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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2011

Open to Public Inspection

Form 990 (2011)

Department of the Treasury Internal Revenue Service Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements For the 2011 calendar year, or tax year beginning , 2011, and ending . 20 C Name of organization The Fund for Change, Inc. D Employer identification number Check if applicable Doing Business As Address change 31-1662222 Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number ■ Name change 101 W. Mount Royal Avenue Initial return 鹳 City or town, state or country, and ZIP + 4 Terminated Amended return Baltimore, MD 21201 G Gross receipts \$ 3.065,823 F Name and address of principal officer Application pending H(a) Is this a group return for affiliates? Yes No If "No," attach a list (see instructions) X 501(c)(3)) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 Tax-exempt status 501(c) (Website: ▶ H(c) Group exemption number ▶ Form of organization X Corporation Trust Association Other Year of formation 1999 M State of legal domicile MD Part I Summary Briefly describe the organization's mission or most significant activities: The Foundation was created to assist groups working in or with low and moderate income communities in their Activities & Governance efforts to redress such inequities and to build a society that is democratic, equalitarian and participatory. Check this box ► ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 5 5 $\overline{0}$ Total number of individuals employed in calendar year 2011 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 7b **Current Year** 0 2.005,614 Contributions and grants (Part VIII, line 1h). 6,009 9 Program service revenue (Part VIII, line 2g) 7,459 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 40.944 76,374 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 46,953 2,089,447 13 792,200 663,300 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 14 0 Benefits paid to or for members (Part IX, column (A), line 4) . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $\overline{0}$ ō 16a Professional fundraising fees (Part IX, column (A), line 11e) . Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 414-24e 17 28,275 21,873 Total expenses. Add lines 13-17 (must equal Partix column A) line 25) 18 691,575 814,073 19 Revenue less expenses. Subtract line 18 from line 12 (644,622)1,275,374 **Beginning of Current Year End of Year** JUL 3 🛭 2012 20 Total assets (Part X, line 16) 1.957.670 3,133,347 21 Total liabilities (Part X, line 26) . Net assets or fund balances. Subtract line 21 from line 20 22 1.957.670 3.133.347 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 prepa (other than officer) is based on all information of which preparer has any knowledge Sign Signature of office Here Marc B. Terrill Secretary Type or print name and title Print/Type preparer's name Preparer's signature Date Check | ıf Paid self-employed Preparer Firm's EIN ▶ Firm's name **Use Only** Firm's address ▶ Phone no May the IRS discuss this return with the preparer shown above? (see instructions) ∐ Yes [...] No

For Paperwork Reduction Act Notice, see the separate instructions.

3	(Code:	_) (Expenses \$	including grant	ts of \$) (Revenue \$)
		·····				
		••••••				
						*
			•••••			
		ervices (Describe in Schedule (
	(Expenses \$	including grants o	f \$) (Revenue \$)	
	Total program s	ervice expenses ▶	0		 	
						Form 990 (2

	0 (2011)		F	Page
Part	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1	X	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	X	
	candidates for public office? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II	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? If "Yes," complete Schedule C, Part III	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? If "Yes," complete Schedule D, Part I			X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	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; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV			37
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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.			14.
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a		14a		X
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	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? If "Yes," complete Schedule G, Part I (see instructions)	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? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20b

Part	Checklist of Required Schedules (continued)			uge
rait	Checklist of Required Scheddles (Continued)		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		X
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 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? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> 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	х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		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? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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> .			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note . All Form 990 filers are required to complete Schedule O	37	х	X

-Part	V Statements Pogarding Other IDS Filings and Tay Compliance			Page -
- Гагі 	Statements Regarding Other IRS Filings and Tax Compliance Check of Schedule O contains a response to any question in this Part V	<u>.</u>		
			Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	₹		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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," provide an explanation in Schedule O	3b		
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		
þ	If "Yes," enter the name of the foreign country: ►			
E	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			5. >
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		ļ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-
-	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Oa		
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	00		
а	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		X
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			À
е	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 and section 509(a)(3) supporting	2	*	* \$
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	` .	<u>~</u>	. <u> </u>
_	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		× # .;	·
a b	Did the organization make any taxable distributions under section 4966?	9a		
10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	લ	100
а	Initiation fees and capital contributions included on Part VIII, line 12		*	* .
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			ζ.
11	Section 501(c)(12) organizations. Enter:		,**	^ \
а	Gross income from members or shareholders		. 3	,
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)		. !	1 ***
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		A 1	£3 ε*.
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		* .	,
а	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			, 10
С	Enter the amount of reserves on hand		7.8	¥\$
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х,
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response to any question in this Part VI	See ins	for a	
Secti	ion A. Governing Body and Management			
			Yes	No
1a	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
ь 2	Enter the number of voting members included in line 1a, above, who are independent			
3	any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	2	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		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	1
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	
ь 9	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	oae.) Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	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	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		X
14 15	Did the organization have a written document retention and destruction policy?	14		X
а	The organization's CEO, Executive Director, or top management official	150		X
b	Other officers or key employees of the organization	15a 15b		X
	with a taxable entity during the year?	16a		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?	16b	,	
Section	on C. Disclosure	וטטו		ш
17 18	List the states with which a copy of this Form 990 is required to be filed ► None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c	:)(3)s	only)
19	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict o and financial statements available to the public during the tax year.			olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization. Marilyn Loux 101 West Mount Royal Avenue Baltimore, MD 21201 410-727-4828	of the		

