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**AMENDED**

Form **990**

# Return of Organization Exempt From Income Tax

OMB No 1545-0047

**2011**

**Open to Public Inspection**

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

<b>A</b> For the <u>2011</u> calendar year, or tax year beginning <u>July 1</u> , 2011, and ending <u>June 30</u> , 2012	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization Doing Business As <u>Zanyvl &amp; Isabelle Krieger Fund, Inc.</u> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>101 West Mount Royal Avenue</u> City or town, state or country, and ZIP + 4 <u>Baltimore, Maryland 21201-5708</u> <b>F</b> Name and address of principal officer
<b>D</b> Employer identification number <u>52-1126684</u>	
<b>E</b> Telephone number <u>410-727-4828</u>	
<b>G</b> Gross receipts \$ <u>1,809,387</u>	
<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 <b>J</b> Website: ▶ <b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ <b>L</b> Year of formation <u>1978</u> <b>M</b> State of legal domicile <u>MD</u>	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>The Foundation was created to carry out the charitable, educational and religious purposes of The Associated Jewish Community Federation of Baltimore, Inc. (The Associated). The Foundation makes grants to public charitable organizations in furtherance of the mission of The Associated.</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	11
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	6
	<b>5</b>	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>	0
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	(2,553)
<b>b</b>	Net unrelated business taxable income from Form 990-B, line 24	<b>7b</b>		
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	136,000	1,000,000
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, 5, 6d, 8c, 9c, 10c, and 11e)	870,949	715,092
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	486,983	94,295
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,493,932	1,809,387
	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,949,166	3,434,895
<b>Expenses</b>	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	310,661	329,927
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)		0
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	292,303	205,638
	<b>18</b>	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,552,130	3,970,460
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	(2,058,198)	(2,161,073)	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	39,065,925	35,409,163
	<b>22</b>	Net assets or fund balances Subtract line 21 from line 20	331,652	334,820
			38,734,273	35,074,343

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <u>[Signature]</u> Date <u>5/4/14</u>				
	Secretary <u>Marc B. Terrell</u> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	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.

Form **990** (2011)

ENVELOPE MAY 0 4 2015  
 POSTMARK DATE APR 0 4 2015  
 SCANNED MAY 28 2015 POSTMARK DATE

2916

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission:

The Foundation was created to carry out the charitable, educational and religious purposes of The Associated: Jewish Community Federation of Baltimore, Inc. (The Associated). The Foundation makes grants to public charitable organizations in furtherance of the mission of The Associated.

**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 and section 4947(a)(1) trusts 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 \$ 3,524,808 including grants of \$ 3,434,895 ) (Revenue \$ \_\_\_\_\_ )

Grant making to benefit educational, religious, humanitarian, health, cultural and social service needs.

**4b** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_ ) (Revenue \$ \_\_\_\_\_ )**4c** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_ ) (Revenue \$ \_\_\_\_\_ )**4d** Other program services (Describe in Schedule O )  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_ ) (Revenue \$ \_\_\_\_\_ )**4e** Total program service expenses ► 3,524,808

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<b>1</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	<b>3</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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 . . . . .	<b>4</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b> 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 . . . . .	<b>5</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> 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 . . . . .	<b>6</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> 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 . . . . .	<b>7</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<b>8</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> 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 . . . . .	<b>9</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> 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 . . . . .	<b>10</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	<b>11a</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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 . . . . .	<b>11b</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> 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 . . . . .	<b>11c</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> 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 . . . . .	<b>11d</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<b>11e</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b> 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 . . . . .	<b>11f</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .	<b>12a</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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 . . . . .	<b>12b</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>13</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .	<b>14b</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15</b> 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 . . . . .	<b>15</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>16</b> 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 . . . . .	<b>16</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> 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) . . . . .	<b>17</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>18</b> 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 . . . . .	<b>18</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>19</b> 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 . . . . .	<b>19</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	<b>20a</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b> <input type="checkbox"/>	<input type="checkbox"/>

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>21</b> X	
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i>	<b>22</b>	X
<b>23</b> 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>	<b>23</b> X	
<b>24a</b> 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 25</i>	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<b>24b</b>	X
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<b>24c</b>	X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<b>24d</b>	X
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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>	<b>25a</b>	X
<b>b</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>	<b>25b</b>	X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i>	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	<b>27</b>	X
<b>28</b> 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)	<b>28</b>	
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28a</b>	X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28b</b>	X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	<b>31</b>	X
<b>32</b> 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>	<b>32</b>	X
<b>33</b> 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>	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	<b>34</b> X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	X
<b>b</b> 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>	<b>35b</b>	X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<b>36</b>	X
<b>37</b> 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>	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	<b>38</b> X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	<b>1a</b>	4
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	
<b>2a</b>	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.	<b>2a</b>	0
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions).	<b>2b</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	<b>3b</b>	
<b>4a</b>	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)?	<b>4a</b>	X
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	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?	<b>6a</b>	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?	<b>7a</b>	X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders.	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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.	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand.	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	<b>14b</b>	

