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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Dep	epartment of the Treasun		▶ Do not enter Social Security numbers on this form as it may be made public information about Form 990 and its instructions is at www.irs.gov/form.						·=	1				
			dar year, or tax year		orm 990 and			ww.irs.g	<u> </u>	<u> </u>	, 20			
<u>:-</u> В	Check if a		C Name of organization		r Change Is		oro, and	ending		D Employe	er identification	number		
	Address cl		Doing Business As	ine rund to	d Change, h	ic.				31-1662				
	Name chai	ř	Number and street (or F	O. box if mail	is not delivered	i to street addres	s) F	Room/suite		E Telephor				
H			101 West Mount Ro			2 10 011001 addied				410-727				
\exists	Initial retur	-	City or town, state or pi			reign postal code				410-727	-4020			
	Terminated		Baltimore, MD 212		y, and zir or ic	reign postar code	•			C C	acinto ¢	1 110 471		
	Amended	•	F Name and address of p						Lucia a	G Gross receipts \$ 1,119,471 is a group return for subordinates? Yes □ No				
ш	Application	n penaing i	r Name and address or p	nncipal onicer					4	Il subordinates included? Yes No				
_			[8] 504 1/81	Пери	\ d (mage	t == \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u>" </u>	1.507	- ' '		list (see instruc			
느	Tax-exemp		X 501(c)(3)	501(c) () - (inser	t no.) 4947(a)	(1) or L	527	-{			10110)		
<u>-</u>	Website:		7 0		- Dubar N		T. V	of formation	H(c) Group	т		MD		
	art I		Corporation Trust	Association	on Other ▶		L Year C	ormation	1 1999	M State	of legal domicile	NID		
P		Summa				ionificant acti					· · · · · · · · · · · · · · · · · · ·			
40		-	scribe the organizat			-						•		
ĕ			dation was created t											
Governance		efforts to redress such inequities and build a society that is democratic, equalitarian and participatory. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.												
Š	1					•	•			1 1	its net assets	i. 0		
Ğ			f voting members o	_			•			3		9		
Activities &			f independent votin	-	_					4				
	1		ber of individuals ei		_	•	v, line 2	a) .		5 6		0		
	1		mber of volunteers (estimate if necessary)								<u> </u>			
⋖	1									7a				
	b N	vet unreia	ated business taxab	ie income ti	rom Form 9	90-1, line 34	· · · ·	' i	Prior Ye	7b	Current	V		
		S		4 V // 10 - 12 - 14	L-\			<u> </u>	- Filor re	-	Current	Tear		
Re	1		ons and grants (Par		•			├		4.550		(206)		
Revenue			service revenue (Pai							4,578		(206)		
æ	1		nt income (Part VIII,					· · _	106,573 198,79					
			er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)									100.505		
	+									111,151		198,587		
			d similar amounts p	-		-		· •		305,000		910,705		
	1	-	aid to or for member	•		•		<u> </u>						
Expenses	1		ther compensation,			• •		· -		_				
ens	1		nal fundraising fees	•		· ·		· ·						
χ̈	1		Iraising expenses (P											
-			enses (Part IX, colu					· • <u> </u>	 .	31,340		28,783		
			enses. Add lines 13-			Column (A), J	ine 25)			836,340		939,488		
		Revenue	ess expenses. Subt	ract line 18	from line 12	R.E.C				725,189)	Fred ad 3	<u>(740,901</u>)		
Net Assets or Fund Balances	00 -	F-4-1 :						υ	ginning of Cu	-	End of			
Sse	20 7		ets (Part X, line 16)			g : AUG	1 2 2	014		642,144		1,990,952		
det /	21 7		lities (Part X, line 26					<u>u</u>		0		1,000,050		
	22 N		s or fund balances.	Subtract III	e 21 from in				2,	642,144		1,990,952		
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Sig	.n.	Signa	ture of officer	7		-				<u> </u>	letia			
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He	16		en H. Kreisberg		Presiden	ι				-				
		'	or print name and title	- Ir	reparer's signa	atura		Date		·T	- PTIN			
Pa	id	FILLE	e preparer's name	'	reparer s signa	atul 6		Date	7	Check [#			
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Us	e Only			-						's EIN ▶				
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For Paperwork Reduction Act Notice, see the separate instructions.

