 YESHIVA LANE BALTIMORE, MD 21208	20-0762915	501C3	14,300.	0.	N/A	N/A	GENERAL SUPPORT
HADASSAH P. O. BOX 21571 PIKESVILLE, MD 21208	13-1656651	501C3	13,060.	0.	N/A	N/A	GENERAL SUPPORT
MESIVTA KESSER TORAH OF BALTIMORE INC - 8400 PARK HEIGHTS AVE - PIKESVILLE, MD 21208	81-4569627	501C3	99,954.	0.	N/A	N/A	GENERAL SUPPORT
TALMUDICAL ACADEMY OF BALTIMORE 4445 OLD COURT ROAD BALTIMORE, MD 21208	52-0591676	501C3	248,654.	0.	N/A	N/A	GENERAL SUPPORT
NER ISRAEL RABBINICAL COLLEGE 400 MOUNT WILSON LANE PIKESVILLE, MD 21208	52-0660881	501C3	168,640.	0.	N/A	N/A	GENERAL SUPPORT
JEWELS SCHOOL 31 WALKER AVE. PIKESVILLE, MD 21208	46-0528711	501C3	165,090.	0.	N/A	N/A	GENERAL SUPPORT
BETH EL CONGREGATION 8101 PARK HEIGHTS AVENUE BALTIMORE, MD 21208	52-0613677	501C3	144,652.	0.	N/A	N/A	GENERAL SUPPORT

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AHAVAS YISRAEL CHARITY FUND 115 SUDBROOK LANE, SUITE E BALTIMORE, MD 21208	52-1219478	501C3	124,898.	0.	N/A	N/A	GENERAL SUPPORT
JOB LINK 122 SLADE AVENUE, #100 BALTIMORE, MD 21208	27-1525838	501C3	5,250.	0.	N/A	N/A	GENERAL SUPPORT
GEMACH CHESSED 401 YESHIVA LANE PIKESVILLE, MD 21208	83-3315577	501C3	6,000.	0.	N/A	N/A	GENERAL SUPPORT
HADDASSAH BALTIMORE 3723 OLD COURT RD STE 205 BALTIMORE, MD 21208	52-0591573	501C3	8,000.	0.	N/A	N/A	GENERAL SUPPORT
CHABAD - LUBAVITCH OF BALTIMORE 7807 SEVEN MILE LANE BALTIMORE, MD 21208	27-4741062	501C3	10,000.	0.	N/A	N/A	GENERAL SUPPORT
KOLLEL AVI EZRI ELAD, INC. 3516 OVERBROOK ROAD BALTIMORE, MD 21208	20-2572624	501C3	10,000.	0.	N/A	N/A	GENERAL SUPPORT
HAR SINAI-OHEB SHALOM 7310 PARK HEIGHTS AVENUE BALTIMORE, MD 21208	84-3122441	501C3	27,917.	0.	N/A	N/A	GENERAL SUPPORT
YESHIVAS TORAS SIMCHA 110 SUDBROOK LN. PIKESVILLE, MD 21208	81-1685764	501C3	30,420.	0.	N/A	N/A	GENERAL SUPPORT
BALTIMORE HEBREW CONGREGATION 7401 PARK HEIGHTS AVENUE BALTIMORE, MD 21208	52-0591578	501C3	70,830.	0.	N/A	N/A	GENERAL SUPPORT

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CHANANYA BACKER MEMORIAL INSTITUTE, INC. - 3504 SEVEN MILE LN - BALTIMORE, MD 21208	45-1623204	501C3	6,000.	0.	N/A	N/A	GENERAL SUPPORT
KRIEGER SCHECHTER DAY SCHOOL 8100 STEVENSON ROAD BALTIMORE, MD 21208	52-0591562	501C3	26,548.	0.	N/A	N/A	GENERAL SUPPORT
OHR CHADASH ACADEMY 7310 PARK HEIGHTS AVENUE BALTIMORE, MD 21208	45-2187170	501C3	28,880.	0.	N/A	N/A	GENERAL SUPPORT
JEWISH CARING NETWORK GEVURAS YARDEN, INC. - 122 SLADE AVENUE, #100 - BALTIMORE, MD 21208	52-2224452	501C3	33,280.	0.	N/A	N/A	GENERAL SUPPORT
SUBURBAN ORTHODOX CONGREGATION 7504 SEVEN MILE LANE BALTIMORE, MD 21208	52-1012261	501C3	59,108.	0.	N/A	N/A	GENERAL SUPPORT
AGUDATH ISRAEL OF BALTIMORE 7 CHURCH LANE #14 BALTIMORE, MD 21208	52-1101027	501C3	54,330.	0.	N/A	N/A	GENERAL SUPPORT
SHORESH, INC. 3723 OLD COURT ROAD SUITE 206 BALTIMORE, MD 21208	52-1664097	501C3	15,480.	0.	N/A	N/A	GENERAL SUPPORT
PIKESVILLE JEWISH CONGREGATION 7644 CARLA ROAD PIKESVILLE, MD 21208	46-3131941	501C3	13,900.	0.	N/A	N/A	GENERAL SUPPORT
CHIZUK AMUNO CONGREGATION 8100 STEVENSON ROAD BALTIMORE, MD 21208	52-1881706	501C3	119,141.	0.	N/A	N/A	GENERAL SUPPORT

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KEVER RACHEL FUND, INC. 3208 HATTON ROAD BALTIMORE, MD 21208	20-0594521	501C3	11,000.	0.	N/A	N/A	GENERAL SUPPORT
LAHAV OF NORTH AMERICA, INC. 913 PAINTED POST ROAD BALTIMORE, MD 21208	41-2238781	501C3	24,930.	0.	N/A	N/A	GENERAL SUPPORT
BALTIMORE HOMECOMING INC 1427 CLARKVIEW RD. SUITE 500 BALTIMORE, MD 21208	82-2350770	501C3	40,000.	0.	N/A	N/A	GENERAL SUPPORT
MT. WASHINGTON PEDIATRIC HOSPITAL, INC. - 1708 WEST ROGERS AVENUE - BALTIMORE, MD 21209	52-0591483	501C3	8,672.	0.	N/A	N/A	GENERAL SUPPORT
ACHIM 6604 AMLEIGH RD BALTIMORE, MD 21209	36-4860828	501C3	25,040.	0.	N/A	N/A	GENERAL SUPPORT
BAIS HAKNESSES OF BALTIMORE, INC. 3120 CLARKS LANE BALTIMORE, MD 21209	52-2175627	501C3	10,650.	0.	N/A	N/A	GENERAL SUPPORT
SHOMRIM OF BALTIMORE, INC. 6309 BENHURST ROAD BALTIMORE, MD 21209	20-4321794	501C3	5,180.	0.	N/A	N/A	GENERAL SUPPORT
CONGREGATION OHR HATORAH 6815 GREENSPRING AVE. BALTIMORE, MD 21209	47-1115239	501C3	7,200.	0.	N/A	N/A	GENERAL SUPPORT
POF CHEVRA AHAVAS CHESED EMERGENCY FUND, INC. - P.O. BOX 20883 - BALTIMORE, MD 21209	52-1272628	501C3	10,255.	0.	N/A	N/A	GENERAL SUPPORT

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

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PASSAGER 6804 TIMBERLANE RD BALTIMORE, MD 21209	83-1361547	501C3	10,500.	0.	N/A	N/A	GENERAL SUPPORT
CYLBURN ARBORETUM FRIENDS 4915 GREENSPRING AVENUE BALTIMORE, MD 21209	23-7091589	501C3	15,000.	0.	N/A	N/A	GENERAL SUPPORT
BIKUR CHOLIM 2833 SMITH AVE. #242 BALTIMORE, MD 21209	52-1344945	501C3	6,590.	0.	N/A	N/A	GENERAL SUPPORT
BAIS YAAKOV SCHOOL FOR GIRLS 6300 SMITH AVENUE BALTIMORE, MD 21209	52-0613700	501C3	234,470.	0.	N/A	N/A	GENERAL SUPPORT
MERCAZ TORAH AND TEFILLAH 6500 BAYTHORNE ROAD BALTIMORE, MD 21209	27-2414758	501C3	39,580.	0.	N/A	N/A	GENERAL SUPPORT
SHOMREI EMUNAH CONGREGATION 6221 GREENSPRING AVENUE BALTIMORE, MD 21209	52-1653154	501C3	37,544.	0.	N/A	N/A	GENERAL SUPPORT
EDWARD A. MYERBERG CENTER 3101 FALLSTAFF ROAD BALTIMORE, MD 21209	52-1047511	501C3	33,400.	0.	N/A	N/A	GENERAL SUPPORT
JEWISH TEEN ADVANCEMENT PROGRAM 2704 WACO CT. BALTIMORE, MD 21209	46-5187948	501C3	26,500.	0.	N/A	N/A	GENERAL SUPPORT
THE SHIDDUCH CENTER OF BALTIMORE 2833 SMITH AVENUE BALTIMORE, MD 21209	20-2259987	501C3	23,820.	0.	N/A	N/A	GENERAL SUPPORT

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ADELANTE LATINA INC. 2907 W. STRATHMORE AVE. BALTIMORE, MD 21209	46-4288885	501C3	17,000.	0.	N/A	N/A	GENERAL SUPPORT
HATZALAH OF BALTIMORE 2930 TANEY RD. BALTIMORE, MD 21209	20-4603471	501C3	23,080.	0.	N/A	N/A	GENERAL SUPPORT
BAIS HAMEDRASH AND MESIVTA OF BALTIMORE - 6823 OLD PIMLICO ROAD - BALTIMORE, MD 21209	52-1980774	501C3	15,460.	0.	N/A	N/A	GENERAL SUPPORT
CONGREGATION KOL TORAH 2929 FALLSTAFF ROAD BALTIMORE, MD 21209	52-2359248	501C3	10,950.	0.	N/A	N/A	GENERAL SUPPORT
MENUCHA, INC. 2934 BARTOL AVENUE BALTIMORE, MD 21209	26-1454911	501C3	8,680.	0.	N/A	N/A	GENERAL SUPPORT
NER TAMID SYNAGOGUE 6214 PIMLICO ROAD BALTIMORE, MD 21209	52-0708025	501C3	7,770.	0.	N/A	N/A	GENERAL SUPPORT
ROLAND PARK COUNTRY SCHOOL 5204 ROLAND AVENUE BALTIMORE, MD 21210	52-0591631	501C3	9,750.	0.	N/A	N/A	GENERAL SUPPORT
GILMAN SCHOOL 5407 ROLAND AVENUE BALTIMORE, MD 21210	52-0591604	501C3	9,800.	0.	N/A	N/A	GENERAL SUPPORT
ASSOCIATED BLACK CHARITIES 2 HAMILL ROAD - 272 NORTH QUADRANGL BALTIMORE, MD 21210	52-1427774	501C3	25,000.	0.	N/A	N/A	GENERAL SUPPORT