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	<b>1a</b> 11		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent.	<b>1b</b> 6		
<b>2</b> 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?	<b>2</b>	X	
<b>3</b> 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?	<b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		X
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	X	
<b>7a</b> 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?	<b>7a</b>	X	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	X	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	X	
<b>9</b> 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.	<b>9</b>		X

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

		Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>		X
<b>b</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?	<b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13.	<b>12a</b>	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	<b>12c</b>	X	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	X	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	X	
<b>15</b> 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?			
<b>a</b> The organization's CEO, Executive Director, or top management official.	<b>15a</b>		X
<b>b</b> Other officers or key employees of the organization.	<b>15b</b>		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>		X
<b>b</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?	<b>16b</b>		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► Maryland

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request

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

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Marilyn Loux 101 West Mount Royal Avenue Baltimore, MD 21201 410-727-4828

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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) Karen H. Kreisberg Executive Director	37.5				X			0	184,548	37,548
(2) Howard B. Miller President	1 - 2	X		X				0	0	0
(3) Jean K. Kahn Vice President	1 - 2	X		X				0	0	0
(4) Betsy L. Kriger Vice President	1 - 2	X		X				0	0	0
(5) Marc B. Terrill Treasurer	1 - 2	X		X				0	501,678	37,917
(6) Marc A. Kahn Secretary	1 - 2	X						0	0	0
(7) David A. Kandel Director	1 - 2	X						0	0	0
(8) Howard K. Cohen Director	1 - 2	X						0	0	0
(9) Judge Stuart R. Berger Director	1 - 2	X						0	0	0
(10) Benjamin Greenwald Director	1 - 2	X						0	0	0
(11) Barbara Himmelrich Director	1 - 2	X						0	0	0
(12) Rabbi Steven Schwartz Director	1 - 2	X						0	0	0
(13)										
(14)										



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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(15) .....										
(16) .....										
(17) .....										
(18) .....										
(19) .....										
(20) .....										
(21) .....										
(22) .....										
(23) .....										
(24) .....										
(25) .....										
<b>1b Sub-total</b> .....								0	686,226	75,465
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....								0	686,226	75,465

**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, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* . . . . .
- 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* . . . . .

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
None		

- 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 **0**

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns	<b>1a</b>				
	<b>b</b>	Membership dues	<b>1b</b>				
	<b>c</b>	Fundraising events	<b>1c</b>				
	<b>d</b>	Related organizations	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,000,000			
	<b>g</b>	Noncash contributions included in lines 1a-1f \$					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		1,000,000			
<b>Program Service Revenue</b>				<b>Business Code</b>			
	<b>2a</b>						
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f		0			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)			155,324	(2,553)	157,877
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties					
		(i) Real	(ii) Personal				
	<b>6a</b>	Gross rents					
	<b>b</b>	Less: rental expenses					
	<b>c</b>	Rental income or (loss)		0	0		
	<b>d</b>	Net rental income or (loss)			0		
	<b>7a</b>	(i) Securities	(ii) Other				
		559,768					
	<b>b</b>	Less: cost or other basis and sales expenses					
	<b>c</b>	Gain or (loss)		559,768	0		
	<b>d</b>	Net gain or (loss)			559,768		
	<b>8a</b>	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18					
	<b>a</b>						
	<b>b</b>	Less: direct expenses					
	<b>c</b>	Net income or (loss) from fundraising events			0		
	<b>9a</b>	Gross income from gaming activities See Part IV, line 19					
	<b>a</b>						
	<b>b</b>	Less: direct expenses					
<b>c</b>	Net income or (loss) from gaming activities			0			
<b>10a</b>	Gross sales of inventory, less returns and allowances						
<b>a</b>							
<b>b</b>	Less: cost of goods sold						
<b>c</b>	Net income or (loss) from sales of inventory			0			
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11a</b>	Pass through inc. from invest in lmt partnership		900099	94,295		94,295	
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue						
<b>e</b>	<b>Total.</b> Add lines 11a-11d			94,295			
<b>12</b>	<b>Total revenue.</b> See instructions			1,809,387	(2,553)	252,172	