SCANNED AUG 2 1 2014

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

e Total program service expenses ▶ 910,705

Form **990** (2013)

Part	IV Checklist of Required Schedules		<u></u>	uge
-,			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III			
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			1867
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a b		14a		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		<u>X</u>
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	16		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		X
19	Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		X
	If "Yes," complete Schedule G, Part III	19		x
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part	Checklist of Required Schedules (continued)			
`			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		х
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	:	x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	,	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	``
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30	X	x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	-	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	-	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	х	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R</i> , <i>Part VI</i>	37	-	X
3 8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	X	Λ

Part V S

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

	The state of the s	<u> </u>	<u> </u>	<u> </u>
1a	Enter the number reported in Pay 2 of Form 1000, Fatou 0, 15 and 15 and 15 and 16 and		Yes	No
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
C	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	*		
	Statements, filed for the calendar year ending with or within the year covered by this return 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	~	<i>y</i> -	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			
b	If "Yes," enter the name of the foreign country:	4a	₹/ <u>ફ</u>	X
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			; , ;
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		$\frac{\Lambda}{X}$
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		$\frac{X}{X}$
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	3	1	A- (
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		lad)	" " " " " " " " " " " " " " " " " " "
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a		<u>X</u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		
_	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year		₩ 1.	\(\frac{\lambda}{\psi}\)
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		*	* \$
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		*	
9	Sponsoring organizations maintaining donor advised funds.	8	<u>.</u>	X
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		5 .	
а	Initiation fees and capital contributions included on Part VIII, line 12	\$	*	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1	**	~
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	, [<u> </u>	1
a b	Gross income from members or shareholders	4	\$3	
	against amounts due or received from them.)		*	,
12a	110	12a	<u>,,,, </u>	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b),	. 1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	: 1		,
а		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		7.5	
b	Enter the amount of reserves the organization is required to maintain by the states in which		- 1	
_	the organization is licensed to issue qualified health plans		ľ	٠
C 14a	Enter the amount of reserves on hand			
14a b	· · · · · · · · · · · · · · · · · · ·	14a		<u>X</u>
	1 165, That it flied a FORH 125 to report these payments? If two, provide an explanation in Schedule O.	14b	990 (2012
		rom	33 € (ZU13)

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See ins	struct	ions.
Secti	Check if Schedule O contains a response or note to any line in this Part VI	<u>····</u>	-	
			Yes	No
1a	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 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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?	4 5 6	X X	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		, , , , ,	* <u>\$</u>
a b 9	The governing body?	8a 8b	X	
Socti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O ion B. Policies (This Section B requests information about policies not required by the Internal Rever	9	odo	X
Secu	ion b. Policies (This Section & requests information about policies not required by the internal never	iue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	- Law
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14 15	Did the organization have a written document retention and destruction policy?	14		X
10	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	37
b	Other officers or key employees of the organization	15b		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	1000	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	ion C. Disclosure	Tion	L	L
17 18	List the states with which a copy of this Form 990 is required to be filed ► None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectio available for public inspection. Indicate how you made these available. Check all that apply.	n 501((c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	terest	polic	y, and
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Marilly Louis 101 West Mount Royal Avenue Baltimore MD 21201 410-727-4828	of the)	

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

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

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

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

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

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

Check this box if heither the organization no	any related	Gorge	41112		2)	onipe	1130	Carry Carrers	Conicer, director	, or trustee.	
(A)	(B)	/do n	at ah		ition	, than		(D)	(E)	(F)	
Name and Title	Average	. O DOX, dilless person is boar an						Reportable	Reportable	Estimated	
	hours per week (list any		_			or/trust		compensation	compensation from related	amount of other	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
					<u> </u>		-				
(1) Karen H. Kreisberg	1.0										
President and Public Director	40.0	X		X	<u> </u>			0	192,917	7,730	
(2) Jean Krieger Kahn	1.0					•				_	
Vice President and Donor Director	ļ	X	<u> </u>	X	<u> </u>	ļ. <u> </u>	<u> </u>	0	0	0	
(3) Betsy L. Krieger	1.0			 							
Secretary and Donor Director	ļ	X	<u> </u>	X	<u> </u>		<u> </u>	0	0	0	
(4) Marc B. Terrill	1.0		Į	l :		l					
Treasurer and Public Director	40.0	X	<u> </u>	X	<u> </u>			0	634,883	88,250	
(5) Marc Kahn	1.0						ŀ	_	_	_	
Donor Director	ļ <u></u>	X	ļ	<u> </u>	<u> </u>	-	L_	0	00	0	
(6) David Kandel	1.0								_		
Donor Director		X	ļ	<u> </u>			_	0	0	0	
(7) Brent Flickinger	1.0			ļ			ļ		ļ		
Public Director		X	_		<u> </u>	Ļ	L	0	0	0	
(8) Mary Jo Kirschman	1.0										
Public Director	ļ	X	ļ			ļ	_	0	0	0	
(9) Howard B. Miller	1.0										
Public Director	ļ	X	_		<u> </u>		L.	0	0	0	
(10)	ļ										
(11)									-		
(12)		 							-		
(13)					\vdash	-	-	 			
(14)	ļ		-								