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LOYOLA UNIVERSITY MARYLAND 4501 NORTH CHARLES STREET BALTIMORE, MD 21210	52-0591623	501C3	6,625.	0.	N/A	N/A	GENERAL SUPPORT
MARYLAND SPCA 3300 FALLS ROAD BALTIMORE, MD 21211	52-6001558	501C3	8,600.	0.	N/A	N/A	GENERAL SUPPORT
ART WITH A HEART, INC. 3000 FALLS ROAD, MILL NO1 BALTIMORE, MD 21211	52-2227996	501C3	39,510.	0.	N/A	N/A	GENERAL SUPPORT
DYSLEXIA TUTORING PROGRAM 711 WEST 40TH STREET BALTIMORE, MD 21211	52-1407417	501C3	21,600.	0.	N/A	N/A	GENERAL SUPPORT
ITINERIS FOUNDATION, INC. 2050-A ROCKROSE AVENUE BALTIMORE, MD 21211	26-2361654	501C3	11,125.	0.	N/A	N/A	GENERAL SUPPORT
BALTIMORE SQUASH WISE, INC. 3600 CLIPPER MILL ROAD, #103 BALTIMORE, MD 21211	26-2194077	501C3	6,100.	0.	N/A	N/A	GENERAL SUPPORT
HOLISTIC LIFE FOUNDATION INC. 1014 W. 36TH STREET BALTIMORE, MD 21211	03-0375886	501C3	30,000.	0.	N/A	N/A	GENERAL SUPPORT
ACLU FOUNDATION OF MARYLAND 3600 CLIPPER MILL ROAD BALTIMORE, MD 21211	23-7209538	501C3	20,300.	0.	N/A	N/A	GENERAL SUPPORT
SHAREBABY INC 1792 UNION AVE BALTIMORE, MD 21211	47-2325575	501C3	10,000.	0.	N/A	N/A	GENERAL SUPPORT

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MARYLAND PHILANTHROPY NETWORK 1600 W. 41ST STREET BALTIMORE, MD 21211	52-1326863	501C3	8,700.	0.	N/A	N/A	GENERAL SUPPORT
KEYS DEVELOPMENT 1201 N COLLINGTON AVE. BALTIMORE, MD 21213	83-0343052	501C3	24,000.	0.	N/A	N/A	GENERAL SUPPORT
OHR HATORAH, INC. 6202 WIRT AVE. BALTIMORE, MD 21215	90-0937846	501C3	31,800.	0.	N/A	N/A	GENERAL SUPPORT
THE COMMUNITY KOLLEL 3800 LABYRINTH ROAD BALTIMORE, MD 21215	86-1085946	501C3	5,672.	0.	N/A	N/A	GENERAL SUPPORT
PROJECT EZRA OF GREATER BALTIMORE 3209 FALLSTAFF RD BALTIMORE, MD 21215	52-1575336	501C3	300,750.	0.	N/A	N/A	GENERAL SUPPORT
CAMP AIRY AND LOUISE FOUNDATION, INC. - 5750 PARK HEIGHTS AVENUE - BALTIMORE, MD 21215	52-0563083	501C3	5,452.	0.	N/A	N/A	GENERAL SUPPORT
BETH ABRAHAM CONGREGATION 6208 WALLIS AVENUE BALTIMORE, MD 21215	49-0902841	501C3	5,600.	0.	N/A	N/A	GENERAL SUPPORT
MESIVTA NEIMUS HATORAH, INC. 6104 PARK HEIGHTS AVENUE BALTIMORE, MD 21215	56-2664286	501C3	6,100.	0.	N/A	N/A	GENERAL SUPPORT
CHEDER CHABAD, INC. 5713 PARK HEIGHTS AVE. BALTIMORE, MD 21215	26-3435681	501C3	7,500.	0.	N/A	N/A	GENERAL SUPPORT

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

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LEVINDALE HEBREW GERIATRIC CENTER 2434 W. BELVEDERE AVENUE BALTIMORE, MD 21215	52-0607913	501C3	11,246.	0.	N/A	N/A	GENERAL SUPPORT
KOLLEL SIMCHAS CHAIM 5835 PARK HEIGHTS AVE. BALTIMORE, MD 21215	46-3122039	501C3	16,200.	0.	N/A	N/A	GENERAL SUPPORT
CENTER FOR JEWISH EDUCATION 5708 PARK HEIGHTS AVENUE BALTIMORE, MD 21215	52-0591707	501C3	19,748.	0.	N/A	N/A	GENERAL SUPPORT
SHEARITH ISRAEL CONGREGATION 5835 PARK HEIGHTS AVENUE BALTIMORE, MD 21215	32-0155471	501C3	11,338.	0.	N/A	N/A	GENERAL SUPPORT
JEWISH COMMUNITY SERVICES 5750 PARK HEIGHTS AVENUE BALTIMORE, MD 21215	52-0607909	501C3	27,416.	0.	N/A	N/A	GENERAL SUPPORT
BALTIMORE CORPS PO BOX 67348 BALTIMORE, MD 21215	36-4913965	501C3	24,500.	0.	N/A	N/A	GENERAL SUPPORT
WOMENS INSTITUTE OF TORAH SEMINARY FOR GIRLS - 6602 PARK HEIGHTS AVENUE - BALTIMORE, MD 21215	52-2116241	501C3	73,100.	0.	N/A	N/A	GENERAL SUPPORT
LIFEBRIDGE HEALTH SYSTEM 2401 W. BELVEDERE AVENUE BALTIMORE, MD 21215	52-1402373	501C3	71,800.	0.	N/A	N/A	GENERAL SUPPORT
BNOS YISROEL OF BALTIMORE INC 6300 PARK HEIGHTS AVE. BALTIMORE, MD 21215	52-2231272	501C3	67,240.	0.	N/A	N/A	GENERAL SUPPORT

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SINAI HOSPITAL OF BALTIMORE 2401 W. BELVEDERE AVENUE BALTIMORE, MD 21215	52-0486540	501C3	199,263.	0.	N/A	N/A	GENERAL SUPPORT
ETZ CHAIM CENTER 3702 FORDS LANE BALTIMORE, MD 21215	52-1369910	501C3	45,971.	0.	N/A	N/A	GENERAL SUPPORT
NATIONAL CONFERENCE OF SYNAGOGUE YOUTH - 4001 CLARKS LANE - BALTIMORE, MD 21215	52-1071003	501C3	30,150.	0.	N/A	N/A	GENERAL SUPPORT
BNAI JACOB SHAAREI ZION CONGREGATION - 6602 PARK HEIGHTS AVENUE - BALTIMORE, MD 21215	52-0618349	501C3	63,944.	0.	N/A	N/A	GENERAL SUPPORT
KIPP BALTIMORE INC 2000 EDGEWOOD STREET BALTIMORE, MD 21216	52-2342513	501C3	26,100.	0.	N/A	N/A	GENERAL SUPPORT
PARKS AND PEOPLE FOUNDATION 2100 LIBERTY HEIGHTS AVE. BALTIMORE, MD 21217	52-1349346	501C3	12,000.	0.	N/A	N/A	GENERAL SUPPORT
MARYLAND INSTITUTE COLLEGE OF ART 1300 W. MT. ROYAL AVENUE BALTIMORE, MD 21217	52-0591661	501C3	10,500.	0.	N/A	N/A	GENERAL SUPPORT
ST. JAMES DEVELOPMENT CORPORATION INC - 1020 W LAFAYETTE AVE - BALTIMORE, MD 21217	52-2113374	501C3	10,000.	0.	N/A	N/A	GENERAL SUPPORT
JUBILEE BALTIMORE, INC. 25 EAST 20TH STREET BALTIMORE, MD 21218	52-1222237	501C3	5,250.	0.	N/A	N/A	GENERAL SUPPORT

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COMMUNITY MEDIATION PROGRAM, INC. 3333 GREENMOUNT AVENUE BALTIMORE, MD 21218	52-2086670	501C3	13,000.	0.	N/A	N/A	GENERAL SUPPORT
HOUSE OF RUTH MD 2201 ARGONNE DRIVE BALTIMORE, MD 21218	52-1100236	501C3	10,850.	0.	N/A	N/A	GENERAL SUPPORT
NATIONAL CONFERENCE ON CITIZENSHIP 2911 GUILFORD AVE BALTIMORE, MD 21218	52-0698385	501C3	25,000.	0.	N/A	N/A	GENERAL SUPPORT
SHRIVER HALL CONCERT SERIES 3400 NORTH CHARLES STREET, SHRIVER BALTIMORE, MD 21218	52-0937202	501C3	11,400.	0.	N/A	N/A	GENERAL SUPPORT
YOUNG AUDIENCES OF MARYLAND, INC. 2600 N. HOWARD STREET, #1300 BALTIMORE, MD 21218	52-0698849	501C3	12,000.	0.	N/A	N/A	GENERAL SUPPORT
YOUR PUBLIC RADIO CORPORATION 2216 N. CHARLES STREET BALTIMORE, MD 21218	31-1770828	501C3	16,368.	0.	N/A	N/A	GENERAL SUPPORT
ROBERTA'S HOUSE 2510 SAINT PAUL STREET, SUITE 101 BALTIMORE, MD 21218	26-0517415	501C3	35,000.	0.	N/A	N/A	GENERAL SUPPORT
COLLEGEBOUND FOUNDATION 2601 S. HOWARD STREET, SUITE 210 BALTIMORE, MD 21218	52-1598921	501C3	25,350.	0.	N/A	N/A	GENERAL SUPPORT
BALTIMORE CHILD ABUSE CENTER, INC. 2300 NORTH CHARLES STREET SUITE 400 BALTIMORE, MD 21218	52-1681279	501C3	40,200.	0.	N/A	N/A	GENERAL SUPPORT