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Check this box it neither the organization no	r any relate	d orga	anız			ompe	ensa	ated any currer	it officer, director	r, or trustee.
				(0	C)					
(A)	(B)	/4~ -	_4 _6		ition	- 46		(D)	(E)	(F)
Name and Title	Average					e than o		Reportable	Reportable	Estimated
	hours per week	per officer a			officer and a director/trustee)				compensation from	amount of
	(describe	Individual trustee or director	лs	Q.	₩.	en F	Former	from the	related organizations	other compensation
	hours for		E	Officer	en	ploy] ii	organization	(W-2/1099-MISC)	from the
	related organizations	학	<u> </u>		Key employee	8 8		(W-2/1099-MISC)		organization and related
	in Schedule	Tust	1	l	yee	l mg				organizations
	O)	8	Institutional trustee			Highest compensated employee				
			-		-	8	-			
(1) Betsy L. Krieger										
President	1 - 2	X		X			}	0	0	0
(2) David A. Kandel										
Vice President	1 - 2	X		X				0	0	0
(3) Marc B. Terrill										
Secretary	1 - 2	X		X			1	0	501,678	37,917
(4) Karen H. Kreisberg										
Asst Secretary & Asst Treasurer	1 - 2	X		X		l .		0	184,548	7,400
(5) Jean K. Kahn							П			
Director	1 - 2	X						0	0	0
(6) Marc A. Kahn										
Director	1 - 2	X						0	0	0
(7) Brent Flickinger										
Director	1 - 2	X						0	0	0
(8) Mary Jo Kirschman										
Director	1 - 2	X						0	0	0
(9) Howard B. Miller						1				
Director	1 - 2	X						0	0	0
(10)										
(11)										
(12)										
(13)										
(14)				_			-			
					l					

	VII Section A. Officers, Directors, Trus (A) Name and title	(B) Average hours per week (describe	(C) Position (do not check more than box, unless person is both officer and a director/trus				than o	one an	(D) Reportable compensation from the	(E) Reportable compensation froi related organizations	(F) Estimated	
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	mer	organization (W-2/1099-MISC)	(W-2/1099-MISC	from the organization and related organizations	
(15)						-						_
(16)								-				_
(17)									 			_
(18)							_					-
(19)			! 									_
(20)							_					_
(21)			<u> </u>									_
(22)												_
											<u> </u>	_
												_
(25)												_
1b	Sub-total	1				_			0	686,22	6 45,31	. 7
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio		•	•	•	-	▶	0			_
2	Total number of individuals (including but reportable compensation from the organi	not limited						_		<u> </u>		<u> </u>
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc						emp	oloyee, or high	est compensa	Yes No	, ,
4	For any individual listed on line 1a, is the organization and related organizations individual											N. S.
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or individ	<u> </u>	
Section	on B. Independent Contractors										······	_
1	Complete this table for your five highest of compensation from the organization. Repyear	compensat oort compe	ed ind nsatio	depe on fo	end or th	ent ne c	contra alend	acto ar y	ors that receive year ending wit	ed more than \$ h or within the	100,000 of organization's tax	
	(A) Name and business add	ress				•			(B) Description of s	ervices	(C) Compensation	_
								-				_ _ _
2	Total number of independent contractor							th	nose listed abo	ove) who		
	received more than \$100,000 of compens	sation from	the o	rgar	nıza	tion	<u> </u>				Form 990 (201	<u>-</u> 11)

Pan	УШ	Statement of Rev	venue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
र र	1a	Federated campaigns	s 1a			- 151555		012, 010, 01014
Contributions, Gifts, Grants and Other Similar Amounts	ь	•• • • • • •			4			
ວັ ຊ						ļ		
ts, Ar	C	Fundraising events .						
Gif	d	Related organizations						
ž, Ë	е	Government grants (cor						
ior	f	All other contributions, g	ufts, grants,					
돌		and similar amounts not in	cluded above 1f	2,005,614				
Ę ŏ	g	Noncash contributions include		2,005,614	1			
2 5	h	Total. Add lines 1a-1			2.005.614			
	- 11	Total. Add lines 1a-1			2,005,614	ļ		
Program Service Revenue	_	<u>.</u>		Business Code				
Š	2a	Investment in partne	ership interest	900000	7,459			7,459
ĕ	b				}			
5	С							
je l	d							
Ę	е				 			
퍨		All other program ser						
Ž.	' ~			L	7.150			L
	g	Total. Add lines 2a-2	<u> </u>	<u> </u>	7,459	4 *	* * * *	٠. ا
	3	Investment income						
		and other similar amo			51,320			
i	4	Income from investmen	t of tax-exempt be	ond proceeds ►				
	5		<u> </u>					
		•	(i) Real	(ii) Personal				> ; · · ·
	6a	Gross rents .		· · · · · · · · · · · · · · · · · · ·				` . *
	_				* * * * * * * * * * * * * * * * * * * *		* * * *	ž «
	b	Less: rental expenses			* .	* '		* .
	С	Rental income or (loss)		0	*	*	ş	
	d	Net rental income or	<u> </u>	<u> , . </u>	0			
	7a	Gross amount from sales of	(i) Securities	(ii) Other	* *	* * * * .	* *	* * '
		assets other than inventory	1,008,889		43	< *	*	8 4 3.
	b	Less cost or other basis	, <u> </u>			* ,	* . *	* * * .
		and sales expenses	983,835	ĺ		*	4 8 8 3	*
	С	Gain or (loss)	25,054		, ,	. *	9 9	*
	d	Net gain or (loss)		·	25.054	* ×	* C 2 4	
	u	rect gain of (loss)		· · · · · · · · · · · · · · · · · · ·	25,054			
e	0-	0			,			` ' *
	8a	Gross income from fu	ınaraısıng					
Š.		events (not including \$			*	>	` , , ,	* * * * * * * * * * * * * * * * * * * *
Other Rever		of contributions reporte	ed on line 1c).		*	9		* .
ē		See Part IV, line 18 .	· a		~			Ĭ.
둦	b	Less: direct expenses	s b			,	^	
۱	С	Net income or (loss) f		events . >	0			
l		Gross income from ga					*	1
}		See Part IV, line 19 .			,			٠
1			···a				` `	
l		Less. direct expenses						
- 1	С	Net income or (loss) f		vities >	0			
- 1	10a	Gross sales of in	-					, ,
- 1		returns and allowance	es a					,
!	b	Less cost of goods s	old b					
-	С	Net income or (loss) f		entory	0	·		
ļ		Miscellaneous R		Business Code	Ŭ			
ł	11a							
	_		•••••	· · · · · · · · · · · · · · · · · · ·				- -
	b	***************************************						
	C							
	ď	All other revenue .						
ļ	е	Total. Add lines 11a-			0			
,	12	Total revenue. See in	structions	▶ !	2,089,447			7,459

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) but are r	ot
required to complete columns (B), (C), and (D).		