	(A) Name and title	(B) Average hours per week (list any hours for	box, i	ot ch unles r and	s pe	ition more rson irecte	than on the street of the stre	an	(D) Reportable compensation from the	(E) Reportal compensatio related organizati	n from I ons	(F) Estimated amount of other compensation
		related organizations below dotted line)		Institutional trustee	ber	Key employee	Highest compensated employee	ner	organization (W-2/1099-MISC)	(W-2/1099-	MISC)	from the organization and related organizations
(15)					-							
(16)								-				
(17)								-				
(18)								_				
(19)					_			-		 		
(20)							•					
(04)												
								_				
(22)												
(23)							_					
(24)			•									
(25)							_					
1b	Sub-total	VII, Sectio	n A					>	0		7,800	95,98
d 	Total (add lines 1b and 1c)	not limited						e) w	ho received m		7,800 00,000	95,98 of
3	Did the organization list any former of employee on line 1a? If "Yes," complete 5							emp	-	est compe	ensated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual											
5	Did any person listed on line 1a receive of for services rendered to the organization								, ,	zation or in		5 X
Section 1	on B. Independent Contractors Complete this table for your five highest of		od inc	lone	nd	ont.	oontr		are that receive	d mara the	n 6100	000 of
' 	compensation from the organization. Repyear.											
	(A) Name and business add	ress							(B) Description of s	ervices	c	(C) Compensation
None												
								E				
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who		

Pari	VIII	Statement of Revenue									
·		Check if Schedule C		sponse or note	to anv line in thi	is Part VIII					
	***	e de la companya de l	>-\$	* .	(A) Total revenue	(B) Related exemp function	or ot on	(C) Unrelated business revenue		(D) Revenu cluded fro under sec	om tax tions
	1a	Federated campaigns		T		revenu	ie			512-51	4
Gifts, Grants llar Amounts	ь	Membership dues .			-						
S, S	С	Fundraising events .			*				1	٠	
Sift; lar/	d	Related organizations		· · · · · · · · · · · · · · · · · · ·	1						
	е	Government grants (cor	ntributions) 1e		1					*	
tior er S	f	All other contributions, gifts, grants, and similar amounts not included above			1					嘴套	b.
를 찾					_						
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions include				_					, ,
	h	Total. Add lines 1a-1	f		0	1					-
Ĭ.		Instruction and the Deliver	.1	Business Code	(20.5						
ě	2a b	Investment in Partner	snip interest	900000	(206	'\					(206
8	C				-	 -					
ē	d				<u> </u>	 -	 -		 		
E	е					 - -					
Program Service Revenue	f	All other program ser									
<u> </u>	g	Total. Add lines 2a-2			(206	× * * .			*1	337	4. W
	3	Investment income									
		and other similar amo	•	· · · · · •	59,064					_	59,064
	4	Income from investmen	•	ond proceeds ▶							
	5	Royalties	(i) Real	(ii) Personal	*		31				
	6a	Gross rents	(l) rical	(ii) i eisonai			, š	. 1	2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2	Ú.	5' k
	b	Less: rental expenses				\$? 	1313				¥.)
	c	Rental income or (loss)	0	0	1 %				1,	*	.\$
	d	Net rental income or			1 0	-		······································		<u>``</u>	>+5
	7a	Gross amount from sales of	(i) Securities	(II) Other	*		2.7	>	- -		
		assets other than inventory	1,060,613		1. 3		1	2.1			
	b	Less: cost or other basis				· .	~ (4)	: (1)	Ì	. 3	
		and sales expenses	920,884				1				
	C	Gain or (loss)	139,729			<u></u>					
	d	Net gain or (loss) .		•	139,729			····		1	139,729
e	8a	Gross income from fu	ındraising				7	*			
Other Revenue		events (not including \$	indiaising			, ,	*.1	***			4
Re .		of contributions reporte	ed on line 1c).		,		1		ľ		•
er		See Part IV, line 18 .		İ			3	*			
를 다	b	Less: direct expenses	s b		1 ***		1	*	2 2	`	*
		Net income or (loss) fi		events . ►	0					***************************************	
	9a	Gross income from ga	aming activities.		1 1			· †			
		See Part IV, line 19 .	_				1	\$			
		Less: direct expenses Net income or (loss) for									
		Gross sales of in		ivities ▶	0			-			
	104	returns and allowance	es a								
	ь	Less: cost of goods s			1						
		Net income or (loss) fi			0	 					
ĺ		Miscellaneous R		Business Code							
	11a										
	b										
	C										
	d	All other revenue .		L							
	e 12	Total. Add lines 11a- Total revenue. See in			109 597				-		00.50
	 -	Total revenue. See If	istractions	· · · · ·	198,587			 .			98,587
										Form 99	(2013) كرر