**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 not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX ☐

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	3,434,895	3,434,895		
<b>2</b>	Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b>	Benefits paid to or for members				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees	190,000	30,000	150,000	
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b>	Other salaries and wages	62,596		62,596	
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	30,000		30,000	
<b>9</b>	Other employee benefits	32,291		32,291	
<b>10</b>	Payroll taxes	15,040		15,040	
<b>11</b>	Fees for services (non-employees):				
<b>a</b>	Management				
<b>b</b>	Legal				
<b>c</b>	Accounting				
<b>d</b>	Lobbying				
<b>e</b>	Professional fundraising services. See Part IV, line 17				
<b>f</b>	Investment management fees	125,339		125,339	
<b>g</b>	Other	57,089	52,428	4,661	
<b>12</b>	Advertising and promotion				
<b>13</b>	Office expenses	5,246		5,246	
<b>14</b>	Information technology				
<b>15</b>	Royalties				
<b>16</b>	Occupancy				
<b>17</b>	Travel	1,209		1,209	
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b>	Conferences, conventions, and meetings	13,768	7,485	6,283	
<b>20</b>	Interest				
<b>21</b>	Payments to affiliates				
<b>22</b>	Depreciation, depletion, and amortization				
<b>23</b>	Insurance				
<b>24</b>	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>	All other expenses. Miscellaneous	2,987		2,987	
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	3,970,460	3,524,808	435,652	
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing	56,764	<b>1</b>	86,275
	<b>2</b> Savings and temporary cash investments	50,427	<b>2</b>	295,820
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net	50,000	<b>4</b>	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		<b>5</b>	
	<b>6</b> 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)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.			
	<b>10b</b> Less: accumulated depreciation		<b>10c</b>	0
	<b>11</b> Investments—publicly traded securities	4,267,493	<b>11</b>	3,778,484
	<b>12</b> Investments—other securities. See Part IV, line 11.	34,238,963	<b>12</b>	30,901,317
	<b>13</b> Investments—program-related. See Part IV, line 11.	73,924	<b>13</b>	19,882
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11.	328,354	<b>15</b>	327,385
	<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34).	39,065,925	<b>16</b>	35,409,163
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	47,870	<b>17</b>	29,335
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D.		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.	283,782	<b>25</b>	305,485
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25.	331,652	<b>26</b>	334,820
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	38,734,273	<b>27</b>	35,074,343
	<b>28</b> Temporarily restricted net assets		<b>28</b>	
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b>	38,734,273	<b>33</b>	35,074,343
	<b>34</b> <b>Total liabilities and net assets/fund balances</b>	39,065,925	<b>34</b>	35,409,163

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI



<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,809,387
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	3,970,460
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	(2,161,073)
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	38,734,273
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	(1,498,857)
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	35,074,343

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII



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

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

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Name of the organization

Zanyvl & Isabelle Krieger Fund, Inc.

Employer identification number

52-1126684

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☒ Type I      b ☐ Type II      c ☐ Type III—Functionally integrated      d ☐ Type III—Other
- e ☒ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- 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 indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .
- (ii) A family member of a person described in (i) above? . . . . .
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A) The Associated Jewish Community Fed of Balto	52-0607957	9	X		X		X		573,667
(B)									
(C)									
(D)									
(E)									
Total									573,667

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

Schedule A (Form 990 or 990-EZ) 2011

**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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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).						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV).						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> ► <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a 33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 33 1/3% support test—2010.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2011.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2010.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5.						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)						
<b>14 First five years.</b> 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 <b>stop here</b> ► <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 $\frac{1}{3}$ % support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 $\frac{1}{3}$ %, and line 17 is not more than 33 $\frac{1}{3}$ %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- b 33 $\frac{1}{3}$ % support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 $\frac{1}{3}$ %, and line 18 is not more than 33 $\frac{1}{3}$ %, 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 ► ☐



**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

Zanvyl & Isabelle Kneger Fund, Inc.

Employer identification number

52-1126684

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate 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 held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input 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 type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

	Held at the End of the 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 8/17/06, and not on a historic structure listed in the National Register . . . . .	2d

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

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

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

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

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$

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

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

a Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$

b Assets included in Form 990, Part X . . . . . ► \$

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

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

**a** ☐ Public exhibition

**d** ☐ Loan or exchange programs

**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 XIV

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

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

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

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

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

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

**a** Board designated or quasi-endowment  %

**b** Permanent endowment  %

**c** Temporarily restricted endowment  %

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

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

(i) unrelated organizations

(ii) related organizations

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

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

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

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment				
<b>e</b> Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))

**Part 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 valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) M & T Bank-Consolidated Investments	30,901,317	End-of-year market value
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	30,901,317	

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) The Baltimore Fund LLC - Attachment #1	19,882	End-of-year market value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	19,882	

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Deferred Pension Asset	305,485
(2) Investment in Limited Partnership	21,900
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	327,385

**Part X Other Liabilities.** See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) Deferred Pension Liability	305,485	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	305,485	

**2. FIN 48 (ASC 740) Footnote** In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	
<b>3</b>	Excess or (deficit) for the year. Subtract line 2 from line 1	<b>3</b>	0
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	
<b>5</b>	Donated services and use of facilities	<b>5</b>	0
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	
<b>9</b>	Total adjustments (net). Add lines 4 through 8	<b>9</b>	0
<b>10</b>	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	<b>10</b>	0

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

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

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

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

**Part XIV Supplemental Information**

Complete this part to 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, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

Zanvyl & Isabelle Krieger Fund, Inc.

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

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

OMB No 1545-0047

2011

Open to Public  
Inspection

Employer identification number

52-1126684

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?