	Check if Schedule O contains a response to any question in this Part IX								
	not include amounts reported on lines 6b, 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 governments and	700 000	700 000						
2	organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in	792,200	792,200						
-	the United States. See Part IV, line 22				,				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.			\$\ \$1					
4 5	Benefits paid to or for members								
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 8	Other salaries and wages								
9	Other employee benefits								
10	Payroll taxes								
11	Fees for services (non-employees):								
a	Management								
b	Legal			-					
c d	Accounting								
e	Professional fundraising services. See Part IV, line 17		** *	" (4 / \$* 4*s \$\$ #					
f	Investment management fees	13,426	- *	13,426					
g	Other			15,120					
12	Advertising and promotion								
13	Office expenses				· <u> </u>				
14	Information technology								
15	Royalties								
16 17	Occupancy								
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings .	197	-	197					
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization .								
23	Insurance			44 ** 4 5					
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If	1 2 2							
	line 24e amount exceeds 10% of line 25, column	ny manana Saranay							
	(A) amount, list line 24e expenses on Schedule O.)	* *			, ,				
а	Administrative expenses	8,250		8,250	, , , , , , , , , , , , , , , , , , ,				
b									
С									
d									
e	All other expenses	04 : 07 :							
25	Total functional expenses. Add lines 1 through 24e	814,073	792,200	21,873					
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)								

F	art X	Balance Sheet	· · · · · · · · · · · · · · · · · · ·		
	_		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	13,276	2	428,067
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			
Assets	_			6	
\ss	7	Notes and loans receivable, net		7	
•	8	Inventories for sale or use		8	
	9 10a	Prepaid expenses and deferred charges	·	9	
	IUa	Albandania Canadata Da 43.6 CO L. L.L. D.	× -	۰.	٠
	ь	Less accumulated depreciation	·	10c	
	11		1 022 205		2 (74 929
	12	Investments with a second of the second of t	1,923,285		2,674,828
	13	Investments—other securities. See Part IV, line 11	2,629 18,480		18,664
	14	Intangible assets	10,400	14	11,788
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,957,670	16	3,133,347
	17	Accounts payable and accrued expenses	2,501,3010	17	3,100,017
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	-
<u>ies</u>	22	Payables to current and former officers, directors, trustees, key	* * .	. :	₹ 1 † >
Ħ		employees, highest compensated employees, and disqualified persons.	* * * /	, 1	* * *
Liabilities		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24 25	Unsecured notes and loans payable to unrelated third parties		24	
	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		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow SFAS 117, check here ▶ □ and complete	* * *		*
Ses		lines 27 through 29, and lines 33 and 34.	* *		•
ano	27	Unrestricted net assets	1,957,670	27	3,133,347
Bal	28	Temporarily restricted net assets		28	
ם	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.	•		, **
ts	30	Capital stock or trust principal, or current funds	· · · · · · · · · · · · · · · · · · ·	30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
t A	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Š	33	Total net assets or fund balances	1,957,670	_33	3,133,347
	34	Total liabilities and net assets/fund balances	1,957,670	34	3,133,347

Par	XI Reconciliation of Net Assets		_		
	Check if Schedule O contains a response to any question in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,089	9,447
2	Total expenses (must equal Part IX, column (A), line 25)	2		814	4,073
3	Revenue less expenses. Subtract line 2 from line 1	3		1,27	5,374
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,95	7,670
5	Other changes in net assets or fund balances (explain in Schedule O)	5		(99	9,697
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		2 12	3,347
Part	XII Financial Statements and Reporting	0		3,13.	3,347
	Check if Schedule O contains a response to any question in this Part XII				. 🗆
				Yes	No
1	Accounting method used to prepare the Form 990 🔯 Cash 🗌 Accrual 🔲 Other			,	
	If the organization changed its method of accounting from a prior year or checked "Other," exp Schedule O	lain in		`	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over of the audit, review, or compilation of its financial statements and selection of an independent account	ersight stant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, exp Schedule O			`, `	# · »
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year issued on a separate basis, consolidated basis, or both:	r were	* . ~	* .	***
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			*	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for the Single Audit Act and OMB Circular A-133?	orth in	3a		X
b			3b		11
	, , , , , , , , , , , , , , , , , , , ,		1	. <u>99</u> 0	(2011)
			1 0111		(2011)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Employer identification number

The	Fund for Change							31-16622		
			rity Status (All orga						instruction	ns.
The			ation because it is (Fo						-, -	
1			hes, or association of			ed in sec	tion 170	(b)(1)(A)	(i).	
2			170(b)(1)(A)(ii). (Atta							
3			spital service organiz							
4	☐ A medical res hospital's nam	earch organizatione, city, and state	on operated in conjun e:		-					iii). Enter the
5	☐ An organization		the benefit of a colle							I unit described in
6 7	☐ An organization	on that normally	nment or government receives a substantia)(A)(vi). (Complete Pa	al part of					it or from	the general public
8			section 170(b)(1)(A		mplete Pa	art II.)				
9	☐ An organization	on that normally	receives: (1) more th	an 33¹/₃%	of its su	pport fro	m contrib	outions, r	nembersh	p fees, and gross
	support from	gross investme	d to its exempt functi- nt income and unrel fter June 30, 1975. Se	ated busi	iness tax	able inc	ome (les	s section	no more t n 511 tax)	han 33 1/3% of its from businesses
10	☐ An organization	on organized and	d operated exclusively	to test fo	or public s	safety. Se	e sectio	n 509(a)	(4).	
11	purposes of o	ne or more pub	nd operated exclusive	izations d	described	in section	n 509(a)	(1) or se	ection 509	(a)(2) See section
			describes the type of s							_
_	a ဩ Type			☐ Typ					d [
е	other than fou	nis box, ι сеπιτу	that the organization	is not cor	ntrolled di	rectly or	indirectly	by one	or more di	squalified persons
other than foundation managers and other than one or more publicly supported organizations described in section 509(a or section 509(a)(2)						i section 509(a)(1)				
f	f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting						e III supporting			
g	g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?									
	(i) A person	who directly or i	ndirectly controls, eith	ner alone	or togeth	ner with p	ersons o	lescribed	in (ii) and	
			ody of the supported of							11g(i) X
			on described in (ı) abo						•	11g(ii) X
h			a person described in on about the supporte							11g(iii) X
	Name of supported	(ii) EIN	(iii) Type of organization		rganization	(v) Did v	ou notify	(vi)	Is the	(vii) Amount of
.,	organization	(.,, =	(described on lines 1–9 above or IRC section (see instructions))	in col (i) lis	sted in your document?	the organ	nization in of your	organiza (i) organi	tion in collized in the	support
			(see instructions))	Yes	No	Yes	No	Yes	No	
(A) Th	e Associated Jewish	50 040=0==	_					1		<u> </u>
Co	mmunity Fed of Balto.	52-0607957	9	X		X		X		18,000
(B)										
(C)										
(D)										
(E)										
T-4-1		ŧ			. *			,		
Total		`		L	`` 4,			50 . 84		18,000