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FAMILY TREE, INC. 2108 N. CHARLES STREET BALTIMORE, MD 21218	52-1110645	501C3	49,600.	0.	N/A	N/A	GENERAL SUPPORT
BALTIMORE MUSEUM OF ART 10 ART MUSEUM DRIVE BALTIMORE, MD 21218	52-6000162	501C3	50,050.	0.	N/A	N/A	GENERAL SUPPORT
TEACH FOR AMERICA - MD 2601 N. HOWARD STREET, #300 BALTIMORE, MD 21218	13-3541913	501C3	71,000.	0.	N/A	N/A	GENERAL SUPPORT
BETH AM SYNAGOGUE 2701 N. CHARLES ST., SUITE 402 BALTIMORE, MD 21218	52-1009445	501C3	131,758.	0.	N/A	N/A	GENERAL SUPPORT
WIDE ANGLE YOUTH MEDIA 2601 NORTH HOWARD STREET, SUITE 160 BALTIMORE, MD 21218	52-2276602	501C3	5,750.	0.	N/A	N/A	GENERAL SUPPORT
ST. VINCENT DE PAUL OF BALTIMORE 2305 N. CHARLES STREET, #300 BALTIMORE, MD 21218	52-0597056	501C3	22,000.	0.	N/A	N/A	GENERAL SUPPORT
UNDER INVESTIGATION - STRONG CITY BALTIMORE - 3503 N. CHARLES STREET - BALTIMORE, MD 21218	52-0897806	501C3	10,000.	0.	N/A	N/A	GENERAL SUPPORT
FELLS POINT CREATIVE ALLIANCE 3134 EASTERN AVENUE BALTIMORE, MD 21224	52-1919988	501C3	13,250.	0.	N/A	N/A	GENERAL SUPPORT
MEDICAL EDUCATION RESOURCES INITIATIVE FOR TEENS - 1 NORTH HAVEN STREET, SUITE 4 - BALTIMORE, MD 21224	47-1139530	501C3	20,000.	0.	N/A	N/A	GENERAL SUPPORT

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HABITAT FOR HUMANITY OF THE CHESAPEAKE INC - 3741 COMMERCE DRIVE NO 309 - BALTIMORE, MD 21227	52-1226188	501C3	25,490.	0.	N/A	N/A	GENERAL SUPPORT
MARYLAND FOOD BANK 2200 HALETHORPE FARMS ROAD BALTIMORE, MD 21227	52-1135690	501C3	36,600.	0.	N/A	N/A	GENERAL SUPPORT
SECOND CHANCE, INC. 1700 RIDGELY STREET BALTIMORE, MD 21230	52-2276640	501C3	17,500.	0.	N/A	N/A	GENERAL SUPPORT
ST. IGNATIUS LOYOLA ACADEMY 300 E. GITTINGS STREET BALTIMORE, MD 21230	52-1819203	501C3	26,500.	0.	N/A	N/A	GENERAL SUPPORT
URBAN TEACHER CENTER, INC. 1800 WASHINGTON BLVD SUITE 411 BALTIMORE, MD 21230	27-0989006	501C3	5,500.	0.	N/A	N/A	GENERAL SUPPORT
UNITED WAY OF CENTRAL MARYLAND 1800 MONTGOMERY BLVD., SUITE 340 BALTIMORE, MD 21230	52-0591543	501C3	98,100.	0.	N/A	N/A	GENERAL SUPPORT
AMERICAN VISIONARY ART MUSEUM 800 KEY HIGHWAY BALTIMORE, MD 21230	52-1608934	501C3	81,160.	0.	N/A	N/A	GENERAL SUPPORT
LIVING CLASSROOMS FOUNDATION 802 S. CAROLINE STREET BALTIMORE, MD 21231	52-1369524	501C3	22,000.	0.	N/A	N/A	GENERAL SUPPORT
BALTIMORE JESUIT EDUCATIONAL INITIATIVE - 420 SOUTH CHESTER STREET - BALTIMORE, MD 21231	05-0632734	501C3	7,500.	0.	N/A	N/A	GENERAL SUPPORT

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INSTITUTE FOR INTEGRATIVE HEALTH, INC. - 1407 FLEET STREET, #300 - BALTIMORE, MD 21231	20-1799284	501C3	500,000.	0.	N/A	N/A	GENERAL SUPPORT
THE LEAGUE, SERVING PEOPLE WITH DISABILITIES - 1111 E. COLD SPRING LANE - BALTIMORE, MD 21239	52-0591579	501C3	7,750.	0.	N/A	N/A	GENERAL SUPPORT
PACT: HELPING CHILDREN WITH SPECIAL NEEDS - 7000 TUDSBURY ROAD - BALTIMORE, MD 21244	52-1230183	501C3	46,507.	0.	N/A	N/A	GENERAL SUPPORT
MAOR INC. P.O. BOX 21412 PIKESVILLE, MD 21282	52-1606782	501C3	7,000.	0.	N/A	N/A	GENERAL SUPPORT
CONGREGATION OHR HAMIZRACH, INC. 6813 PARK HEIGHTS AVENUE BALTIMORE, MD 21282	52-1361689	501C3	7,400.	0.	N/A	N/A	GENERAL SUPPORT
WEEKEND BACKPACKS FOR HOMELESS KIDS - PO BOX 21486 - BALTIMORE, MD 21282	82-0946083	501C3	7,570.	0.	N/A	N/A	GENERAL SUPPORT
RED DEVILS P.O. BOX 36291 TOWSON, MD 21286	74-3070929	501C3	10,000.	0.	N/A	N/A	GENERAL SUPPORT
GENERAL GERMAN AGED PEOPLES HOME OF BALTIMORE - 800 SOUTHERLY RD - TOWSON, MD 21286	52-0591603	501C3	10,000.	0.	N/A	N/A	GENERAL SUPPORT
BALTIMORE COMMUNITY FOUNDATION POST OFFICE BOX 37422 BALTIMORE, MD 21298	23-7180620	501C3	172,176.	0.	N/A	N/A	GENERAL SUPPORT

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CONGREGATION KOL SHALOM 1909 HIDDEN MEADOW LANE ANNAPOLIS, MD 21401	52-1099645	501C3	15,000.	0.	N/A	N/A	GENERAL SUPPORT
DOCTORS WITHOUT BORDERS P.O. BOX 5030 HAGERSTOWN, MD 21741	13-3433452	501C3	12,425.	0.	N/A	N/A	GENERAL SUPPORT
CHABAD OF O C INC 13709 COASTAL HWY OCEAN CITY, MD 21842	45-2044171	501C3	6,150.	0.	N/A	N/A	GENERAL SUPPORT
ZERO-THE PROJECT TO END PROSTATE CANCER - 515 KING STREET, #420 - ALEXANDRIA, VA 22314	59-3400922	501C3	8,000.	0.	N/A	N/A	GENERAL SUPPORT
TALMUDICAL ACADEMY OF NORFOLK, INC. - 612 COLONIAL AVENUE - NORFOLK, VA 23507	42-1594790	501C3	10,000.	0.	N/A	N/A	GENERAL SUPPORT
EAST COAST GREENWAY ALLIANCE 5826 FAYETTEVILLE ROAD SUITE 210 DURHAM, NC 27713	04-3326812	501C3	15,000.	0.	N/A	N/A	GENERAL SUPPORT
ROLLINS COLLEGE PO BOX 864168 ORLANDO, FL 32886	59-0624440	501C3	10,000.	0.	N/A	N/A	GENERAL SUPPORT
INSTITUTE OF CONTEMPORARY ART MIAMI, INC. - 61 NE 41ST STREET - MIAMI, FL 33137	47-1251523	501C3	7,500.	0.	N/A	N/A	GENERAL SUPPORT
IMAGINATION PRODUCTIONS 11110 W OAKLAND PARK BLVD SUITE 288 SUNRISE, FL 33351	26-1264680	501C3	11,300.	0.	N/A	N/A	GENERAL SUPPORT