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

Yes ☒ No ☐

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to

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 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 non-cash assistance	(h) Purpose of grant or assistance
(1) Attachment #1							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							134
3 Enter total number of other organizations listed in the line 1 table							0

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

Schedule I (Form 990) (2011)

**Zanvyl & Isabelle Krieger Fund, Inc.****Attachment #1****TIN - 52-1126684****Schedule I, Part II****June 30, 2012**

(a)Name and address of organization	(b)EIN #	(c) IRC section	(d)Amount	(h)Purpose of grant
Abraham Fund, Inc. 9 East 45th Street, 7th Floor New York, NY 10017	13-3556715	501 (c)(3)	1,000	General support
Adoptions Together 20903	52-1703994	501 (c)(3)	22,500	General support
Advocates for Children and Youth 8 Market Place, #500 Baltimore, MD 21202	52-1555895	501 (c)(3)	25,000	General support
Alternative Directions, Inc. 2505 N. Charles St. Baltimore, MD 21218	52-1578685	501 (c)(3)	12,500	General support
Am Kolel, Inc 19520 Darnestown Road Beallsville, MD 20839	52-1732440	501 (c)(3)	200	General support
American Civil Liberties Union of MD 3600 Clipper Mill Road #350 Baltimore, MD 21211	23-7209538	501 (c)(3)	35,000	General support
American Friends of Meir Panim 5316 New Utrecht Ave Brooklyn, NY 11219	20-1582478	501 (c)(3)	250	General support
American Jewish Congress 825 3rd Ave. #1800 New York, NY 10022	13-1679610	501 (c)(3)	5,000	General support
American Jewish World Service 45 West 36th Street New York, NY 10018-7904	22-2584370	501 (c)(3)	25,000	General support
American Visionary Art Museum 800 Key Highway Baltimore, MD 21230	52-1608934	501 (c)(3)	1,500	General support
Art Wirh a Heart, Inc. 3355 Keswick Rd.#104 Baltimore, MD 21211	52-2227996	501 (c)(3)	10,000	General support
Arts Education in Maryland Schools Alliance, Inc. 175 W. Ostend Street Baltimore, MD 21230	52-2056349	501 (c)(3)	5,000	General support
Associated Catholic Charities 1966 Greenspring Drive #200 Timonium, MD 21093	52-0591538	501 (c)(3)	15,000	General support
Association of Baltimore Area Grantmakers 2 East Read Street, 8th Floor Baltimore, MD 21202	52-1326863	501 (c)(3)	21,000	General support
Baltimore Child Abuse Center, Inc. 2300 N. Charles Street Baltimore, MD 21218	52-1948745	501 (c)(3)	38,000	General support
Baltimore Community Foundation 2 East Read Street Baltimore, MD 21202	23-7180620	501 (c)(3)	22,500	General support
Baltimore Green Space, A Land Trust Inc. 800 Wyman Park Drive Baltimore, MD 21211	26-0530374	501 (c)(3)	10,000	General support
Baltimore Outreach Services, Inc. 701 S. Charles Street Baltimore, MD 21230	56-2291915	501 (c)(3)	15,000	General support
Baltimore Reads 34 Market Place, #801 Baltimore, MD 21202	52-1626015	501 (c)(3)	29,160	General support
Baltimore Rowing Club, Inc. 3301 Waterview Ave. Baltimore, MD 21230	52-1187264	501 (c)(3)	10,000	General support
Baltimore Symphony Orchestra 1212 Cathedral Street Baltimore, MD 21201	52-0629696	501 (c)(3)	20,000	General support
Baltimore Urban League 512 Orchard Street Baltimore, MD 21202	52-0591585	501 (c)(3)	20,000	General support
Baltimoreans United in Leadership Development 2439 Maryland Avenue Baltimore, MD 21218	52-1120778	501 (c)(3)	30,000	General support
B'More Clubhouse 5 E. Read Street Baltimore, MD 21202	20-8956918	501 (c)(3)	22,500	General support
Brown Memorial Tutoring Program 1316 Park Ave. Baltimore, MD 21217	52-0615911	501 (c)(3)	7,000	General support