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

Schedule A (Form 990 or 990-EZ) 2011

	22, 2011					_	Page Z
Part		ations Desci	ribed in Sect	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)	(vi)
	(Complete only if you checked the	ne box on line	5, 7, or 8 of	Part I or if the	e organizatior	failed to qua	alify under
<u> </u>	Part III. If the organization fails to	o quality unde	er the tests lis	sted below, pl	ease comple	te Part III.)	
	ion A. Public Support			1			
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants")						
•	. <u>_</u>				<u></u>	-	
2	Tax revenues levied for the organization's benefit and either paid				1.	i	
	to or expended on its behalf						
3	The value of services or facilities		-			-	
•	furnished by a governmental unit to the			1			
	organization without charge					1	
4	Total. Add lines 1 through 3						
	-			 -		-	
5	The portion of total contributions by each person (other than a			,		\$	
	each person (other than a governmental unit or publicly		- %	* ,	* *	2	
	supported organization) included on						
	line 1 that exceeds 2% of the amount		^ *	* :		l`	
	shown on line 11, column (f)				* *	1 / § ` >	
6	Public support. Subtract line 5 from line 4.	, ,	* 8 .	× ,		* a a	
Secti	on B. Total Support	· · · · · · · · · · · · · · · · · · ·	L	1			
Caler	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4		,		1	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
8	Gross income from interest, dividends,		_				
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources			-		<u> </u>	
9	Net income from unrelated business		1				
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
11	Total support. Add lines 7 through 10	* *	_ ^ *	, <u>, , , , , , , , , , , , , , , , , , </u>	<u> </u>	****	<u> </u>
12	Gross receipts from related activities, etc.	•	•			12	
13	First five years. If the Form 990 is for the organization, check this box and stop he				-		
Socti	on C. Computation of Public Suppor		<u>· · · · · · · · · · · · · · · · · · · </u>	· · · · ·		· · · ·	
14	Public support percentage for 2011 (line 6			1 column (f)		14	 %
15	Public support percentage from 2010 Sch					15	
16a	331/3% support test—2011. If the organization	zation did not a	check the hov		 1 line 14 is 331		hock this
	box and stop here. The organization qua	lifies as a publ	icly supported	organization	2 11110 14 15 00	,5 70 Or more, c	. •
b	331/3% support test—2010. If the organ						
	check this box and stop here. The organ	ization qualifie	s as a publicly	supported org	anization .		
17a	10%-facts-and-circumstances test—20			• • • • •		or 16h and I	
	10% or more, and if the organization med	ets the "facts-a	ind-circumstan	ces" test, chec	k this box and	stop here. F	xnlain in
	Part IV how the organization meets the "fa	acts-and-circur	nstances" test	The organizat	tion qualifies a	s a publicly su	pported
	•			_			. ► 🗆
b	10%-facts-and-circumstances test—20						
_	15 is 10% or more, and if the organizat	ion meets the	"facts-and-cire	cumstances" te	est, check this	box and et	on here
	Explain in Part IV how the organization m	eets the "facts	-and-circumsta	ances" test. Th	e organization	qualifies as a	publicly
	supported organization						▶ □
18	Private foundation. If the organization did						ee
	instructions				•		▶ □

20

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support (a) 2007 (b) 2008 Calendar year (or fiscal year beginning in) (c) 2009 (d) 2010 (e) 2011 (f) Total 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 Total. Add lines 1 through 5. . Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b . . . Public support (Subtract line 7c from line 6) Section B. Total Support (b) 2008 (d) 2010 (f) Total (a) 2007 (c) 2009 (e) 2011 Calendar year (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV). Total support. (Add lines 9, 10c, 11, 13 and 12.) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 14 organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) 15 %

Public support percentage from 2010 Schedule A, Part III, line 15 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) . . . 17 % Investment income percentage from 2010 Schedule A, Part III, line 17 18 % 18

331/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 33 %, check this box and stop here. The organization qualifies as a publicly supported organization 331/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and

line 18 is not more than 331/2%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