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RAYMOND F. KRAVIS CENTER FOR THE PERFORMING ARTS - 701 OKEECHOBEE BOULEVARD - WEST PALM BEACH, FL 33401	59-2245054	501C3	5,400.	0.	N/A	N/A	GENERAL SUPPORT
PALM BEACH DRAMAWORKS 201 CLEMATIS STREET WEST PALM BEACH, FL 33401	65-1040048	501C3	80,000.	0.	N/A	N/A	GENERAL SUPPORT
JEWISH FEDERATION OF PALM BEACH COUNTY - 1 HARVARD CIRCLE SUITE 100 - WEST PALM BEACH, FL 33409	59-0988696	501C3	52,600.	0.	N/A	N/A	GENERAL SUPPORT
JEWISH FEDERATION OF SOUTH PALM BEACH COUNTY - 9901 DONNA KLEIN BLVD. - BOCA RATON, FL 33428	59-1945109	501C3	9,750.	0.	N/A	N/A	GENERAL SUPPORT
ADOLPH & ROSE LEVIS JEWISH COMMUNITY CENTER - 9801 DONNA KLEIN BLVD - BOCA RATON, FL 33428	65-1127438	501C3	19,500.	0.	N/A	N/A	GENERAL SUPPORT
AMERICAN FRIENDS OF MESHI, INC. 7711 SAN MATEO DR E BOCA RATON, FL 33433	52-2292448	501C3	6,950.	0.	N/A	N/A	GENERAL SUPPORT
ADMIRALS COVE CARES CHARITABLE FOUNDATION, INC. - 200 ADMIRALS COVE BOULEVARD - JUPITER, FL 33477	59-3786373	501C3	11,000.	0.	N/A	N/A	GENERAL SUPPORT
COUDERT INSTITUTE VILLA DEI FIORI INC - 163 SEMINOLE AVE - PALM BEACH, FL 33480	65-1094183	501C3	10,000.	0.	N/A	N/A	GENERAL SUPPORT
TEMPLE JUDEA CONSERVATIVE SYNAGOGUE - 14486 A&W BULB ROAD - FORT MYERS, FL 33908	59-1929265	501C3	25,000.	0.	N/A	N/A	GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
FLORIDA GULF COAST UNIVERSITY FOUNDATION - 10501 FGCU BLVD S - FORT MYERS, FL 33965	65-0403969	501C3	50,000.	0.	N/A	N/A	GENERAL SUPPORT
SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVENUE MONTGOMERY, AL 36104	63-0598743	501C3	10,525.	0.	N/A	N/A	GENERAL SUPPORT
OHIO WESLEYAN UNIVERSITY 61 S. SANDUSKY STREET DELAWARE, OH 43015	31-4379585	501C3	25,000.	0.	N/A	N/A	GENERAL SUPPORT
OBERLIN COLLEGE 173 WEST LORAIN STREET CONTROLLERS OBERLIN, OH 44074	34-0714363	501C3	20,000.	0.	N/A	N/A	GENERAL SUPPORT
RABBINICAL COLLEGE OF TELSHE 28400 EUCLID AVENUE WICKLIFFE, OH 44092	34-0801310	501C3	10,500.	0.	N/A	N/A	GENERAL SUPPORT
CHAIM LECHAG 2602 BISHOP RD WICKLIFFE, OH 44092	82-2728978	501C3	60,000.	0.	N/A	N/A	GENERAL SUPPORT
MATAN B SAYSER 1928 JANETTE AVE CLEVELAND HTS, OH 44118	34-1577230	501C3	6,000.	0.	N/A	N/A	GENERAL SUPPORT
YESHIVA DERECH HATORAH 1508 WARRENSVILLE CENTER RD CLEVELAND HTS, OH 44121	47-4574851	501C3	40,000.	0.	N/A	N/A	GENERAL SUPPORT
AMERICAN CAMPING ASSOCIATION, INC. 5000 STATE ROAD 67 NORTH MARTINSVILLE, IN 46151	35-0962419	501C3	12,500.	0.	N/A	N/A	GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
HILLEL: THE FOUNDATION FOR JEWISH CAMPUS LIFE MI - 1429 HILL STREET - ANN ARBOR, MI 48104	38-6119964	501C3	5,200.	0.	N/A	N/A	GENERAL SUPPORT
UNIVERSITY OF MICHIGAN 500 S. STATE STREET ANN ARBOR, MI 48109	38-6006309	501C3	10,000.	0.	N/A	N/A	GENERAL SUPPORT
DETROIT EMPLOYMENT SOLUTIONS CORPORATION - 440 E CONGRESS ST STE 400 - DETROIT, MI 48226	38-3353746	501C3	20,000.	0.	N/A	N/A	GENERAL SUPPORT
DETROIT RIVERFRONT CONSERVANCY 600 REN CTR STE 1720 DETROIT, MI 48243	30-0125283	501C3	10,000.	0.	N/A	N/A	GENERAL SUPPORT
MAYO FOUNDATION 200 FIRST STREET SW ROCHESTER, MN 55905	41-1937751	501C3	7,600.	0.	N/A	N/A	GENERAL SUPPORT
INTERNATIONAL RESCUE COMMITTEE, INC. - P.O. BOX 6068 - ALBERT LEA, MN 56007	13-5660870	501C3	36,140.	0.	N/A	N/A	GENERAL SUPPORT
LUBAVITCH CHABAD OF EVANSTON, INC. 2019 MAPLE AVENUE EVANSTON, IL 60201	36-3912238	501C3	40,000.	0.	N/A	N/A	GENERAL SUPPORT
NORTHWESTERN UNIVERSITY 1201 DAVIS STREET EVANSTON, IL 60208	36-2167817	501C3	9,000.	0.	N/A	N/A	GENERAL SUPPORT
UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVENUE CHICAGO, IL 60637	36-2177139	501C3	6,500.	0.	N/A	N/A	GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
AMERICAN ASSOCIATES, BEN GURION UNIVERSITY OF THE NEGEV - P.O. BOX 7410310 - CHICAGO, IL 60674	23-7270753	501C3	281,100.	0.	N/A	N/A	GENERAL SUPPORT
WASHINGTON UNIVERSITY 7425 FORSYTH BLVD., BOX 1082 ST. LOUIS, MO 63130	43-0653611	501C3	8,000.	0.	N/A	N/A	GENERAL SUPPORT
PKD FOUNDATION 1001 E. 101ST TERRACE, SUITE 220 KANSAS CITY, MO 64131	43-1266906	501C3	40,000.	0.	N/A	N/A	GENERAL SUPPORT
NATIONAL COUNCIL OF YOUNG ISRAEL HOUSTON - 7823 LUDINGTON DR - HOUSTON, TX 77071	76-0194623	501C3	6,000.	0.	N/A	N/A	GENERAL SUPPORT
REFUGEE & IMMIGRANT CENTER FOR EDUCATION & LEGAL SERVICES - 1305 NORTH FLORES STREET - SAN ANTONIO, TX 78212	74-2436920	501C3	10,000.	0.	N/A	N/A	GENERAL SUPPORT
CHAMPIONS OFF THE FIELD P.O. BOX 13165 AUSTIN, TX 78711	46-2614625	501C3	12,500.	0.	N/A	N/A	GENERAL SUPPORT
DENVER JEWISH DAY SCHOOL 2450 SOUTH WABASH DENVER, CO 80231	84-1476467	501C3	17,500.	0.	N/A	N/A	GENERAL SUPPORT
COMPASSION AND CHOICES P.O. BOX 101810 DENVER, CO 80250	84-1328829	501C3	5,100.	0.	N/A	N/A	GENERAL SUPPORT
NER L'HOREINU 9215 EAST FAIRWAY BOULEVARD SUN LAKES, AZ 85248	83-1635608	501C3	36,250.	0.	N/A	N/A	GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
AMERICAN FRIENDS OF AYELET HASHACHAR - 455 NORTH FORMOSA AVENUE - LOS ANGELES, CA 90036	20-1180744	501C3	11,400.	0.	N/A	N/A	GENERAL SUPPORT
LIBERTY HILL FOUNDATION 6420 WILSHIRE BLVD LOS ANGELES, CA 90048	51-0181191	501C3	50,000.	0.	N/A	N/A	GENERAL SUPPORT
FRIENDS OF THE ISRAEL MOVEMENT FOR PROGRESSIVE JUDAISM - C/O MICKEY ROSEN-211 S. SPALDING DRIVE #S403 - BEVERLY HILLS, CA 90212	14-1970976	501C3	25,000.	0.	N/A	N/A	GENERAL SUPPORT
PRIVACY RIGHTS CLEARINGHOUSE 3033 FIFTH AVENUE SAN DIEGO, CA 92103	45-4739319	501C3	50,000.	0.	N/A	N/A	GENERAL SUPPORT
JEWISH COMMUNITY FEDERATION AND ENDOWMENT FUND - 121 STEUART ST - SAN FRANCISCO, CA 94105	94-1156533	501C3	10,000.	0.	N/A	N/A	GENERAL SUPPORT
ELECTRONIC FRONTIER FOUNDATION 815 EDDY ST SAN FRANCISCO, CA 94109	04-3091431	501C3	5,500.	0.	N/A	N/A	GENERAL SUPPORT
SOCCER WITHOUT BORDERS 2149 BYRON STREET BERKELEY, CA 94702	20-3786129	501C3	10,000.	0.	N/A	N/A	GENERAL SUPPORT
PROFILE THEATER 1515 SW MORRISON ST. PORTLAND, OR 97205	91-1786694	501C3	6,000.	0.	N/A	N/A	GENERAL SUPPORT
HAND IN HAND AMERICAN FRIENDS OF THE CENTER FOR JEWISH ARAB EDUCATION IN ISRAEL - P.O. BOX 80102 - PORTLAND, OR 97280	93-1269590	501C3	46,950.	0.	N/A	N/A	GENERAL SUPPORT

Schedule I (Form 990)

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

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 DETERMINE ONGOING ELIGIBILITY OF FUNDED ORGANIZATIONS AS WELL AS TO
CLEARLY IDENTIFY CRITERIA TO BE USED AS THE BASIS FOR FUNDING DECISIONS FOR

Part IV Supplemental Information

THE NEXT FISCAL YEAR. IN ADDITION, A RECORD OF ALL GRANTS MADE IS
MAINTAINED IN ORDER TO ENSURE THAT GRANTS ARE USED AS REQUESTED. THE AJC
MAINTAINS AN EXTENSIVE DONOR ADVISED FUND PROGRAM AS DETAILED ON SCHEDULE
D, PART 1. MANY OF THE ORGANIZATIONS LISTED AS HAVING RECEIVED GRANTS FROM
THE AJC DID SO AT THE RECOMMENDATION OF DONOR ADVISORS WHO HAVE DONOR
ADVISED FUNDS WITH THE AJC. THESE GRANTS HAVE BEEN APPROVED BY THE AJC, BUT
DO NOT NECESSARILY DIRECTLY REFLECT THE PRIORITIES OF ITS AFFILIATE, THE
ASSOCIATED.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

ASSOCIATED JEWISH CHARITIES OF BALTIMORE

Employer identification number

52-6024192

Part I Questions Regarding Compensation

	Yes	No
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"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<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	1b	
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?	2	
3 Indicate which, if any, of the following the 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 type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Compensation survey or study		
<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?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
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?	5a	X
b Any related organization?	5b	X
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?	6a	X
b Any related organization?	6b	X
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	7	X
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	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2020

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 SECRETARY & EXECUTIVE DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	608,198.	75,000.	36,362.	11,400.	31,878.	762,838.	0.
(2) MARK SMOLARZ COO/CFO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	215,978.	0.	0.	4,900.	21,239.	242,117.	0.
(3) MICHAEL FRIEDMAN SR. VP PLANNED GIVING & ENDOWMENT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	210,849.	0.	0.	4,637.	1,018.	216,504.	0.
(4) MICHAEL DYE VP, INVESTMENTS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	169,902.	0.	0.	3,942.	27,184.	201,028.	0.
(5) CONNIE STERN VP, FINANCE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	124,262.	0.	0.	3,015.	31,474.	158,751.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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 3:

A RELATED ORGANIZATION, THE ASSOCIATED, USES A COMPENSATION COMMITTEE, FORM
990 OF OTHER ORGANIZATIONS, AND A COMPENSATION SURVEY OR STUDY TO ESTABLISH
THE ORGANIZATION'S EXECUTIVE DIRECTOR COMPENSATION.

PART I, LINE 4B:

MARC TERRILL PARTICIPATES IN A NONQUALIFIED DEFERRED COMPENSATION PLAN.
THERE WERE NO AMOUNTS VESTED OR RECEIVED FROM THE PLAN DURING THE TAX YEAR.
MARC TERRILL HAS A CONTRACT EXECUTED ON JULY 1, 2020. THE TERMS AND
CONDITIONS OF THE DEFERRED COMPENSATION PLAN ARE OUTLINED IN THE CONTRACT.