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must con

	Check if Schedule O contains a respon-	se or note to any li	ne in this Part IX .		X
8b, 9l	nt include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	910,705	910,705	*	4 ; ·
2	Grants and other assistance to individuals in the United States. See Part IV, line 22			•	
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16			4	
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 10 11 a b	Other employee benefits				
c d e f g	Accounting	17,925		17,925	
12 13 14 15 16	Advertising and promotion	1,324		1,324	
17 18	Travel				
19 20 21 22	Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization	255		255	
23 24	Insurance				
a b c	Administrative expenses	9,250	77	9,250	
d e 25	All other expenses Miscellaneous Total functional expenses. Add lines 1 through 24e	29 939,488	910,705	29 28,783	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				-

Total liabilities and net assets/fund balances .

	n 990.(20 art X				Page 1
Ĺ	artA				
		Check if Schedule O contains a response or note to any line in this Pa	(A) Beginning of year	<u> </u>	(B) End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	54,740	<u> </u>	5,31
	3	Pledges and grants receivable, net	31,710	3	3,31
	4	Accounts receivable, net		4	60
Assets	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	in the second se		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		5	* (
	7	Notes and loans receivable, net		7	,,,
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	-
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	2,537,726	_	1,945,14
	12	Investments—other securities. See Part IV, line 11	46,096		39,79
	13	Investments—program-related. See Part IV, line 11	3,582	13	9:
	14	Intangible assets		14	
	15 16	Other assets. See Part IV, line 11		15	
	17	Total assets. Add lines 1 through 15 (must equal line 34)	2,642,144	16	1,990,952
	18	Accounts payable and accrued expenses		17	
	19	Deferred revenue		18	<u> </u>
	20	Tax-exempt bond liabilities		19 20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Ś	22	Loans and other payables to current and former officers, directors,		21	
Liabilities		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	*
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			,
	26	Total liabilities. Add lines 17 through 25	0	25 26	
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	N-A-State Control of the Control		\$
nces	07	complete lines 27 through 29, and lines 33 and 34.		1 /4	
ala	27 28	Unrestricted net assets	2,642,144	27	1,990,952
8	28 29	Temporarily restricted net assets	<u> </u>	28	
Net Assets or Fund Balances	43	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.		29	
SO	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds.		32	
Vet/	33	Total net assets or fund balances	2,642,144	33	1,990,952
_					

1,990,952

1,990,952

2,642,144

-orm	aan.	(201	13)

Page **12**

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		198	8,587
2	Total expenses (must equal Part IX, column (A), line 25)	2		939	9,488
3	Revenue less expenses. Subtract line 2 from line 1	3		(740	0,901
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,642	2,144
5	Net unrealized gains (losses) on investments	5		89	9,709
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		1,990	0,952
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				İ
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın in			1.5
_	Schedule O.			***	ل نیگ
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	oiled or	15 1		(, , , ,
	reviewed on a separate basis, consolidated basis, or both:		. 33	3 1	1
•	Separate basis Consolidated basis Both consolidated and separate basis		<u> </u>	66°P.	اـــــــــــــــــــــــــــــــــــــ
D	Were the organization's financial statements audited by an independent accountant?		2b	265. 2 Star	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	ed on a			
	·				
_	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for organization.			YES	
C	of the audit, review, or compilation of its financial statements and selection of an independent account		_		
	If the organization changed either its oversight process or selection process during the tax year, ex		. 2c	£ 4338.08	.52.3
	Schedule O.	piain in	, sh		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	**	20.0	17°4.
Ja	the Single Audit Act and OMB Circular A-133?	iorui iii	За		v
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	ran the	Sa		<u>X</u>
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3ь		
	, and the state of			990	(2012)
			1 0111	. 500	(2013)

SCHEDULE A (Form 990 or 990-EZ)

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.

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization ► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