 \Box

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Copen to Public

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Schedule D (Form 990) 2011

Maine U	the organization		Employer identification number
The F	und for Change, Inc.		31-1662222
Par	Organizations Maintaining Dono organization answered "Yes" to Fo	or Advised Funds or Other Similar Form 990, Part IV, line 6.	unds or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year) .		
3	Aggregate grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and	donor advisors in writing that the assets	s held in donor advised
	funds are the organization's property, subject	t to the organization's exclusive legal cor	ntrol?
6	Did the organization inform all grantees, dor	nors, and donor advisors in writing that g	rant funds can be used
	only for charitable purposes and not for the	benefit of the donor or donor advisor, o	r for any other purpose
	conferring impermissible private benefit?		
Par	I Conservation Easements. Comp	lete if the organization answered "Yes	s" to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held t		
	Preservation of land for public use (e.g.,	recreation or education) 🔲 Preservatior	of an historically important land area
	☐ Protection of natural habitat	Preservation	of a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organiza	tion held a qualified conservation contribu	ution in the form of a conservation
	easement on the last day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements .		. 2a'
b	Total acreage restricted by conservation eas		2b
C	Number of conservation easements on a cer		2c
d	Number of conservation easements includ		
	historic structure listed in the National Regis		
3	Number of conservation easements modified	f, transferred, released, extinguished, or t	erminated by the organization during the
	tax year ►		
4	Number of states where property subject to		
5	Does the organization have a written poli		<u> </u>
_	violations, and enforcement of the conservat		
6	Staff and volunteer hours devoted to monito	ring, inspecting, and enforcing conservati	on easements during the year
-	Amount of auropean in auroped in manifesting		and a second and a second and a second
7	Amount of expenses incurred in monitoring, ▶\$	inspecting, and enforcing conservation ea	asements during the year
8	Does each conservation easement reported	on line 2(d) shows satisfy the requirement	to of acction 170/b)/4//P)
0			
^			· · · · · · · · · · · · · · · · · · ·
9	In Part XIV, describe how the organization re balance sheet, and include, if applicable, the		
	organization's accounting for conservation e		illianciai statements that describes the
Part		ctions of Art, Historical Treasures,	or Other Similar Assets
ı uı		ered "Yes" to Form 990, Part IV, line	
	If the organization elected, as permitted und		
	works of art, historical treasures, or other		
	public service, provide, in Part XIV, the text of		
b	If the organization elected, as permitted ur	ider SFAS 116 (ASC 958), to report in i	ts revenue statement and balance sheet
-	works of art, historical treasures, or other		
	public service, provide the following amounts	s relating to these items:	
	(i) Revenues included in Form 990, Part VIII.	line 1	> \$
	(i) Revenues included in Form 990, Part VIII, (ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works	of art, historical treasures, or other sim-	ilar assets for financial gain, provide the
	following amounts required to be reported un		• • •
а	Revenues included in Form 990, Part VIII, line	e1	> \$
b	Assets included in Form 990, Part X		

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

Part	Organizations Maintaining	Collections of	Art, His	torical	Treasures, or O	ther Similar As	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply)	accession, and o		rds, che	ck any of the follo	wing that are a s	
а	☐ Public exhibition		ď	☐ Lo	an or exchange pr	ograms	
b	☐ Scholarly research ·		е	☐ Otl	her		
С	☐ Preservation for future generation						
4	Provide a description of the organiza	ation's collections	and expl	ain how t	they further the or	ganization's exer	mpt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather						
Part	IV Escrow and Custodial Arr line 9, or reported an amou	nt on Form 990,	Part X, I	ine 21. `			
1a	Is the organization an agent, trusted included on Form 990, Part X? .				or contributions o		
b	If "Yes," explain the arrangement in F	Part XIV and comp	lete the fo	ollowing	table:	A	mount
С	Beginning balance				10	C	
đ	Additions during the year				10	d	
e	Distributions during the year .				10	9	
f	Ending balance					f	
2a	Did the organization include an amou	ınt on Form 990, F	art X, line	21? .			Yes No
b	If "Yes," explain the arrangement in F	Part XIV.					
Par	V Endowment Funds. Comp	lete if the organi	zation ai	nswered	"Yes" to Form 9	990, Part IV, line	
		(a) Current year	(b) Pr	or year	(c) Two years back	(d) Three years bac	
1a	Beginning of year balance .						
b	Contributions						2 * * *
С	Net investment earnings, gains, and losses						
d	Grants or scholarships				1		
е	Other expenditures for facilities and programs						
f	Administrative expenses						650
g	End of year balance						
2	Provide the estimated percentage of	the current year er	nd balanc	e (line 1g	g, column (a)) held	as.	
а	Board designated or quasi-endowme	ent ▶	%	_			
b	Permanent endowment ▶	%					
С	Temporarily restricted endowment ▶	· %					
	The percentages in lines 2a, 2b, and		00%.				
3a	Are there endowment funds not in thorganization by:			zation tha	at are held and ad	ministered for the	Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations						3a(ii)
ь	If "Yes" to 3a(ii), are the related organ		required a	n Sched	ule R?		3b
4	Describe in Part XIV the intended use		•				
Part						··· <u>·</u>	
	Description of property	(a) Cost or o	ther basis	(b) Cost	or other basis (c)	Accumulated lepreciation	(d) Book value
	Land			<u> </u>	٤.٠.	W 4/40 /4/4	
b	Buildings	.		 		****	
C	Leasehold improvements	 					
d	Equipment	·		 		 	
u e	Other	·					
-	Add lines 1a through 1e. (Column (d)	must equal Form	990. Part	X. colum	nn (B), line 10(c))	>	
				,	··· \=/, ····• ·•(•/·/		

₌Parţ VII	Investments—Other Securities	. See Form 990, Part X,	line 12.	
(a)	Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year i	
(1) Financial	derivatives			
	eld equity interests			
(3) Other				
	Γ Bank-Consolidated Investments	18,664	End-of-year market value	-
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				, , , , , , , , , , , , , , , , , , ,
(H) (I)				
	n) must equal Form 990, Part X, col (B) line 12)	10 ((4 00		
Part VIII	Investments—Program Related	18,664.00	line 12	* *
	a) Description of investment type			
		(b) Book value	(c) Method of va Cost or end-of-year r	
	nent in Baltimore Fund, LLC	11,788	End-of-year market value	
(2)				
_(3)				·-
(4)				
(5)				
(6)				
(8)				
(9)				
(10)	-			 :-
	n) must equal Form 990, Part X, col (B) line 13)	11,788.00	* * * *	> 3 & a
Part IX	Other Assets. See Form 990, Pa	rt X, line 15.	, , , , , , , , , , , , , , , , , , ,	
) Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
_(6)				
_(7)				
_(8)	_			
(9)				
(10)	nn (b) must equal Form 990, Part X, co	ol (P) Ino 15 \		
Part X	Other Liabilities. See Form 990,		<u></u> ▶	
1.	(a) Description of liability	(b) Book value		**************************************
_	ncome taxes	(b) Book Value		,
(2)		·		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
	must equal Form 990, Part X, col (B) line 25)			

Part	XI Reconciliation of Change in Net Assets from Form 990 to A	udited Financial Statem	nents
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1
2	Total expenses (Form 990, Part IX, column (A), line 25)		2
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3
4	Net unrealized gains (losses) on investments		4
5	Donated services and use of facilities		5
6	Investment expenses		6
7	Prior period adjustments		7
8	Other (Describe in Part XIV.)		8
9	Total adjustments (net). Add lines 4 through 8		9
10	Excess or (deficit) for the year per audited financial statements Combine	lines 3 and 9	10
Part	XII Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue pe	r Return
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		jan m
а	Net unrealized gains on investments	2a	المسترات الم
b	Donated services and use of facilities	2b	
C	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		43.
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
C	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5
Part			
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
C	Other losses		
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
C	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	5
Part			D + 10 1 10 10 10 10 10 10 10 10 10 10 10 1
	ete this part to provide the descriptions required for Part II, lines 3, 5, and		
	line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, ditional information.	lines zu anu 40. Also con	inplete this part to provide
uny ac	distriction.		
			