Supplemental Information on Tax-Exempt Bonds

► **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
► **Attach to Form 990.** ► **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020
Open to Public Inspection

Name of the organization

ASSOCIATED JEWISH CHARITIES OF BALTIMORE

Employer identification number
52-6024192

Part I	SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS											
(a) Issuer name		(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
COLORADO EDUCATION AND A CULTURAL FACILITIES AUTH		34-0896727	NONE	09/04/12	44080000.	CURRENT REFUNDING OF PRIOR BOND ISS		X		X		X
B												
C												
D												

Part II Proceeds									
		A	B		C		D		
1	Amount of bonds retired	34,860,000.							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	44,080,000.							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds								
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds	44,080,000.							
12	Other unspent proceeds								
13	Year of substantial completion	2006							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X							
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

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

Schedule K (Form 990) 2020

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X							
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							

Part IV Arbitrage (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b Name of provider	BANK OF AMERICA							
c Term of hedge	1,480.0000000							
d Was the hedge superintegrated?		X						
e Was the hedge terminated?	X							
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.**SCHEDULE K, PART I, BOND ISSUES:**

(A) ISSUER NAME: COLORADO EDUCATION AND CULTURAL FACILITIES AUTHORITY

(F) DESCRIPTION OF PURPOSE:

CURRENT REFUNDING OF PRIOR BOND ISSUES 12/05/2002, 09/01/2004, 04/14/2005

SCHEDULE K, PART III, LINES 4, 5, AND 6

THE PERCENTAGES IN LINES 4, 5, AND 6 ARE LESS THAN 5%.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public
Inspection

- ▶ **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 instructions and the latest information.**

Name of the organization

ASSOCIATED JEWISH CHARITIES OF BALTIMORE

Employer identification number

52-6024192

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	186	9,255,909.	TRADING 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 V, Donee Acknowledgement

29

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

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

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

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2020

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, PART I, COLUMN (B):

AJC RECEIVED 186 GIFTS OF VARIOUS SHARES WITH A MARKET VALUE OF
\$9,255,909 DURING THE CURRENT YEAR.

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

2020

Open to Public
Inspection

Name of the organization

ASSOCIATED JEWISH CHARITIES OF BALTIMORE

Employer identification number

52-6024192

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

DIRECTORS, JOHN DAVISON AND RICHARD DAVISON HAVE A FAMILY RELATIONSHIP.

DIRECTORS, FRITZI HALLOCK AND FREDERICA SAXON HAVE A FAMILY 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 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 DIRECTORS. ELECTIONS OF
DIRECTORS AND OFFICERS SHALL BE HELD BY BALLOT AT EACH ANNUAL MEETING OF
THE ASSOCIATED.

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

THE MEMBERS OF THE ORGANIZATION ARE REQUIRED TO APPROVE ANY AMENDMENTS TO
THE BYLAWS OR THE ARTICLES OF INCORPORATION.

Name of the organization

ASSOCIATED JEWISH CHARITIES OF BALTIMORE

Employer identification number

52-6024192

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 OF THE FORM 990.

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 ACTS THAT MIGHT GIVE RISE TO A CONFLICT OF INTEREST. 2. THE PERSON SO AFFECTED MAY TAKE PART IN ANY DISCUSSION OF ANY SUCH MATTERS, UNLESS THE ASSOCIATED SPECIFICALLY REQUESTS THE PERSON TO ABSTAIN FROM SUCH DISCUSSION. 3. THE PERSON WITH A CONFLICTED INTEREST SHALL ABSTAIN FROM VOTING ON ANY RESOLUTION INVOLVING SUCH MATTERS.

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

COMPENSATION IS PAID BY A RELATED ORGANIZATION, THE ASSOCIATED JEWISH COMMUNITY FEDERATION OF BALTIMORE.

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

THE ORGANIZATION MAKES THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY

Name of the organization

ASSOCIATED JEWISH CHARITIES OF BALTIMORE

Employer identification number

52-6024192

AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF
DISCLOSURE AS SET FORTH IN SECTION 6104(D).

FORM 990, PART IX

THE ASSOCIATED: JEWISH COMMUNITY FEDERATION OF BALTIMORE, INC. (THE
ASSOCIATED) AND THE ASSOCIATED JEWISH CHARITIES OF BALTIMORE (THE AJC)
ARE AFFILIATE ORGANIZATIONS AND WORK IN CONJUNCTION WITH EACH OTHER TO
ACCOMPLISH THE MISSION OF THE ASSOCIATED. THE TWO ORGANIZATIONS WERE
FORMED AS SEPARATE ENTITIES TO DIVIDE THE ASSET HOLDING ORGANIZATION
(THE AJC) FROM THE PROGRAM SERVICE DELIVERY ORGANIZATION (THE
ASSOCIATED). IF THE TWO ORGANIZATIONS WERE COMBINED, THE TOTAL AMOUNT
OF PROGRAM SERVICE EXPENSES COMPARED TO TOTAL EXPENSES WOULD BE

THE ASSOCIATED

PROGRAM EXPENSE: \$44,408,928

TOTAL EXPENSE: \$49,671,441

PROGRAM SERVICE %: 89.41%

AJC

PROGRAM EXPENSE: \$36,235,667

TOTAL EXPENSE: \$36,907,515

PROGRAM SERVICE %: 98.18%

TOTAL

PROGRAM EXPENSE: \$80,644,595

TOTAL EXPENSE: \$86,578,956

PROGRAM SERVICE %: 93.15%

Name of the organization

ASSOCIATED JEWISH CHARITIES OF BALTIMORE

Employer identification number

52-6024192

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

BAD DEBT EXPENSE

-319,707.

**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

2020

**Open to Public
Inspection**

Name of the organization

ASSOCIATED JEWISH CHARITIES OF BALTIMORE

Employer identification number

52-6024192

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
THE ASSOCIATED JEWISH COMMUNITY FEDERATION OF BALTIMORE, INC - 52-0607957, 101 WEST MOUNT ROYAL AVENUE, BALTIMORE, MD 21201	EXEMPT ORGANIZATION	MARYLAND	501(C)(3)	LINE 7	N/A		X
ZANVYL & ISABELLE KRIEGER FUND, INC. - 52-1126684, 101 W MT ROYAL AVE, BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB		X
JILL FOX MEMORIAL FUND, INC. - 52-1167942 101 W MT ROYAL AVE 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 W MT ROYAL AVE, 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) 2020

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 W MT ROYAL AVE, BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB		X
GOLDSMITH FOUNDATION, INC. - 52-1306094 101 W MT ROYAL AVE 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 W MT ROYAL AVE, BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB		X
FELDMAN FAMILY FUND, INC. - 52-1489355 101 W MT ROYAL AVE BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB		X
MARVIN SCHAPIRO FAMILY FOUNDATION, INC. - 52-1615020, 101 W MT ROYAL AVE, 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 W MT ROYAL AVE, BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB		X
JEWISH DAY SCHOOL FOUNDATION, INC. - 52-1879606, 101 W MT ROYAL AVE, BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB		X
BRENDA BROWN LIPITZ REVER FAMILY FOUNDATION, INC. - 31-1555883, 101 W MT ROYAL AVE, 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 W MT ROYAL AVE, BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB		X
BAVAR FAMILY FOUNDATION, INC. - 52-2230085 101 W MT ROYAL AVE 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 W MT ROYAL AVE, 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 W MT ROYAL AVE, 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 W MT ROYAL AVE, 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 W MT ROYAL AVE, BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB		X
MACADOO FAMILY FOUNDATION, INC. - 46-3952974 101 W MT ROYAL AVE BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB		X
LUSKIN FAMILY FOUNDATION, INC. - 46-5753796 101 W MT ROYAL AVE 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 W MT ROYAL AVE, BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB		X
WOLASKY FAMILY FOUNDATION, INC. - 82-0956858 101 W MT ROYAL AVE BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB		X
STEVEN AND LINDA HURWITZ FAMILY FOUNDATION, INC. - 81-3750702, 101 W MT ROYAL AVE, BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB		X
HOFFBERGER FAMILY FUND, INC. - 52-1167596 101 W MT ROYAL AVE BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB		X
HARRY WEINBERG FAMILY FOUNDATION, INC. - 52-1541188, 101 W MT ROYAL AVE, BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB		X
SWIRNOW CHARITABLE FOUNDATION, INC. - 52-1680035, 101 W MT ROYAL AVE, 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 W MT ROYAL AVE, 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 W MT ROYAL AVE, 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 W MT ROYAL AVE BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB		X
WILLIAM & IRENE WEINBERG FAMILY FOUNDTION, INC. - 52-1857755, 101 W MT ROYAL AVE, BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB		X
NATHAN & LILLIAN WEINBERG FOUNDATION, INC. - 52-1867912, 101 W MT ROYAL AVE, BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB		X
THE RICHMAN FAMILY FOUNDATION, INC. - 52-1899221, 101 W MT ROYAL AVE, 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 W MT ROYAL AVE, BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB		X
MARJORIE COOK FOUNDATION, INC. - 52-6044319 101 W MT ROYAL AVE 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 W MT ROYAL AVE, BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB		X
THE FUND FOR CHANGE, INC. - 31-1662222 101 W MT ROYAL AVE BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB		X
THE BANCROFT FOUNDATION, INC. - 31-1644387 101 W MT ROYAL AVE BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB		X
KR FUND, INC. - 52-2209699 101 W MT ROYAL AVE 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 W MT ROYAL AVE, BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB		X
ZIMMERMAN FUND FOR CHILDREN, INC. - 56-2523091, 101 W MT ROYAL AVE, BALTIMORE, MD 21201	CHARITABLE SUPPORT	MARYLAND	501(C)(3)	LINE 12A, I	THE ASSOCIATED: JCFB		X

[illegible]

Part III

[illegible]

Part IV

[illegible]

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	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)			
(2)			
(3)			
(4)			
(5)			
(6)			

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.

[illegible]

Part VII Supplemental Information

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

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME OF RELATED ORGANIZATION:

JEWISH COMMUNITY INVESTMENT FUND

DIRECT CONTROLLING ENTITY: ASSOCIATED JEWISH CHARITIES OF BALTIMORE

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

OMB No. 1545-0047

2020

For calendar year 2020 or other tax year beginning JUL 1, 2020, and ending JUN 30, 2021.

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

Department of the Treasury
Internal Revenue ServiceA ☐ Check box if address changed.

B Exempt under section

☒ 501(c)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a) ☐ 529S
Print
or
TypeName of organization (☐ Check box if name changed and see instructions.)

ASSOCIATED JEWISH CHARITIES OF BALTIMORE

Number, street, and room or suite no. If a P.O. box, see instructions.

101 WEST MOUNT ROYAL AVENUE

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

BALTIMORE, MD 21201

D Employer identification number

52-6024192

E Group exemption number
(see instructions)F ☐ Check box if an amended return.

C Book value of all assets at end of year 458,062,005.

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ Applicable reinsurance entityH Check if filing only to ☐ Claim credit from Form 8941 ☐ Claim a refund shown on Form 2439I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ☐

J Enter the number of attached Schedules A (Form 990-T) 1

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation.