The I	Fund for Change, I							1-1662 <u>22</u>				_
Par	t I Reason fo	or Public Chai	rity Status (All orgai	nizations	must co	omplete	this par	t.) See ır	nstructio	ons.		_
	organization is not A church, cond A school desc A hospital or a A medical rese hospital's nam An organization section 170(b) A federal, state	a private foundar vention of church ribed in section cooperative hosearch organization, city, and state on operated for 10(1)(A)(iv). (Compe, or local governige, or local governiges,	tion because it is: (Formes, or association of 170(b)(1)(A)(ii). (Attacspital service organization operated in conjunction.)	r lines 1 ti churches h Schedu tion desc ction with ge or univ	hrough 1 describe described in sa hospital versity ow	1, checked in section 1 all describeration or of section	only one tion 170(b)(1)(a ped in second perated 170(b)(1	box.) b)(1)(A)(i) A)(iii). ction 170 by a gov	/(b)(1)(A) /ernment	(iii). Enter	escribed in	
8 9	described in s A community to An organization receipts from support from acquired by the	ection 170(b)(1) trust described in that normally activities related gross investment or ganization a	(A)(vi). (Complete Parin section 170(b)(1)(A) receives: (1) more that to its exempt function in the income and unrelefter June 30, 1975. Se	t II.) (vi). (Con an 331/3% lons—sub ated bus se section	nplete Pa of its su bject to c liness tax n 509(a)(2	rt II.) pport fro ertain ex able inc 2). (Comp	om contri sceptions ome (les	butions, i , and (2) is section III.)	members no more 1 511 ta	ship fees, e than 33	, and gross	s s
10 11 e f g	An organization purposes of co 509(a)(3). Che a X Type I other than four or section 509 If the organization, co Since August following pers (i) A person (iii) below, (iii) A family m (iiii) A 35% con	on organized and one or more public the box that of the box that of the box, I certify and ation manage of (a)(2). The constant of the governing because of a persentrolled entity of the governing because of the governing	operated exclusively of operated exclusively of operated exclusive of operated exclusive of some operated exclusive of some operated exclusive operated on the exclusive operated on described in (i) about the supported on about the supported in on about the supported on about the supported on about the supported on about the supported on about the supported on about the supported on about the supported on about the supported on about the supported on the supported on about the supported on about the supported on	ely for the supportion is not content on from the content on from the content on from the content on from the content on the c	e benefit described g organiz nally integ ntrolled d publicly the IRS t gift or co or togeth ion? above? .	of, to post in section and grated irectly or supported hat it is contribution to the contribution of the c	perform to on 509(and comple dominated organical and from an opersons on 509 (and 509).	he functi)(1) or sete lines 1 Type III–N y by one zations d I, Type I ny of the described	ions of, ection 50: 1e through the throug	9(a)(2). Sigh 11h. tionally indisqualification sections oe III sup	tegrated ed persons on 509(a)(1 pporting	n s]
(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) lis	rganization sted in your document?	the organ	ou notify nization in of your port?	organizat	zed in the	1	nt of monetar upport	у
	The Associated:Jewish Community Fed Balto	52-0607957	9	х		х		х			12,000	<u>0</u>
(C) (D)												_
(E)											10.00	_
Tota	ıI	}	1	I	1	I	t	i	1	1	12,00	U

18

Part							-
•	(Complete only if you checked the						alify under
	Part III. If the organization fails to	o quality unde	er the tests lis	ted below, p	lease comple	te Part III.)	
	on A. Public Support	(=) 0000	(h) 0010	(a) 0011	(4) 0010	(-) 2012	(6) Total
	dar year (or fiscal year beginning in) Gifts, grants, contributions, and	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	* /	C. 31 4. 921.1		30 000 VV S. 300 JB 200 Fb. 00	, , , , , , , , , , , , , , , , , , , ,	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount	The state of the s					
	shown on line 11, column (f)	*				Ų.	
6	Public support. Subtract line 5 from line 4.	,				t.	
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	:					
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc		•			12	
13	First five years. If the Form 990 is for the						.
	organization, check this box and stop he				· · · · ·		🏲 📋
	on C. Computation of Public Suppo			4		14	0/
14 15	Public support percentage for 2013 (line Public support percentage from 2012 Sc		•			15	<u>%</u>
16a	331/2% support test—2013. If the organi box and stop here. The organization qua	ization did not	check the box	on line 13, and		/3% or more, c	
b	331/3% support test—2012. If the orga check this box and stop here. The organ	nization did no	ot check a box	on line 13 oi		15 is 33 ¹ / ₃ %	
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part IV how the organization meets the " organization	eets the "facts-	and-circumsta	nces" test, che	eck this box ar	nd stop here. E	line 14 is Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization in Part IV how the organization is supported organization.	ition meets the	facts-and-c	rcumstances"	test, check th	nis box and st	op here.

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

(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.)