•			

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

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

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

► Attach to Form 990.

20

OMB No 1545-0047

Open to Public Inspection

°N □ (h) Purpose of grant Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II Employer identification number or assistance □ Yes Complete if the organization answered "Yes" Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 31-1662222 . (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Governments and Organizations in the United States. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance (d) Amount of cash grant (c) IRC section if applicable General Information on Grants and Assistance the selection criteria used to award the grants or assistance? can be duplicated if additional space is needed (p) EIN 1 (a) Name and address of organization The Fund for Change, Inc. or government (1) Attachment #1 Name of the organization Part Part II

(2)

(3)

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3

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8

(6)

Schedule I (Form 990) (2011)

40

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Enter total number of other organizations listed in the line 1 table

5

(12)

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

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2011)
Part III Grants an

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
9					
Part IV Supplemental Information. Complete this part		vide the information	required in Part I, li	to provide the information required in Part I, line 2, and any other additional information.	ional information.
Grant requests are reviewed for consistency with the mission and purposes of the Foundation and the Supported Organization and to determine	he mission and pu	rposes of the Found	dation and the Suppo	orted Organization and to	determine
that the making of a grant to the grantee organization will not violate any applicable law or Internal Revenue regulation.	on will not violat	e any applicable law	or Internal Revenue	regulation.	
The Foundation will request and receive periodic reports from the grantee giving updates as to how the grant money was utilized.	eports from the g	rantee giving update	s as to how the gran	t money was utilized.	
The Foundation Board will use this information when considering future grant requests from the grantee.	hen considering f	uture grant requests	from the grantee.		

Schedule I (Form 990) (2011)

SCHEDULE J (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

20**11**

Open to Public Inspection

31-1662222

Name of the organization The Fund for Change, Inc.

Department of the Treasury

Internal Revenue Service

Employer identification number

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 in Form 990. Part VII. Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes 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 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III ☐ Compensation committee ☐ Written employment contract į ☐ Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? 4a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 1 Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? . . X **b** Any related organization? $\overline{\mathrm{X}}$ 5b If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? 6a Any related organization? If "Yes" to line 6a or 6b, describe in Part III 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 X Were any amounts reported in 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 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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

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

Note. The sum of columns (B)(t)-(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

		(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	יון אין פפייפון על ייייפ	ימ, מאוויסטום מסוחוו	II (U) AIIU (E) AIIIUUIII	s ior triat irioividual
(A) Name		(l) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(3)							
1 Marc B. Terrill	(E)	416,259	75,000	10,419	9,800	29,714	541,192.00	
2 Karen H Kreichera	€€	184 548			7 400	11 002		
Trainin II. Irresocia	€ (0+0,401			0,400	11,0%1		
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	(i)							
10	€			4 4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5				
	ε							
11	€						2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	€							
12	€							
13	€							
	€							
14	(E)		_					
	<u> </u>							
15	€							
	€				:			
16	€							

Schedule J (Form 990) 2011

Somplete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5 a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. The Directors of The Fund for Change, Inc. receive no compensation for their services. However two of the
Directors are employed by the supported entity, The Associated: Jewish Community Federation of Baltimore, Inc. (The Associated).
All of the compensation and benefits listed are paid by The Associated, none of 1t is attributed to the service as a Director
nd/or Officer of the Foundation.
Schedule 1 (Form 990) 2011

SCHEDULE M (Form 990)

Noncash Contributions

· OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ➤ Attach to Form 990.

The Bancroft Foundation, Inc.

Employer identification number

	Bancroft Foundation, Inc.			31-16443	87		
Part							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) of determinin ntribution am	
1	ArtWorks of art						
2	Art—Historical treasures						
3	Art—Fractional interests						
4	Books and publications		1 (£ 8 × 1)				
5	Clothing and household		જ કરેક્ટ્રેન્ટ				
	goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities—Publicly traded	X	1 contribution	2.005.614	FMV at co	ontribution	date
10	Securities—Closely held stock .				11111 4000		
11	Securities—Partnership, LLC,						
	or trust interests	-					
12	Securities—Miscellaneous						
13	Qualified conservation	-					
	contribution—Historic						
	structures						
14	Qualified conservation	<u> </u>					
• •	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						
	which the organization completed	Form 8283	Part IV, Donee Acknowled	gement	29		
						Yes	No
30a	During the year, did the organizat	ion receive	by contribution any proper	ty reported in Part I, lines	1-28 that		1 1
	it must hold for at least three yea	rs from the	date of the initial contribut	ion, and which is not requ	ired to be		
	used for exempt purposes for the		ng period?			30a	X
b	If "Yes," describe the arrangement					1	, ,
31	Does the organization have a	gift accept	lance policy that requires	the review of any non	-standard		
	contributions?					31 X	
32a	Does the organization hire or use	third parti	es or related organizations	to solicit, process, or sel	l noncash		\vdash
	contributions?					32a	X
b	If "Yes," describe in Part II.					1,45	
33	If the organization did not report an	amount in	column (c) for a type of prop	perty for which column (a) is	checked,	SOL	

describe in Part II.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization	Employer identification number						
The Fund for Change, Inc.	31-1662222						
Form 990 Part VI, Section A,							
Line 2 - There are family relationships among the Donor Members and Directors. Betsy L. Krieger, David A. Kandel,							
Jean K. Kahn and Marc A. Kahn have a family relationship.							
Line 6 - The organization has two members, a Public Member- The Associated: Jewish Community Federation of							
Baltimore, Inc. and Donor Members consisting of Betsy L. Krieger and David A. Kandel.							
Line 7a - The members appoint the Board of Directors. The Public Member appoints the majority and the							
Donor Members appoint the remainder.							
Line 7b - Amendments to the Bylaws must be ratified by the Member before they are ac	lopted.						
Line 11a - The Form 990 and supporting schedules are distributed to the officers and directors upon							
completion for review prior to filing.							
Form 990 Part VI, Section B,							
Line 12c - The supported organization monitors and enforces compliance of the conflict of interest policy							
by regularly reviewing the Board of Directors, its actions and the investment of assets to ensure that it complies							
with the conflict of interest policy.							
Line 19 - The organization makes its governing documents, conflict of interest policy an	d financial statements						
available to the public upon request.							
Form 990 Part XI,							
Line 5 - Other changes in net assets or fund balance is comprised of net unrealized gains	s/losses.						
	•••••						
<u></u>	······						

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

The Fund for Change, Inc.