**Zanvyl & Isabelle Krieger Fund, Inc.****Attachment #1****TIN - 52-1126684****Schedule I, Part II****June 30, 2012**

(a)Name and address of organization	(b)EIN #	(c) IRC section	(d)Amount	(h)Purpose of grant
Beyond Pesticides 701 E Street, SE, #200 Washington, DC 20003	52-1360541	501 (c)(3)	35,275	General support
C.A.R.E. 15 Ellis St. NE Atlanta, GA 30303	13-1685039	501 (c)(3)	200	General support
CASA of Maryland, Inc. 8151 15th Ave. Langley Park, MD 20783	52-1372972	501 (c)(3)	20,000	General support
CHAI 5809 Park Heights Avenue Baltimore, MD 21215	23-7097000	501 (c)(3)	30,975	General support
Chesapeake Climate Action Network, Inc. P.O. Box 11138 Takoma Park, MD 20912	11-3644283	501 (c)(3)	10,000	General support
Civic Works, Inc. 2701 St. Lo Drive Baltimore, MD 21213	52-1925614	501 (c)(3)	22,500	General support
Community Connections, Inc. 650 Pennsylvania Ave., SE Washington, D.C. 20003	52-1134938	501 (c)(3)	11,200	General support
Community Foundation of Carroll County, Inc. 10 Distillery Drive Westminster, MD 21157	52-1865244	501 (c)(3)	15,000	General support
Community Law Center 3355 Keswick Road #200 Baltimore, MD 21211	52-1320934	501 (c)(3)	30,000	General support
Community Mediation Program, Inc. 3333 Greenmount Avenue Baltimore, MD 21218	52-2086670	501 (c)(3)	15,000	General support
Dayspring Programs, Inc. 1200 N. Collington Avenue Baltimore, MD 21213	52-2042543	501 (c)(3)	2,000	General support
Doctors Without Borders P.O. Box 1856 Merrifield, VA 22116	13-3433452	501 (c)(3)	250	General support
Drug Policy Alliance 70 West 36th St. 16th Floor New York, NY 10018	52-1516692	501 (c)(3)	20,000	General support
Dru-Mondawmin Healthy Families, Inc. 2100 Eutaw Place Baltimore, MD 21217	14-1918174	501 (c)(3)	12,300	General support
Edward A. Myerberg Senior Center 3101 Fallstaff Road Baltimore, MD 21209	52-1047511	501 (c)(3)	2,500	General support
Eli-American Friends of the Israel Assoc for Child Protection 11140 Rockville Pike North Bethesda, MD 20852	52-2171745	501 (c)(3)	15,000	General support
Environment Maryland Research and Policy Center 3121 St. Paul Street, #26 Baltimore, MD 21218	20-4690070	501 (c)(3)	25,000	General support
Environmental Integrity Project 919 18th Street, NW Washington, DC 20006	20-1326922	501 (c)(3)	27,000	General support
Episcopal Community Services of Maryland, Inc. 1014 W. 36th Street Baltimore, MD 21211	52-0591564	501 (c)(3)	10,000	General support
Family Tree, Inc. 2108 N. Charles Street Baltimore, MD 21218	52-1110645	501 (c)(3)	24,519	General support
Food Research & Action Center, Inc. 1875 Connecticut Ave NW Washington DC 20009	52-2260023	501 (c)(3)	20,000	General support
Foundation Fighting Blindness, Inc. 11435 Cronhill Drive Owings Mills, MD 21117-2220	23-7135845	501 (c)(3)	1,500	General support
Friends of Baltimore City Public Schools Great Kids Farm Foundation	45-2378710	501 (c)(3)	10,000	General support
Friends of Patterson Park 27 S. Patterson Park Ave. Baltimore, MD 21231	52-2094989	501 (c)(3)	10,000	General support

**Zanvyl & Isabelle Krieger Fund, Inc.****Attachment #1****TIN - 52-1126684****Schedule I, Part II****June 30, 2012**

(a)Name and address of organization	(b)EIN #	(c) IRC section	(d)Amount	(h)Purpose of grant
Fusion Partnerships, Inc. 1601 Guilford Ave., 2 South Baltimore, MD 21202	52-2148413	501 (c)(3)	155,925	General support
Gift of Life Bone Marrow Foundation 800 Yamato Rd. #101 Boca Raton, FL 33431	22-3131232	501 (c)(3)	50	General support
GL SEN, Inc. 3031 Abell Ave. Baltimore, MD 21218	04-3234202	501 (c)(3)	12,000	General support
Hand in Hand American Friends of the Center for Jewish Arab Education in Israel P.O. Box 80102 Portland, OR 97280-1102	93-1269590	501 (c)(3)	25,000	General support
Health Care for the Homeless, Inc. 4210 Fallsway Baltimore, MD 21202	52-1576404	501 (c)(3)	15,275	General support
Hearts & Homes for Youth 1320 Fenwick Lane Silver Spring, MD 20910	52-6060576	501 (c)(3)	1,000	General support
Historic East Baltimore Community Action Coalition 1212 N. Wolfe Street Baltimore, MD 21213	52-1903732	501 (c)(3)	20,500	General support
Homeless Persons Representation Project, Inc. 1800 N. Charles Street Baltimore, MD 21201	52-1697260	501 (c)(3)	25,275	General support
House of Ruth 2201 Argonne Drive Baltimore, MD 21218	52-1100236	501 (c)(3)	40,620	General support
Incentive Mentoring Program P.O. Box 1584 Baltimore, MD 21203	84-1700955	501 (c)(3)	15,000	General support
Institute for Christian & Jewish Studies 956 Dulaney Valley Rd. Baltimore, MD 21204	52-1531016	501 (c)(3)	25	General support
International Campaign for Tibet 1825 Jefferson PL. NW Washington, DC 20036	52-1570071	501 (c)(3)	100	General support
J Street Education Fund, Inc PO Box 660733 Washington DC 20035	20-2777557	501 (c)(3)	20,000	General support
Jewish Fund for Justice 330 Seventh Avenue, #1401 New York, NY 10001	52-1332694	501 (c)(3)	50,000	General support
Jewish Recovery Houses 3723 Old Court Road, #206 Baltimore, MD 21208	52-1998445	501 (c)(3)	500	General support
Johns Hopkins Bayview Medical Center 4940 Eastern Avenue Baltimore, MD 21224	52-1341890	501 (c)(3)	11,500	General support
Johns Hopkins Hospital 401 N. Broadway Baltimore, MD 21205	52-0591656	501 (c)(3)	1,000	General support
Johns Hopkins University 1101 E. 33rd Street #D200 Baltimore, MD 21218	31-1678679	501 (c)(3)	195,344	General support
Kennedy Krieger Institute 707 North Broadway Baltimore, MD 21205	52-1734695	501 (c)(3)	6,000	General support
KIPP: Ujima Village Academy 4701 Greenspring Ave Baltimore, MD 21209	52-2342513	501 (c)(3)	5,000	General support
Learning, Inc. 1234 W. 36th Street Baltimore, MD 21211	52-2091494	501 (c)(3)	25,000	General support
LifeBridge Health System 2401 W. Belvedere Ave. Baltimore, MD 21215	52-1402373	501 (c)(3)	26,000	General support
Living Classrooms Foundation 802 S. Caroline Street Baltimore, MD 21231	52-1369524	501 (c)(3)	20,000	General support
Marian House 949 Gorsuch Ave. Baltimore, MD 21218	52-1243849	501 (c)(3)	17,000	General support