L The books are in care of MARK SMOLARZ Telephone number 410-727-4828

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	-32,058.
2	Reserved	2	
3	Add lines 1 and 2	3	-32,058.
4	Charitable contributions (see instructions for limitation rules)	4	0.
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	-32,058.
6	Deduction for net operating loss. See instructions	6	0.
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	-32,058.
8	Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9	Trusts. Section 199A deduction. See instructions	9	
10	Total deductions. Add lines 8 and 9	10	1,000.
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3	Proxy tax. See instructions	3	
4	Other tax amounts. See instructions	4	
5	Alternative minimum tax (trusts only)	5	
6	Tax on noncompliant facility income. See instructions	6	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2020)

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
c	General business credit. Attach Form 3800 (see instructions)	1c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		0.
3	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		0.
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		0.
6a	Payments: A 2019 overpayment credited to 2020	6a		
b	2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	6g		
7	Total payments. Add lines 6a through 6g	7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
11	Enter the amount of line 10 you want: Credited to 2021 estimated tax Refunded	11		

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

	Yes	No
1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4a Did the organization change its method of accounting? (see instructions)		X
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer	Date	COO/CFO	Title	
Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	KRISTINA HIMROD	KRISTINA HIMROD	04/18/22		P01544190
	Firm's name	CLIFTONLARSONALLEN LLP			Firm's EIN
	6406 IVY LANE, SUITE 200 GREENBELT, MD 20770				41-0746749
	Firm's address	Phone no.			301-931-2050

Form **990-T** (2020)

SCHEDULE A
(Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income
From an Unrelated Trade or Business

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

ENTITY 1

OMB No. 1545-0047

2020

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

A Name of the organization ASSOCIATED JEWISH CHARITIES OF BALTIMORE	B Employer identification number 52-6024192
C Unrelated business activity code (see instructions) ▶ 523000	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ **HOLDING INTEREST IN THE JEWISH COMMUNITY INVE**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances c Balance ▶	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	4a 102.		
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 1	5 -32,160.		
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13 -32,058.		-32,058.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1	2
2 Salaries and wages	2	
3 Repairs and maintenance	3	
4 Bad debts	4	
5 Interest (attach statement) (see instructions)	5	
6 Taxes and licenses	6	
7 Depreciation (attach Form 4562) (see instructions)	7	
8 Less depreciation claimed in Part III and elsewhere on return	8a	8b
9 Depletion	9	
10 Contributions to deferred compensation plans	10	
11 Employee benefit programs	11	
12 Excess exempt expenses (Part VIII)	12	
13 Excess readership costs (Part IX)	13	
14 Other deductions (attach statement)	14	
15 Total deductions. Add lines 1 through 14	15	0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	-32,058.
17 Deduction for net operating loss (see instructions)	17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	-32,058.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
----------------	---------------------------------	-------------

DESCRIPTION	NET INCOME OR (LOSS)
JEWISH COMMUNITY INVESTMENT FUND - ORDINARY BUSINESS INCOME (LOSS)	-30,339.
JEWISH COMMUNITY INVESTMENT FUND - OTHER INCOME (LOSS)	-1,821.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-32,160.

FORM 990-T SCHEDULE A	DESCRIPTION OF ORGANIZATION'S UNRELATED BUSINESS ACTIVITY	STATEMENT 2
--------------------------	--	-------------

HOLDING INTEREST IN THE JEWISH COMMUNITY INVESTMENT FUND

TO FORM 990-T, SCHEDULE A, LINE E

SCHEDULE D
(Form 1120)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ **Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.**
▶ **Go to www.irs.gov/Form1120 for instructions and the latest information.**

OMB No. 1545-0123

2020

Name

ASSOCIATED JEWISH CHARITIES OF BALTIMORE

Employer identification number

52-6024192

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ▶ ☐ Yes ☒ No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Enter gain from Form 4797, line 7 or 9			11	102.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	102.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	102.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	102.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

SCHEDULE D
(Form 1120)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ **Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.**
▶ **Go to www.irs.gov/Form1120 for instructions and the latest information.**

OMB No. 1545-0123

2020

Name

ASSOCIATED JEWISH CHARITIES OF BALTIMORE

Employer identification number

52-6024192

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ▶ ☐ Yes ☒ No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Enter gain from Form 4797, line 7 or 9			11	102.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	102.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	102.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	102.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))
▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

2020

Attachment
Sequence No. **27**

ASSOCIATED JEWISH CHARITIES OF BALTIMORE

Identifying number
52-6024192

1 Enter the gross proceeds from sales or exchanges reported to you for 2020 on Form(s) 1099-B or 1099-S
(or substitute statement) that you are including on line 2, 10, or 20

1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	JEWISH COMMUNITY INVESTMENT FUND						102.
3	Gain, if any, from Form 4684, line 39						3
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37						4
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5
6	Gain, if any, from line 32, from other than casualty or theft						6
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows						7 102.
Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.							
8	Nonrecaptured net section 1231 losses from prior years. See instructions						8
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions						9 102.

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11	Loss, if any, from line 7	11 ()
12	Gain, if any, from line 7 or amount from line 8, if applicable	12
13	Gain, if any, from line 31	13
14	Net gain or (loss) from Form 4684, lines 31 and 38a	14
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16
17	Combine lines 10 through 16	17
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.	
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions	18a
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4	18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2020)

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.			
	Property A	Property B	Property C
	Property B	Property C	Property D
20 Gross sales price (Note: See line 1 before completing.)	20		
21 Cost or other basis plus expense of sale	21		
22 Depreciation (or depletion) allowed or allowable	22		
23 Adjusted basis. Subtract line 22 from line 21	23		
24 Total gain. Subtract line 23 from line 20	24		
25 If section 1245 property:			
a Depreciation allowed or allowable from line 22	25a		
b Enter the smaller of line 24 or 25a	25b		
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.			
a Additional depreciation after 1975. See instructions	26a		
b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b		
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c		
d Additional depreciation after 1969 and before 1976	26d		
e Enter the smaller of line 26c or 26d	26e		
f Section 291 amount (corporations only)	26f		
g Add lines 26b, 26e, and 26f	26g		
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.			
a Soil, water, and land clearing expenses	27a		
b Line 27a multiplied by applicable percentage	27b		
c Enter the smaller of line 24 or 27b	27c		
28 If section 1254 property:			
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a		
b Enter the smaller of line 24 or 28a	28b		
29 If section 1255 property:			
a Applicable percentage of payments excluded from income under section 126. See instructions	29a		
b Enter the smaller of line 24 or 29a. See instructions	29b		

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	30	
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33	
34 Recomputed depreciation. See instructions	34	
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))
▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

2020

Attachment
Sequence No. **27**

ASSOCIATED JEWISH CHARITIES OF BALTIMORE

Identifying number
52-6024192

1 Enter the gross proceeds from sales or exchanges reported to you for 2020 on Form(s) 1099-B or 1099-S
(or substitute statement) that you are including on line 2, 10, or 20

1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	JEWISH COMMUNITY INVESTMENT FUND						102.
3	Gain, if any, from Form 4684, line 39						3
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37						4
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5
6	Gain, if any, from line 32, from other than casualty or theft						6
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows						7 102.
Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.							
8	Nonrecaptured net section 1231 losses from prior years. See instructions						8
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions						9 102.

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11	Loss, if any, from line 7	11 ()
12	Gain, if any, from line 7 or amount from line 8, if applicable	12
13	Gain, if any, from line 31	13
14	Net gain or (loss) from Form 4684, lines 31 and 38a	14
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16
17	Combine lines 10 through 16	17
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.	
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions	18a
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4	18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2020)

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.			
	Property A	Property B	Property C
20 Gross sales price (Note: See line 1 before completing.)	20		
21 Cost or other basis plus expense of sale	21		
22 Depreciation (or depletion) allowed or allowable	22		
23 Adjusted basis. Subtract line 22 from line 21	23		
24 Total gain. Subtract line 23 from line 20	24		
25 If section 1245 property:			
a Depreciation allowed or allowable from line 22	25a		
b Enter the smaller of line 24 or 25a	25b		
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.			
a Additional depreciation after 1975. See instructions	26a		
b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b		
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c		
d Additional depreciation after 1969 and before 1976	26d		
e Enter the smaller of line 26c or 26d	26e		
f Section 291 amount (corporations only)	26f		
g Add lines 26b, 26e, and 26f	26g		
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.			
a Soil, water, and land clearing expenses	27a		
b Line 27a multiplied by applicable percentage	27b		
c Enter the smaller of line 24 or 27b	27c		
28 If section 1254 property:			
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a		
b Enter the smaller of line 24 or 28a	28b		
29 If section 1255 property:			
a Applicable percentage of payments excluded from income under section 126. See instructions	29a		
b Enter the smaller of line 24 or 29a. See instructions	29b		

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	30	
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33	
34 Recomputed depreciation. See instructions	34	
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

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STATE COPY



OR FISCAL YEAR BEGINNING 0701 2020, ENDING 063021

Keep this for your records. Do not send this form to the Revenue Administration Division unless specifically requested to do so. See instructions.

ASSOCIATED JEWISH CHARITIES OF BALTIMORE

Name of corporation or pass-through entity

526024192

Federal Employer Identification Number

101 WEST MOUNT ROYAL AVENUE

Street Address

BALTIMORE

City or town

MD

State

21201

ZIP Code

+4

PART I Tax Return Information (whole dollars only)

- | | | | | |
|----|--|----|-----------------------------|------------|
| 1. | Amount of overpayment to be applied to 2021 estimated tax (Corporations only.) | 1. | <u> </u> | <u>.00</u> |
| 2. | Amount of overpayment to be refunded (Corporations only.) | | REFUND | 2. |
| | | | <u> </u> | <u>.00</u> |
| 3. | Total amount due | 3. | <u> </u> | <u>.00</u> |

PART II Declaration and Signature Authorization

Under penalties of perjury, I declare that I am an officer, general partner or managing member of the above corporation or of the pass-through entity. I have compared the information contained on my electronic return with the information that I provided to my electronic return originator or entered on-line and that the name(s), address and amounts described above agree with the amounts shown on the corresponding lines of my 2020 Maryland electronic income tax return. To the best of my knowledge and belief, the return is true, correct and complete. I consent that the return, including accompanying schedules and statements, be sent to the Revenue Administration Division by my electronic return originator or by the electronic return software provider.

PIN: Check one box only

☒ I authorize CLIFTONLARSONALLEN LLP to enter or generate my PIN
ERO firm name

24192

Enter five digits.
Do not enter all zeros.

as my signature on my tax year 2020 electronically filed income tax return.

☐ I will enter my PIN as my signature on the tax year 2020 electronically filed business income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Signature

Date

PART III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN Enter your six digit EFIN followed by your five-digit self-selected PIN

60572855902

Do not enter all zeros.