	If the organization falls to quality	runder the te	sis listed beit	ow, piease co	omplete Part	11.)	
	on A. Public Support	·	,		·		
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities			i			
	furnished in any activity that is related to the			!			
_	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an	,					
	unrelated trade or business under section 513						<u> </u>
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6 7-	Total. Add lines 1 through 5		1		-		
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons .				1		
-		<u> </u>	1		1		
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000			1			
	or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b		 	 		-	
8	Public support (Subtract line 7c from			7	10 20 td 1.3		
	line 6.)						
Secti	on B. Total Support	1 x x, y, 2000 x, x	1	1.5 48 85 74 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	1	18.8 8.8	
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,			-			
	payments received on securities loans, rents,						
	royalties and income from similar sources .			İ		<u> </u>	
b	Unrelated business taxable income (less						_
	section 511 taxes) from businesses						
	acquired after June 30, 1975					ļ	
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether			İ	-		
	or not the business is regularly carried on		 				
12	Other income. Do not include gain or			İ			
	loss from the sale of capital assets						
13	(Explain in Part IV.)		· · ·		-	 	
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for t	he organization	n'e firet secon	d third fourth	or fifth tax v	ear as a soction	n 501(a)(3)
	organization, check this box and stop he	•				· · · · · ·	
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2013 (line		<u></u>	3, column (fl)		15	<u>%</u>
16	Public support percentage from 2012 Sc		•			16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2013	(line 10c, colur	nn (f) divided b	y line 13, colu	mn (f))	17	%
18	Investment income percentage from 201					18	%
19a	331/3% support tests-2013. If the organ						
	17 is not more than 331/3%, check this box					=	_
b	331/3% support tests—2012. If the organi						
_	line 18 is not more than 331/3%, check this	_	_				_
20	Private foundation. If the organization d	lid not check a	box on line 14	, 19a, or 19b,	check this box	and see instruc	ctions >

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

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

Name o	of the organization	Employer identification number
The Fi	Fund for Change, Inc.	31-1662222
	Organizations Maintaining Donor Advised Funds or Other Simil	ar Funds or Accounts.
	Complete if the organization answered "Yes" to Form 990, Part IV,	
	(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 a	
	funds are the organization's property, subject to the organization's exclusive lega-	-
6	Did the organization inform all grantees, donors, and donor advisors in writing t	hat grant funds can be used
	only for charitable purposes and not for the benefit of the donor or donor advis	
	conferring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·
Par	t 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 ap	ply).
	☐ Preservation of land for public use (e.g., recreation or education) ☐ Preserv	vation of an historically important land area
	· · · · · · · · · · · · · · · · · · ·	vation of a certified historic structure
	☐ Preservation of open space	•
2	Complete lines 2a through 2d if the organization held a qualified conservation co	ntribution in the form of a conservation
_	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	- <u>*</u>
b	Total acreage restricted by conservation easements	
	Number of conservation easements on a certified historic structure included in (a	
ب د	Number of conservation easements included in (c) acquired after 8/17/06, a	
d	historic structure listed in the National Register	
_	· · · · · · · · · · · · · · · · · · ·	
3	Number of conservation easements modified, transferred, released, extinguished	i, 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 monitor	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conse	ervation easements during the year
		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation	on easements during the year
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the require	ments of section 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?	· · · · · · · ·
9	In Part XIII, describe how the organization reports conservation easements in its	revenue and expense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes the
	organization's accounting for conservation easements.	
Part	t III Organizations Maintaining Collections of Art, Historical Treasu	res, or Other Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV,	line 8.
1a		
	works of art, historical treasures, or other similar assets held for public exhib	
	public service, provide, in Part XIII, the text of the footnote to its financial statement	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report	t in its revenue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhib	
	public service, provide the following amounts relating to these items:	mon, substituting of research in running of
	· · · · · · · · · · · · · · · · · · ·	▶ •
	(i) Revenues included in Form 990, Part VIII, line 1	· · · · · · • • • • • • • • • • • • • •
^	(ii) Assets included in Form 990, Part X	r similar spects for financial sale assuids the
2	If the organization received or held works of art, historical treasures, or othe	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to	
а	Revenues included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	<u> </u>