Part

Partnerships	
and Unrelated	
Organizations a	
Related	

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ See separate instructions. ► Attach to Form 990.

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

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OMB No 1545-0047

Employer identification number Inspection

31-1662222

(f)
Direct controlling
entity (e) End-of-year assets (d) Total income (c) Legal domicile (state or foreign country) (b) Pnmary activity (a)Name, address, and EIN of disregarded entity (1) 2 **a** (2) 9 9

Part II	Part II Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations duri	ations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had uring the tax year.)	ne organization an	swered "Yes" to F	orm 990, Part IV,	line 34 because	e it had
	(a) Name, address, and EIN of related organization	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	(c) (d) (e) Legal domicile (state Exempt Code section Public charity status or foreign country) (if section 501(c)(3))	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled

Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public chanty status (if section 501(c)(3))	Direct controlling entity	Section (3) (13) controlled entity?	(b)(13) ed ?
						Yes	N _o
(1) The Associated: Jewish Community Federation of Baltimore, Inc. 101 W. Mt. Royal Avenue Baltimore, MD 21201	c. Fundraising	MD	501(C)(3)	6	N/A		×
(2)							
(3)							
(4)							
(5)							
(9)							

Schedule R (Form 990) 2011

8

Part III Identifica	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)	tions Ta organizat	xable as a Part ions treated as	nership (Complet a partnership duri	e if the org	anization an rear.)	swered	'Yes"	to Form 990,	Part IV, II	ne 34	.
(a) Name, address, and EIN of related organization	(b) Pnmary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) (h) Share of end-of- Dispropolunate year assets allocations?	Of- Dispropo	ntonate ons?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1085)	General or managing partner?		(k) Percentage ownership
(1) N/A							≺es	2		Yes	02	
(2)											-	
(3)											-	
(4)												
(5)												
(9)												
(2)											-	
Part IV Identifica	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	tions Tay elated or	cable as a Corp ganizations trea	ocration or Trust	(Complete on or trust	if the organ	zation a	nswer	ed "Yes" to F	orm 990,	Part I	, ,
Name, address,	(a) Name, address, and EIN of related organization		(b) Pnmary activity	y Legal domicile (state or foreign country)		(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	ntity corp, t)	(f) Share of total income	(g) Share of end-of-year assets		(h) Percentage ownership
(1) N/A												
(2)												
(3)												
(4)												
(5)												
(9)												
(7)												
									S	Schedule R (Form 990) 2011	Form 9	190) 2011

(Form 990) 2011	Transactions With Related Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)
Schedule R (Form 990) 2	Part V Transa

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes	۱.
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?	organizations listed	n Parts II–IV?		
			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	ا
d Loans or loan guarantees to or for related organization(s)				١. ـ
e Loans or loan guarantees by related organization(s)				١,
	·		1e	
f Sale of assets to related organization(s)			. 1f X	
g Purchase of assets from related organization(s)			1a X	١.,
i lease of facilities equinment or other assets to related organization(s)				1.
			TI	
j Lease of facilities, equipment, or other assets from related organization(s)			1j	
k Performance of services or membership or fundraising solicitations for related organization(s)			‡	ا. ا
l Performance of services or membership or fundraising solicitations by related organization(s)			=	ال
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			T.	ĺ.,
n Sharing of paid employees with related organization(s)			1n X	1
o Reimbursement paid to related organization(s) for expenses			. 10 X	١
p Reimbursement paid by related organization(s) for expenses			Tp X	ا. ا
q Other transfer of cash or property to related organization(s)			1q ×	1
Other transfer of cash or property from related organization(s)			. 1r X	\Box
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.	e, including covered r	elationships and trans	saction thresholds.	- [
(a) Name of other organization	(b) Transaction	(c) Amount involved	(d) Method of determining	
	type (a-r)		amount involved	
(1) The Associated: Jewish Community Federation of Baltimore, Inc.	1b & 1n	12,344	FMV	1
(2)				
(3)			•	
(4)				1
(5)				1
(9)				l
		Sche	Schedule R (Form 990) 2011	1=

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

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.

(a) (b) (c) (d) (e) (e) (f) (e) (d)	(q)	(5)	(p)	(e)	(a)		ε		 	(4)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related,	Are all partners section	Share of total income	┕	Disproportionate allocations?	amount in box 20	Ger	Per o
		country)	from tax under	organizations?		assets		(Form 1065)		
				Yes No			Yes No	T _a	Yes No	
(1)										
(2)										
(6)										
(4)										
(5)										
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The Fund for Change, Inc. **December 31, 2011** TIN - 31-1662222