I certify this numeric entry is my PIN, which is my signature for tax year 2020 electronically filed income tax return for this business. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and the Maryland MeF Handbook for Authorized e-File Providers.

CLIFTONLARSONALLEN

EROs signature

041822

Date



OR FISCAL YEAR BEGINNING 0701 2020, ENDING 063021

Keep this for your records. Do not send this form to the Revenue Administration Division unless specifically requested to do so. See instructions.

ASSOCIATED JEWISH CHARITIES OF BALTIMORE

Name of corporation or pass-through entity

526024192

Federal Employer Identification Number

101 WEST MOUNT ROYAL AVENUE

Street Address

BALTIMORE

City or town

MD

State

21201

ZIP Code

+4

PART I Tax Return Information (whole dollars only)

- | | | | | | | |
|----|--|----|-----------------------------|------------|-----------------------------|------------|
| 1. | Amount of overpayment to be applied to 2021 estimated tax (Corporations only.) | 1. | <u> </u> | <u>.00</u> | | |
| 2. | Amount of overpayment to be refunded (Corporations only.) | | REFUND | 2. | <u> </u> | <u>.00</u> |
| 3. | Total amount due | 3. | <u> </u> | <u>.00</u> | | |

PART II Declaration and Signature Authorization

Under penalties of perjury, I declare that I am an officer, general partner or managing member of the above corporation or of the pass-through entity. I have compared the information contained on my electronic return with the information that I provided to my electronic return originator or entered on-line and that the name(s), address and amounts described above agree with the amounts shown on the corresponding lines of my 2020 Maryland electronic income tax return. To the best of my knowledge and belief, the return is true, correct and complete. I consent that the return, including accompanying schedules and statements, be sent to the Revenue Administration Division by my electronic return originator or by the electronic return software provider.

PIN: Check one box only

☒ I authorize CLIFTONLARSONALLEN LLP to enter or generate my PIN

as my signature on my tax year 2020 electronically filed income tax return.

☐ I will enter my PIN as my signature on the tax year 2020 electronically filed business income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

24192

Enter five digits.
Do not enter all
zeros.

Signature

Date

PART III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN Enter your six digit EFIN followed by your five-digit self-selected PIN

60572855902

Do not enter
all zeros.

I certify this numeric entry is my PIN, which is my signature for tax year 2020 electronically filed income tax return for this business. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and the Maryland MeF Handbook for Authorized e-File Providers.

CLIFTONLARSONALLEN

ERO's signature

041822

Date

**APPLICATION FOR
EXTENSION TO FILE
CORPORATION INCOME
TAX RETURN**



2020

OR FISCAL YEAR BEGINNING 0701 2020, ENDING 063021

526024192

Federal Employer Identification Number (9 digits)

ASSOCIATED JEWISH CHARITIES OF BALTIMORE

Name

101 WEST MOUNT ROYAL AVENUE

Current Mailing Address Line 1 (Street No. and Street Name or PO Box)

Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)

BALTIMORE

MD 21201

City or town

State ZIP Code

+4

For Office Use Only

ME	YE	EC	EC
06	21		

STOP

IF NO TAX IS DUE WITH THIS EXTENSION, DO NOT MAIL THIS PAPER FORM UNLESS IT IS THE FIRST FILING OF THE ENTITY, INSTEAD FILE THE EXTENSION AT: www.marylandtaxes.gov OR CALL 410-260-7829 FROM CENTRAL MARYLAND OR 1-800-260-3664 FROM ELSEWHERE TO TELEFILE THIS FORM.

☐ Check here if you are a first time filer or your mailing address has changed.

TAX PAYMENT WORKSHEET INSTRUCTIONS

- Line 1 - **Tax liability** Enter the total amount of income tax the corporation is expected to owe. Use Form 500 as a worksheet.
- Line 2 - **Estimated tax payments** Enter the total amount of Maryland estimated tax paid with Form 500D for the tax year. Include any overpayment from the prior period that was credited to the current tax year.
- Line 3 - **Allowable tax credits** Enter the allowable tax credits from Form 500CR or 502S or tax paid on the corporation's behalf by a pass-through entity.
- Line 4 - **Total payments and credits** Add lines 2 and 3 and enter the total on line 4.
- Line 5 - **Tax due** Subtract line 4 from line 1 and enter the result on line 5. This is the tax to be paid with the application for extension.

TAX PAYMENT WORKSHEET

1. Tax liability expected for the current tax year 1. _____ .00
2. Estimated tax payments and amount credited from the prior period 2. 0 .00
3. Allowable tax credits 3. _____ .00
4. Total payments and credits. Add lines 2 and 3 and enter here 4. _____ .00
5. Tax due - Subtract line 4 from line 1 ► 5. _____ .00

TAX PAID WITH THIS EXTENSION ► \$ _____ .00
(If filing and paying electronically, do not mail this form.)

IF NO TAX IS DUE WITH THIS EXTENSION, DO NOT MAIL THIS PAPER FORM UNLESS IT IS THE FIRST FILING OF THE ENTITY, INSTEAD FILE THE EXTENSION AT: www.marylandtaxes.gov OR CALL 410-260-7829 FROM CENTRAL MARYLAND OR 1-800-260-3664 FROM ELSEWHERE TO TELEFILE THIS FORM.

Make checks payable to and mail to:

Comptroller Of Maryland
Revenue Administration Division
110 Carroll Street
Annapolis, Maryland 21411-0001
(Write Your FEIN On Check Using Blue Or Black Ink.)

**MARYLAND
FORM
500**

**CORPORATION INCOME
TAX RETURN**



2020

\$

OR FISCAL YEAR BEGINNING 0701 2020, ENDING 063021

526024192

► Federal Employer Identification Number (9 digits) FEIN Applied for Date (MMDDYY)

011421

► Date of Organization or Incorporation (MMDDYY)

523000

► Business Activity Code No. (6 digits)

ASSOCIATED JEWISH CHARITIES OF BALTIMORE

Name

101 WEST MOUNT ROYAL AVENUE

Current Mailing Address Line 1 (Street No. and Street Name or PO Box)

Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)

BALTIMORE

City or town

MD

State

21201

ZIP Code

+4

Do not write in this space.

06

► ME

21

► YE

► ☐ Amended
Return

CHECK HERE IF:

- ☐ Name or address has changed ► ☐ Inactive corporation ☐ First filing of the corporation ► ☐ Final Return
► ☐ This tax year's beginning and ending dates are different from last year's due to an acquisition or consolidation.

IF FILING TO CLAIM A NET OPERATING LOSS, CHECK THE APPROPRIATE BOX

☐ Carryback ☐ Carryforward

Attach copies of the federal form for the loss year and Form 1139.

SEE CORPORATION INSTRUCTIONS. ATTACH A COPY OF THE FEDERAL INCOME TAX RETURN THROUGH SCHEDULE M2.

1a. Federal Taxable Income (Enter amount from Federal Form 1120 line 28 or Form 1120-C line 25c.) See Instructions. Check applicable box:

☐ 1120 ☐ 1120-REIT ☒ 990T

☐ Other: _____ IF 1120S, FILE ON FORM 510 1a. -32058.00

1b. Special Deductions (Federal Form 1120 line 29b or Form 1120-C line 26b.) 1b. _____ .00

1c. Federal Taxable Income before net operating loss deduction
(Subtract line 1b from 1a) ► 1c. -32058.00

MARYLAND ADJUSTMENTS TO FEDERAL TAXABLE INCOME

(All entries must be positive amounts.)

ADDITION ADJUSTMENTS

2a. Section 10-306.1 related party transactions ► 2a. _____ .00

2b. Decoupling Modification Addition adjustment
(Enter code letter(s) from instructions.) ► 2b. _____ .00

2c. Total Maryland Addition Adjustments to Federal Taxable Income (Add lines 2a and 2b) 2c. _____ .00

SUBTRACTION ADJUSTMENTS

3a. Section 10-306.1 related party transactions ► 3a. _____ .00

3b. Dividends for domestic corporation claiming foreign tax credits
(Federal form 1120/1120C Schedule C line 18) ► 3b. _____ .00

3c. Dividends from related foreign corporations
(Federal form 1120/1120C Schedule C line 14, 16b and 16c) ► 3c. _____ .00

3d. Decoupling Modification Subtraction adjustment
(Enter code letter(s) from instructions.) ► 3d. _____ .00

3e. Total Maryland Subtraction Adjustments to Federal Taxable Income
(Add lines 3a through 3d.) 3e. _____ .00



NAME ASSOCIATED JEWI FEIN 526024192

4. Maryland Adjusted Federal Taxable Income before NOL deduction is applied
(Add lines 1c and 2c, and subtract line 3e.) 4. -32058.00
5. Enter Adjusted Federal NOL Carry-forward available from previous tax years (including
FDSC Carry-forward) on a separate company basis (Enter NOL as a positive amount.) 5. 38182.00
6. **Maryland Adjusted Federal Taxable Income** (If line 4 is less than or equal to zero,
enter amount from line 4.) (If line 4 is greater than zero, subtract line 5 from line 4 and
enter result. If result is less than zero, enter zero.) 6. -32058.00

MARYLAND ADDITION MODIFICATIONS

(All entries must be positive amounts.)

- 7a. State and local income tax 7a. .00
- 7b. Dividends and interest from another state, local or federal tax
exempt obligation 7b. .00
- 7c. Net operating loss modification recapture (Do not enter NOL carryover.
See instructions.) 7c. .00
- 7d. Domestic Production Activities Deduction 7d. .00
- 7e. Deduction for Dividends paid by captive REIT 7e. .00
- 7f. Other additions (Enter code letter(s) from
instructions and attach schedules) 7f. .00
- 7g. Total Addition Modifications (Add lines 7a through 7f plus the amount from line 3 of Form 500LU) 7g. .00

MARYLAND SUBTRACTION MODIFICATIONS

(All entries must be positive amounts.)

- 8a. Income from US Obligations 8a. .00
- 8b. Other subtractions (Enter code letter(s) from
instructions and attach schedule) 8b. .00
- 8b.1. Enter the amount of Coronavirus Relief payment, including a loan that has been forgiven from
line 7 of Form 500LU 8b.1. .00
- 8c. Total Subtraction Modifications (Add lines 8a, 8b, and 8b.1) 8c. .00

NET MARYLAND MODIFICATIONS

9. Total Maryland Modifications (Subtract line 8c from 7g. If less than zero,
enter negative amount.) 9. .00
10. Maryland Modified Income (Add lines 6 and 9.) 10. -32058.00

APPORTIONMENT OF INCOME

(To be completed by multistate corporations whose apportionment factor is less than 1, otherwise skip to line 13.)