Part	Urganizations Maintaining C								
3	Using the organization's acquisition, a collection items (check all that apply):	ccession, and ot			•			gnificant ι	use of its
а	☐ Public exhibition		d	Loan	or exchang	e progr	rams		
	☐ Scholarly research		е	Othe	r				
С	☐ Preservation for future generations								
4	Provide a description of the organization XIII.								e in Part
5	During the year, did the organization s assets to be sold to raise funds rather t	than to be mainta							□ No
Part	IV Escrow and Custodial Arran					_		_	_
	Complete if the organization a 990, Part X, line 21.								orm
	Is the organization an agent, trustee, included on Form 990, Part X?								s 🗌 No
b	If "Yes," explain the arrangement in Pa	rt XIII and comple	ete the fo	ollowing t	able:		An	nount	
C	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1 <u>f</u>	_ '		
2a	Did the organization include an amount								i ☐ No
	If "Yes," explain the arrangement in Pa	rt XIII. Check her	e if the e	xplanatio	n has been	provide	ed in Part XIII .		
Par		1.654			5- 4 N/ U	40			
	Complete if the organization						(d) Three years back	(a) Faur	ears back
	5	(a) Current year	(B) Pr	or year	(c) Two year	S Dack	(d) Three years back	(e) Four y	ears back
1a	Beginning of year balance						·		
b	Contributions				 				
С	Net investment earnings, gains, and losses								
d	Grants or scholarships				ļ				
е	Other expenditures for facilities and programs								
f	Administrative expenses							1	
g	End of year balance				<u> </u>				
2	Provide the estimated percentage of the	ne current year er	nd balan	ce (line 1ç	g, column (a	i)) held a	as:		
а	Board designated or quasi-endowmen	t ▶	%						
b	Permanent endowment ▶	%							
С	Temporarily restricted endowment ▶	<u></u> %							
	The percentages in lines 2a, 2b, and 2d								
3a	Are there endowment funds not in the	possession of the	ne organ	ization th	at are held	and ad	ministered for the	_	
	organization by:								es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related organiz					• •		3b	
4	Describe in Part XIII the intended uses		on's end	owment	runas.				
Par	Land, Buildings, and Equiporal Complete if the organization		" to For	m 990, l	Part IV, line	11a. S	See Form 990, F	Part X, lir	ne 10.
	Description of property	(a) Cost or o		1 ' '	or other basis other)		Accumulated epreciation	(d) Book	value
1a	Land					 3c			
b	Buildings								
С	Leasehold improvements								
d	Equipment								
e	Other								
Total	Add lines 1a through 1e (Column (d) m	ust equal Form 9	90 Part	X colum	n (B) line 10	2(c))	•		

	(a) Description of security or categ		(b) Book value	· · · · · · · · · · · · · · · · · · ·	m 990, Part X, line 12. Method of valuation
	(including name of security)		(b) BOOK Value		end-of-year market value
	l derivatives				
	held equity interests				
· ·	& T Bank - Consolidated Investmen	its	39,797	End-of-year m	arket value
(A) (B)				-	
(C)	·			1	
(D)					
(E)	······································				
(F)					
(G)					· ·
(H)			20		
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 12.)		39,797	<u> </u>	
Part VIII	Investments — Program Relat Complete if the organization ar		m 990 Part IV line	a 11c. See For	m 000 Part Y line 13
	(a) Description of investment	isweled les tolor	(b) Book value		Method of valuation
	(a) bescription of investment		(b) Book Value	, , ,	end-of-year market value
(1) Investm	nent in Baltimore Fund, LLC		95	End-of-year m	arket value
(2)				,	
(3)					
(4)					
(5)	<u>., </u>				
(6)					
				1	•
(7)				†	
(8)					
(8) (9)	(b) must equal Form 990. Part X. col. (B) line 13.)		95		Y 3 \$ 2 - 2
(8) (9) Total . (Column	(b) must equal Form 990, Part X, col. (B) line 13.) I		95	v 4 Mai 1/2 2	
(8) (9)	(b) must equal Form 990, Part X, col. (B) line 13.) I Other Assets. Complete if the organization ar				· · · · · · · · · · · · · · · · · · ·
(8) (9) Total. (Column	Other Assets.				· · · · · · · · · · · · · · · · · · ·
(8) (9) Total. (Column	Other Assets.	nswered "Yes" to For			m 990, Part X, line 15.
(8) (9) Total. (Column Part IX	Other Assets.	nswered "Yes" to For			m 990, Part X, line 15.
(8) (9) Total. (Column Part IX (1) (2) (3)	Other Assets.	nswered "Yes" to For			m 990, Part X, line 15.
(8) (9) Total. (Column Part IX (1) (2) (3) (4)	Other Assets.	nswered "Yes" to For			m 990, Part X, line 15.
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5)	Other Assets.	nswered "Yes" to For			m 990, Part X, line 15.
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6)	Other Assets.	nswered "Yes" to For			m 990, Part X, line 15.
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets.	nswered "Yes" to For			m 990, Part X, line 15.
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets.	nswered "Yes" to For			m 990, Part X, line 15.
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets.	nswered "Yes" to For (a) Description	m 990, Part IV, line		m 990, Part X, line 15.
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization ar	nswered "Yes" to For (a) Description col. (B) line 15.)	m 990, Part IV, line	e 11d. See For	m 990, Part X, line 15. (b) Book value
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization are summer (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization are	nswered "Yes" to For (a) Description col. (B) line 15.)	m 990, Part IV, line	e 11d. See For	m 990, Part X, line 15. (b) Book value
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization are summer (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization are line 25.	col. (B) line 15.)	m 990, Part IV, line	e 11d. See For	m 990, Part X, line 15. (b) Book value
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization are summer (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization are line 25. (a) Description of liability	nswered "Yes" to For (a) Description col. (B) line 15.)	m 990, Part IV, line	e 11d. See For	m 990, Part X, line 15. (b) Book value
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (1)	Other Assets. Complete if the organization are summer (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization are line 25.	col. (B) line 15.)	m 990, Part IV, line	e 11d. See For	m 990, Part X, line 15. (b) Book value
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization are summer (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization are line 25. (a) Description of liability	col. (B) line 15.)	m 990, Part IV, line	e 11d. See For	m 990, Part X, line 15. (b) Book value
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal I (2) (3)	Other Assets. Complete if the organization are summer (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization are line 25. (a) Description of liability	col. (B) line 15.)	m 990, Part IV, line	e 11d. See For	m 990, Part X, line 15. (b) Book value
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal II (2) (3) (4)	Other Assets. Complete if the organization are summer (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization are line 25. (a) Description of liability	col. (B) line 15.)	m 990, Part IV, line	e 11d. See For	m 990, Part X, line 15. (b) Book value
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) (3) (4) (5)	Other Assets. Complete if the organization are summer (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization are line 25. (a) Description of liability	col. (B) line 15.)	m 990, Part IV, line	e 11d. See For	m 990, Part X, line 15. (b) Book value
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal II (2) (3) (4)	Other Assets. Complete if the organization are summer (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization are line 25. (a) Description of liability	col. (B) line 15.)	m 990, Part IV, line	e 11d. See For	m 990, Part X, line 15. (b) Book value
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal II (2) (3) (4) (5) (6)	Other Assets. Complete if the organization are summer (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization are line 25. (a) Description of liability	col. (B) line 15.)	m 990, Part IV, line	e 11d. See For	m 990, Part X, line 15. (b) Book value
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal I (2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9)	Other Assets. Complete if the organization are summer (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization are line 25. (a) Description of liability	col. (B) line 15.) (b) Book value	m 990, Part IV, line	e 11d. See For	m 990, Part X, line 15. (b) Book value