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Organization	Address	Purpose	Amount	org EIN
1000 Friends of Maryland, Inc.	1209 North Calvert Street Baltimore, MD 21202	Operating Support	\$ 5,000	52-1864759
Advocates for Children and Youth	8 Market Place #500 Baltimore, MD 21202	Operating Support	25,000	52-1555895
Alternative Directions	2505 North Charles Street Baltimore, MD 21218	Operating Support	12,000	52-1578685
American Civil Liberties Union Fdn. of Maryland, Inc.	3600 Clipper Mill Road Baltimore, MD 21211	Operating Support	20,000	23-7209538
American Friends Service Committee PA	1501 Cherry Street Philadelphia, PA 19102	Operating Support	15,000	52-1555895
Association of Baltimore Area Grantmakers	2 E. Read Street Baltimore, MD 21202	Operating Support	3,700	52-1326863
Baltimore Algebra Project	1523 Lakeside Avenue Baltimore, MD 21218	Operating Support	20,000	52-1948745
Baltimore Child Abuse Center, Inc.	2300 North Charles Street Baltimore, MD 21218	Operating Support	25,000	52-1681279
Baltimore Green Space, A Land Trust, Inc.	800 Wyman Park Drive Baltimore, MD 21211	Operating Support	7,500	26-0530374
Baltımore Urban League	512 Orchard Street Baltimore, MD 21201	Operating Support	25,000	52-0591585
Baltimoreans Uninte in Leadership Development	2439 Maryland Avenue Baltimore, MD 21218	Operating Support	25,000	52-1120778
Beyond Pesticides	701 E. Street SE, #200 Washington, DC 20003	Operating Support	22,500	52-1360541
CASA of Maryland, Inc.	310 Tulip Avenue Takoma Park, MD 20912	Operating Support	25,000	52-1372972
Chesapeake Climate Action Network, Inc.	P.O. Box 11138 Takoma Park, MD 20912	Operating Support	10,000	11-3644283
Community Foundation of Carroll County, Inc.	10 Distillery Drive Westminster MD 21157	Operating Support	18,000	52-1865244
Community Law Center	3355 Keswick Road, #200 Baltimore, MD 21211	Operating Support	25,000	52-1320934
Envioronment Maryland Research & Policy Center	31210 St. Paul Street #26 Baltimore MD 21218	Operating Support	20,000	20-4690070
Fusion Partnerships	1601 Guilford Ave. 2 South Baltimore, MD 21202	Operating Support	30,000	52-2148413
Homeless Persons Representation Project, Inc.	1800 N. Charles St. #206 Baltimore, MD 21201	Operating Support	20,000	52-1697260
House of Ruth	2201 Argonne Drive Baltimore, MD 21218	Operating Support	25,000	52-1100236
Job Opportunities Task Force, Inc.	207 E. Redwood Street #1000 Baltimore, MD 21202	Operating Support	55,000	52-2278450
Legal Aid Bureau	500 East Lexington Street Baltimore, MD 21202	Operating Support	25,000	52-1591621
Maryland Association of Nonprofit Organizations	190 W. Ostend Street #201 Baltimore, MD 21230	Operating Support	18,000	52-1749231
MD Citizens Health Initiative Education Fund, Inc.	2600 St. Paul Street Baltimore, MD 21218	Operating Support	10,000	52-2173223
Maryland Consumer Rights Coalition, Inc.	P.O. Box 1832 Baltimore, MD 21203	Operating Support	15,000	52-2266235
Maryland Family Network	1001 Eastern Avenue Baltimore, MD 21202	Operating Support	20,000	52-1486702
Maryland Foster Youth Resource Center	2530 N. Charles Street, #304 Baltımore, MD 21218	Operating Support	14,500	26-3362986
Maryland Public Interest Research Foundation, Inc.	3121 St. Paul Street Baltimore, MD 21218	Operating Support	20,000	52-0591684
Mental Health Association of Maryland, Inc.	711 W. 40th Street #460 Baltimore, MD 21211	Operating Support	20,000	52-0591666

201 E. Baltimore Street, #1340 Baltimore, MD 21202 101 W. Mt. Royal Avenue Baltimore, MD 21201 300 Cathedral Street #204 Baltimore MD 21201 1521 S. Edgewood Street Baltimore, MD 21227 1 N. Charles Street #200 Baltimore, MD 21201 515 W. Lombard Street Batimore, MD 21201 520 W. Fayette Street Baltimore, MD 21201 28 E. Ostend Street Baltimore, MD 21230 341 G Street NW, Washington DC 20036 2 East Read Street Baltimore, MD 21202 PO Box 8200 Brooklandville, MD 21022 National Council on Alcoholism and Drug Dependence-MD Mental Health Policy Institute for Leadership & Training The Associated: Jewish Community Fed. of Balto. University of Maryland Baltimore Foundation Pro Bono Resource Center of Maryland, Inc. On Our Own of Maryland, Inc.

Public Justice Center

Chapter

Safe and Sound

United Workers Association

The Park School

USAction Education Fund

\$ 792,200

TINOUIN .	port \$ 5,000 52-1864759 port 25,000 52-1555895	12,000		3,700	20,000	25,000	7,500 26	25,000	25,000	22,500	75,000	000,01	23,000	30,000	20,000	25,000	25,000	25,000	18,000	15,000	20,000	14,500	20,000 5	oort 20,000 52-0591666	oor 25,000 41-2114016	oor 12,000 52-1591416	oort 25,000 52-1812414		15,000	12,000	15,000	30,000 52-	25,000 31	1007 700 01 000 10
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The Fund For Change, Inc. 31-1662222 IRS Form 990 – Part IV, Line 58 12-31-11

SUMMARY OF PROGRAM-RELATED INVESTMENTS

The Baltimore Fund LLC:

The Baltimore Fund LLC (the "Fund") is a partnership organized in Maryland on June 26, 2002 to raise \$15 million in contributions, primarily from charitable organizations. According to the partnership documents, the Fund will invest substantially all of its funds in TRF Urban Growth Partners, L.P. ("UGP"), a community development fund. The purpose of UGP is to invest in urban-based growth companies to produce economic development benefits including increasing the supply and quality of employment, the formation rate of urban businesses, affordable housing, technical and capital assistance, and the availability of commercial properties. UGP invests only in Pennsylvania, New Jersey, Delaware and the Baltimore/Washington areas.

The purposes of the Fund are to direct "investment dollars into businesses in Baltimore, Maryland and the five surrounding counties forming the Baltimore metropolitan area to enable these businesses to provide high-quality job opportunities and employment training to low and moderate income residents of Baltimore. The Operating Agreement further states that the purposes of the Fund shall be "(i) to purchase, hold and exercise the rights of ownership with respect to an investment in the UGP Fund, in whole or in part as a PRI [Program Related Investment] within the meaning of Code Section 4944(c) ... (ii) to conduct any business that may be lawfully conducted by a limited liability company ... and (iii) to do anything necessary or incidental to the foregoing." UGP has agreed to make investments in companies located in the Baltimore area equal to the Fund's investment in UGP.