**Zanvyl & Isabelle Krieger Fund, Inc.****Attachment #1****TIN - 52-1126684****Schedule I, Part II****June 30, 2012**

(a)Name and address of organization	(b)EIN #	(c) IRC section	(d)Amount	(h)Purpose of grant
Maryland Association of Nonprofit Organizations 190 W. Ostend Street, #201 Baltimore, MD 21230	52-1749231	501 (c)(3)	25,000	General support
Maryland Citizens Health Initiative Education Fd. 2600 St. Paul Street Baltimore, MD 21218	52-2173223	501 (c)(3)	20,000	General support
Maryland Community Health Initiatives 7750 Montpelier Road Laurel, MD 20723	01-0657461	501 (c)(3)	37,500	General support
Maryland Consumer Rights Coalition, Inc. P.O. Box 1832 Baltimore, MD 21203	52-2266235	501 (c)(3)	10,000	General support
Maryland Department of Juvenile Services 120 W. Fayette Street Baltimore, MD 21201	52-6002033	501 (c)(3)	13,400	General support
Maryland Disability Law Center, Inc 1800 N. Charles Street #400 Baltimore, MD 21201	51-0215570	501 (c)(3)	15,000	General support
Maryland Family Network 1001 Eastern Ave. Baltimore, MD 21202	52-1486702	501 (c)(3)	15,000	General support
Maryland Public Interest Research Foundation, Inc. 3121 St. Paul Street Baltimore, MD 21218	52-1033638	501 (c)(3)	25,000	General support
Maryland Volunteer Lawyers Service 1 N. Charles Street, #222 Baltimore, MD 21201	52-1225979	501 (c)(3)	17,000	General support
Medical Development For Israel, Inc. 295 Madison Avenue, #1705 New York, NY 10017	13-3140298	501 (c)(3)	60,000	General support
Mental Health Association of MD, Inc. 711 W. 40th Street Suite 460 Baltimore, MD 21211	52-0591666	501 (c)(3)	35,000	General support
Mental Health Policy Inst for Leadership & Training 201 E. Baltimore Street Baltimore, MD 21202	41-2114016	501 (c)(3)	43,875	General support
National Council on Alcoholism & Drug Dependence- MD Chapter 28 E. Ostend Street, 3rd Floor Baltimore, MD 21230	52-1591416	501 (c)(3)	20,000	General support
New Israel Fund 1101 14th Street, NW Washington, DC 20005	94-2607722	501 (c)(3)	15,000	General support
New Pathways, Inc. 540 E. Belvedere Avenue Baltimore, MD 21212	52-1078513	501 (c)(3)	4,500	General support
Newborn Holistic Ministries PO Box 12764 Baltimore, MD 21217	52-2002294	501 (c)(3)	30,000	General support
On Our Own of Maryland 1521 S. Edgewood Street Baltimore, MD 21227	52-1812414	501 (c)(3)	12,500	General support
Open Society Institute 201 N. Charles Street Baltimore, MD 21201	13-7029285	501 (c)(3)	20,000	General support
P.E.F. Israel Endowment Funds, Inc. 317 Madison Avenue, New York, NY 10017	13-6104086	501 (c)(3)	91,500	General support
PACT: Helping Children with Special Needs 7000 Tudsbury Road Baltimore, MD 21244	52-1230183	501 (c)(3)	62,500	General support
Paralyzed Veterans of America 7 Mill Brook Rd. Wilton, NH 03086	13-1946868	501 (c)(3)	50	General support
Patrick Allison House, Inc. 210 W. Madison Street Baltimore, MD 21201	52-1509013	501 (c)(3)	7,500	General support
Pearlstone Retreat Center 5425 Mt. Gilead Road Reisterstown, MD 21136	43-2080719	501 (c)(3)	5,000	General support