11. Maryland apportionment factor (from page 4 of this form)
(If factor is zero, enter .000001.) 11. .00
12. Maryland apportionment income (Multiply line 10 by line 11.) 12. .00
13. Maryland taxable income (from line 10 or line 12, whichever is applicable.) 13. 0.00
14. Tax (Multiply line 13 by 8.25%) 14. 0.00
- 15a. Estimated tax paid with Form 500D, Form MW506NRS and/or credited
from 2019 overpayment 15a. .00
- 15b. Tax paid with an extension request (Form 500E) 15b. .00
- 15c. Nonrefundable business income tax credits from Part AAA. (See instructions for Form 500CR.)
- 15d. Refundable business income tax credits from Part DDD. (See instructions for Form 500CR.)
- 15e. The Heritage Structure Rehabilitation Tax Credit is claimed on line 1 of Part DDD on Form 500CR.
Check here ☐ if you are a non-profit corporation.
- 15f. Nonresident tax paid on behalf of the corporation by pass-through entities
(Attach Maryland Schedule K-1.) 15f. .00
- 15g. If amending, total payments made with original plus additional tax paid
after original was filed 15g. .00
- 15h. Total payments and credits (add lines 15a through 15g) 15h. .00
16. Balance of tax due (If line 14 exceeds line 15h, enter the difference.) 16. .00

You must file this form electronically to
claim business tax credits from Form 500CR.



NAME ASSOCIATED JEWI FEIN 526024192

17.	Overpayment (If line 15h exceeds line 14, enter the difference.)	17.	_____ .00
17a.	If amending prior overpayment (Total all refunds previously issued.)	17a.	_____ .00
18.	Interest and/or penalty from Form 500UP _____ or late payment interest _____ for original return	18.	_____ .00
19.	Total balance due (Add lines 14, 17a and 18. Subtract line 15h.)	19.	_____ .00
20.	Amount of overpayment from original return to be applied to estimated tax for 2021 (not to exceed the net of lines 17 minus 17a and 18.)	20.	_____ .00
21.	Amount of overpayment TO BE REFUNDED (Add lines 18 and 20, and subtract the total from line 17.) (If amending subtract lines 17a and 18 from line 17.)	21.	_____ .00

DIRECT DEPOSIT OF REFUND (See Instructions.) **Be sure the account information is correct.**

To comply with banking and **NACHA (National Automated Clearing House Association)** rules, if this refund will go to an account

outside of the United States, place "Y" in this box ☐ or if you authorize the State of Maryland to direct deposit your refund, check

this box ☐ and complete the following information clearly and legibly.

22a. Type of account: ☐ Checking ☐ Savings

22b. Routing Number (9-digits):

22c. Account number:

22d. Name as it appears on the bank account:

INFORMATIONAL PURPOSES ONLY (LINES 23 & 24)

23.	NOL generated in Current Year - Carryforward 20 years and carry back 2 years (farming loss ONLY). (If line 6 is less than zero, enter on line 23.)	23.	_____ -32058 .00
24.	NAM generated in Current Year - Carried Forward/Back with Loss on Line 23 per Section 10-205(e) (If line 6 is less than zero AND line 9 is greater than zero, enter the amount from line 9 on line 24.)	24.	_____ 0 .00

FOR USE IF AMENDING THE RETURN

Explanation of Changes to Income, Modifications, Apportionment Factor and Credits. Show the computation in detail and attach schedules as necessary. Check the box or boxes that reflect the reason for filing this amended return and explain in the space provided below the checkboxes. If more space is needed, you may attach additional pages.

- ☐ 1. Amended to claim a Net Operating Loss Deduction
- ☒ 2. Amended to report a federal adjustment or an RAR (Revenue Agent Report)
- ☐ 3. Amended to claim Business Tax Credit.
- ☐ 4. Amended to claim nonresident PTE Tax Credit
- ☐ 5. Amended to report income omitted on previous filing
- ☐ 6. Amended to change apportionment factor
- ☐ 7. Amended for another reason stated below: _____



NAME ASSOCIATED JEWI FEIN 526024192

Schedule A - COMPUTATION OF APPORTIONMENT FACTOR (Applies only to multistate corporations. See instructions.)

NOTE: Special apportionment formulas are required for rental/leasing, financial institutions, transportation and manufacturing companies. Worldwide headquartered companies see instructions.		Column 1 TOTALS WITHIN MARYLAND	Column 2 TOTALS WITHIN AND WITHOUT MARYLAND	Column 3 DECIMAL FACTOR (Column 1 ÷ Column 2 rounded to six places)
1A. Receipts	a. Gross receipts or sales less returns and allowances	.00	.00	
	b. Dividends	.00	.00	
	c. Interest	.00	.00	
	d. Gross rents	.00	.00	
	e. Gross royalties	.00	.00	
	f. Capital gain net income	.00	.00	
	g. Other income (Attach schedule.)	.00	.00	
	h. Total receipts (Add lines 1A(a) through 1A(g), for Columns 1 and 2.)	.00	.00	— . —
1B. Receipts	Multiply factor on line 1A, Column 3 by 4. Disregard this line if special apportionment formula is used			— . —
2. Property	a. Inventory	.00	.00	
	b. Machinery and equipment	.00	.00	
	c. Buildings	.00	.00	
	d. Land	.00	.00	
	e. Other tangible assets (Attach schedule.)	.00	.00	
	f. Rent expense capitalized (multiply by eight)	.00	.00	
	g. Total property (Add lines 2a through 2f, for Columns 1 and 2.)	.00	.00	— . —
3. Payroll	a. Compensation of officers	.00	.00	
	b. Other salaries and wages	.00	.00	
	c. Total payroll (Add lines 3a and 3b, for Columns 1 and 2.)	.00	.00	— . —
4. Total of factors	(Add entries in Column 3.)			— . —
5. Maryland apportionment factor	Divide line 4 by seven for three-factor formula, or by the number of factors used if special apportionment formula required. (If factor is zero, enter .000001 on line 11 page 2.)			— . —

☐ Check here if special apportionment formula is used.



NAME ASSOCIATED JEWI FEIN 526024192

SCHEDULE B - ADDITIONAL INFORMATION REQUIRED (Attach a separate schedule if more space is necessary.)

1. Telephone number of corporation tax department: 4107274828
2. Address of principal place of business in Maryland (if other than indicated on page 1): _____
3. Brief description of operations in Maryland: _____
4. Has the Internal Revenue Service made adjustments (for a tax year in which a Maryland return was required) that were not previously reported to the Maryland Revenue Administration Division? ☐ Yes ☒ No
If "yes", indicate tax year(s) here: _____ and submit an amended return(s) together with a copy of the IRS adjustment report(s) under separate cover.
5. Did the corporation file employer withholding tax returns/forms with the Maryland Revenue Administration Division for the last calendar year? ☐ Yes ☒ No
6. Is this entity part of the federal consolidated filing? ☐ Yes ☒ No
If a multistate operation, provide the following:
7. Is this entity a multistate corporation that is a member of a unitary group? ☐ Yes ☒ No
8. Is this entity a multistate manufacturer with more than 25 employees? ☐ Yes ☒ No

SIGNATURE AND VERIFICATION

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. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

Check here ☒ if you authorize your preparer to discuss this return with us.

Officer's Signature

Date

MARK SMOLARZ, COO/CFO

Officer's Name and Title

KRISTINA HIMROD

Preparer's Signature

CLIFTONLARSONALLEN LLP
6406 IVY LANE SUITE 200

Preparer's name/or Firm's name, address and telephone number

GREENBELT MD 20770
3019312050

▶ P01544190
Preparer's PTIN (Required by law)

▶ _____
CODE NUMBERS (3 digits per line)

INCLUDE ALL REQUIRED PAGES OF FORM 500

Make checks payable to and mail to:

Comptroller Of Maryland
Revenue Administration Division
110 Carroll Street
Annapolis, Maryland 21411-0001
(Write Your FEIN On Check Using Blue Or Black Ink.)

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

OMB No. 1545-0047

2020

For calendar year 2020 or other tax year beginning JUL 1, 2020, and ending JUN 30, 2021.

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

Department of the Treasury
Internal Revenue ServiceA ☐ Check box if address changed.

B Exempt under section

☒ 501(c)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a) ☐ 529S
Print
or
TypeName of organization (☐ Check box if name changed and see instructions.)

ASSOCIATED JEWISH CHARITIES OF BALTIMORE

Number, street, and room or suite no. If a P.O. box, see instructions.

101 WEST MOUNT ROYAL AVENUE

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

BALTIMORE, MD 21201

D Employer identification number

52-6024192

E Group exemption number
(see instructions)F ☐ Check box if an amended return.

C Book value of all assets at end of year 458,062,005.

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ Applicable reinsurance entityH Check if filing only to ☐ Claim credit from Form 8941 ☐ Claim a refund shown on Form 2439I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ☐

J Enter the number of attached Schedules A (Form 990-T) 1

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation. ▶

L The books are in care of ▶ MARK SMOLARZ Telephone number ▶ 410-727-4828

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	-32,058.
2	Reserved	2	
3	Add lines 1 and 2	3	-32,058.
4	Charitable contributions (see instructions for limitation rules)	4	0.
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	-32,058.
6	Deduction for net operating loss. See instructions	6	0.
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	-32,058.
8	Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9	Trusts. Section 199A deduction. See instructions	9	
10	Total deductions. Add lines 8 and 9	10	1,000.
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3	Proxy tax. See instructions	3	
4	Other tax amounts. See instructions	4	
5	Alternative minimum tax (trusts only)	5	
6	Tax on noncompliant facility income. See instructions	6	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2020)

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
c	General business credit. Attach Form 3800 (see instructions)	1c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		0.
3	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		0.
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		0.
6a	Payments: A 2019 overpayment credited to 2020	6a		
b	2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	6g		
7	Total payments. Add lines 6a through 6g	7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
11	Enter the amount of line 10 you want: Credited to 2021 estimated tax Refunded	11		

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

	Yes	No
1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4a Did the organization change its method of accounting? (see instructions)		X
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer		Date	COO/CFO Title	
Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	KRISTINA HIMROD	KRISTINA HIMROD	04/18/22		P01544190
	Firm's name	CLIFTONLARSONALLEN LLP			Firm's EIN
	6406 IVY LANE, SUITE 200 GREENBELT, MD 20770				41-0746749
	Firm's address	Phone no.			301-931-2050

Form 990-T (2020)