**Zanvyl & Isabelle Krieger Fund, Inc.****Attachment #1****TIN - 52-1126684****Schedule I, Part II****June 30, 2012**

(a)Name and address of organization	(b)EIN #	(c) IRC section	(d)Amount	(h)Purpose of grant
Planned Parenthood of Maryland, Inc. 330 N. Howard Street Baltimore, MD 21201	52-0607930	501 (c)(3)	22,500	General support
Playworks Education Energized aka Payworks 380 Washington Street Oakland, CA 94607	94-3251867	501 (c)(3)	15,000	General support
Prince George's County-Dept. of Social Services 805 Brightseat Road Landover, MD 20785	52-6000998	501 (c)(3)	7,640	General support
Princeton University 70 Washington Road Princeton, NJ 08540	21-0634501	501 (c)(3)	500	General support
Public Justice Center 1 N. Charles Street, #200 Baltimore, MD 21201	52-1412226	501 (c)(3)	40,000	General support
Ragpicker, Inc. 3410 White Avenue Baltimore, MD 21214	27-3171168	501 (c)(3)	25,300	General support
Rebuilding Through Art Project, Inc. 6400 Banbury Road Baltimore, MD 21239	51-0563051	501 (c)(3)	25,000	General support
Redbird Foundation 6308 Abilene Trail Austin, TX 78749	76-0651915	501 (c)(3)	25,000	General support
Roberta's House 1900 N. Broadway #101 Baltimore, MD 21213	26-0517415	501 (c)(3)	10,000	General support
Rose of Sharon Equestrian School, Inc. 5630 Sharon Drive Glen Arm, MD 21057	31-1596944	501 (c)(3)	25,000	General support
Safe & Sound-Balto Campaign for Children & Youth 2 East Read Street Baltimore, MD 21202	52-2147148	501 (c)(3)	25,000	General support
Sinai Krieger Eye Institute 2411 W. Belvedere Avenue Baltimore, MD 21215	52-0486540	501 (c)(3)	180,000	General support
Smile Train, Inc 41 Madison Avenue, 28th Fl New York, NY 10010	13-3661416	501 (c)(3)	250	General support
South Baltimore Learning Corp 28 E Ostend Street, 3rd Floor Baltimore, MD 21230	52-1745263	501 (c)(3)	7,500	General support
Structured Employment Economic Development Corp 111 Water Street #201 Baltimore, MD 21202	13-2875743	501 (c)(3)	12,500	General support
Teach for America - NY 315 West 36th Street New York, NY 10018	13-3541913	501 (c)(3)	10,000	General support
Temple University 1301 Cecil B. Moore Philadelphia, PA 19122	23-1365971	501 (c)(3)	28,000	General support
The Associated: JCFB 101 W. Mt. Royal Ave. Baltimore, MD 21201	52-0607957	501 (c)(3)	507,000	General support
The Associated: JCFB 101 W. Mount Royal Avenue Baltimore, MD 21201	52-0607957	501 (c)(3)	66,667	Capital support
The Baltimore Algebra Project 2524 N. Charles Street Baltimore, MD 21218	52-1948745	501 (c)(3)	22,500	General support
The Baltimore Station, Inc. P.O. Box 27144 Baltimore, MD 21230	52-1594258	501 (c)(3)	12,000	General support
The Community School, Inc. 337 West 30th Street Baltimore, MD 21211	52-1278291	501 (c)(3)	10,000	General support
The Future, Inc. 3509 Royston Avenue Baltimore, MD 21206	20-4284374	501 (c)(3)	1,000	General support
The Park School P.O. Box 8200 Brooklandville, MD 21022	52-0591625	501 (c)(3)	20,000	General support
The Pew Charitable Trusts 901 E Street NW Washington DC 20004	56-2307147	501 (c)(3)	30,000	General support

**Zanvyl & Isabelle Krieger Fund, Inc.****Attachment #1****TIN - 52-1126684****Schedule I, Part II****June 30, 2012**

(a)Name and address of organization	(b)EIN #	(c) IRC section	(d)Amount	(h)Purpose of grant
The Samaritan Community, Inc. 1407 Bolton Street Baltimore, MD 21217	52-1863369	501 (c)(3)	7,500	General support
The Womens Housing Coalition, Inc. 119 East 25th Street Baltimore, MD 21218	52-1189812	501 (c)(3)	15,000	General support
United States Holocaust Memorial Museum 100 Raoul Wallenberg Pl SW Washington DC 20024	52-1309391	501 (c)(3)	250	General support
United Ministries, Inc. 1400 E. Lombard St. Baltimore, MD 21231	52-1857927	501 (c)(3)	10,000	General support
United Way of Central Maryland 100 South Charles Street Baltimore, MD 21203	52-0591543	501 (c)(3)	10,000	General support
United Workers Association 300 Cathedral Street, #204 Baltimore, MD 21201	52-1697260	501 (c)(3)	30,000	General support
University of Baltimore Foundation 1130 North Charles Street Baltimore, MD 21201	23-7036780	501 (c)(3)	20,000	General support
University of Maryland Baltimore Foundation 660 W. Redwood Street Baltimore, MD 21201	31-1678679	501 (c)(3)	93,350	General support
University of Maryland College Park Foundation 0142 Holzapfel Hall College Park, MD 20742	52-6002033	501 (c)(3)	500	General support
USAction Education Fund 1341 G Street NW Washington, DC 20036	52-2214307	501 (c)(3)	50,000	General support
YMCA of Central Maryland 20 S. Charles Street, #600 Baltimore, MD 21201	52-0591699	501 (c)(3)	15,120	General support
Youth as Resources 2 E. Reat Street Baltimore, MD21202	23-7180620	501 (c)(3)	7,500	General support
Zero to Three 1255 23rd St. NW #350 Washington, DC 20037	52-1105189	501 (c)(3)	550	General support
			<b>3,434,895</b>	

**Part III** **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.

(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					
6					
7					

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

Grant suggestions are reviewed for compliance with IRS regulations to determine if the distribution is permissible and the grantee is a 501(c)(3) organization

The Foundation will request and receive periodic reports from the grantee giving updates as to how the grant money was utilized

The Foundation will use this information when considering future grant requests from the grantee.

All grant requests are reviewed by the Grants Review Committee and then must be approved by the Board of Directors.

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**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

**2011**

**Open to Public  
Inspection**

Zanvyl & Isabelle Krieger Fund, Inc.

Employer identification number

52-1126684

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> 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 explain.
- 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?
- 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.
- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |
- 4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.
- Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.**
- 5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.
- 6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization?
- b** 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 payments not described in lines 5 and 6? If "Yes," describe in Part III.
- 8** 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 in Part III.
- 9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2011

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

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

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

(A) Name	(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 reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
<b>1</b> Marc B. Terrill	(i) 416,259	(ii) 75,000	(iii) 10,419		9,800	29,714	541,192	
<b>2</b> Karen H. Kreisberg	(i) 184,548	(ii) 0	(iii) 0		37,400	11,097	233,045	
<b>3</b>	(i)	(ii)	(iii)					
<b>4</b>	(i)	(ii)	(iii)					
<b>5</b>	(i)	(ii)	(iii)					
<b>6</b>	(i)	(ii)	(iii)					
<b>7</b>	(i)	(ii)	(iii)					
<b>8</b>	(i)	(ii)	(iii)					
<b>9</b>	(i)	(ii)	(iii)					
<b>10</b>	(i)	(ii)	(iii)					
<b>11</b>	(i)	(ii)	(iii)					
<b>12</b>	(i)	(ii)	(iii)					
<b>13</b>	(i)	(ii)	(iii)					
<b>14</b>	(i)	(ii)	(iii)					
<b>15</b>	(i)	(ii)	(iii)					
<b>16</b>	(i)	(ii)	(iii)					

**Part III** Supplemental Information

Complete 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 Zanvyl & Isabelle Krieger Fund, Inc. receive no compensation for their services. However one of the

Directors is 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 it is attributed to the service as a Director or Officer of the Foundation.

The Zanvyl & Isabelle Krieger Fund, Inc. has two full-time employees. All compensation, taxes and benefits are processed by the supported entity,

The Associated. All these costs are reimbursed by the Zanvyl & Isabelle Krieger Fund, Inc. to The Associated.

**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.

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

Zanvyl & Isabelle Krieger Fund, Inc.

Employer identification number

52-1126684

Form 990 Part VI, Section A,

Line 2 - There are family relationships among the Donor Members and Directors. There are family relationships between

Betsy Krieger, David Kandel, Jean K. Kahn, Marc Kahn, Howard K. Cohen and Benjamin Greenwald.

Line 6 - The organization has two members, a Public Member- The Associated: Jewish Community Federation of Baltimore, Inc. and

Donor Members- Jean K. Kahn, Marc Kahn, Betsy Krieger and Andrea Leand.

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 adopted.

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 and 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/losses.

The amended return is filed due to the following schedules being amended

Form 990, Part VIII, Section A, Column F and Schedule J, Part II, Column C.

Deferred compensation was inadvertently omitted for Karen H. Kreisberg on the two schedules referenced above.



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

Zanyal & Isabelle Krieger Fund, Inc.

Employer identification number

52-1126684

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

(a) Name, address, and EIN 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
(1) _____					
(2) _____					
(3) _____					
(4) _____					
(5) _____					
(6) _____					

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to 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
(1) The Associated Jewish Community Federation of Baltimore, Inc. 101 W. Mt. Royal Avenue Baltimore, MD 21201	Fundraising	MD	501(C)(3)	9	N/A		X
(2) _____							
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							

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

Schedule R (Form 990) 2011

**Part III** 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)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) N/A												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

**Part IV** 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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) N/A							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?

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

**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 other organization	(b) Transaction type (a–r)	(c) Amount involved	(d) Method of determining amount involved
(1) The Associated: Jewish Community Federation of Baltimore, Inc.	1b & 1n	621,383	FMV
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) _____													
(2) _____													
(3) _____													
(4) _____													
(5) _____													
(6) _____													
(7) _____													
(8) _____													
(9) _____													
(10) _____													
(11) _____													
(12) _____													
(13) _____													
(14) _____													
(15) _____													
(16) _____													