Part	Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered "Yes" to Form 990, P		per Return.
	Total revenue, gains, and other support per audited financial statements		11
1	· · · · · · · · · · · · · · · · · · ·		• • •
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا مم ا	
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
ď	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		2 3
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		
Part	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" to Form 990, P		es per Return.
1	·		. 1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		13 12 1
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
C	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1	. .	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		100.0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.) 5
Part	XIII Supplemental Information.		<u> </u>
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t		
		,	

SCHEDULE 1 (Form 990) Department of the Treasury Name of the organization Internal Revenue Service

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

2013

OMB No 1545-0047

▶ Attach to Form 990.

Open to Public Inspection

Employer identification number

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

Schedule I (Form 990) (2013) Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, ° □ (h) Purpose of grant or assistance 39 ⊠ Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 31-1662222 (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. . (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable For Paperwork Reduction Act Notice, see the Instructions for Form 990. the selection criteria used to award the grants or assistance? General Information on Grants and Assistance (P) EIN 1 (a) Name and address of organization The Fund for Change, Inc. Attachment #1 Part I PartII N E (12)(4) (S 9 8 ල (10) Ξ <u>@</u> <u></u>

Schedule I (Fc	Schedule I (Form 990) (2013)					Page 2
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.	ividuals in the Ur space is needed.	nited States. Com	plete if the organiza	ation answered "Yes" to	orm 990, Part IV, line 22.
	(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
-						
7						
က						
4						
ည						
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	he information re	quired in Part I, lin	e 2, Part III, column	(b), and any other additi	onal information.
Grants are	Grants are reviewed to ensure that they are permissible and in accord		with applicable laws and regulations.	regulations.		
The Found	The Foundation will request and receive periodic reports and updates	rts and updates from	n the grantees regard	from the grantees regarding how grants are utilized,	llized,	
and takes s	and takes such information into account in considering future grant awards.	future grant award	S.			
				6 1 1 2 2 3 4 4 4 4 4 4 4 4 4 5 6 6 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		
						Schedule I (Form 990) (2013)

SCHEDULE J (Form 990)

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

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

2013 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Inspection

The Fund for Change, Inc.

Employer identification number

The F	und for Change, Inc. 31-1662222			
Part				
		_	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			\$
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence		Ž,	
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
				*
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
•	Did the consequently as a substantial as a last of the second of the sec			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line			
	1a?			
		2	(4)	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the		, y,	
3	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a		1 1	•
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.	`	}	*
	☐ Compensation committee ☐ Written employment contract		4.	. 5
	☐ Independent compensation consultant ☐ Compensation survey or study		3,5	. 3
	☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			3
			, \$	4.4
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			14
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		`	
		*	, ,	:Ą. ·
_	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:	\$	ý	&
_	·			
a b	The organization?	5a		X
U	If "Yes" to line 5a or 5b, describe in Part III.	5b	دوي	<u> </u>
	The state of the second of the	***		* .
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	1 7	; 3 A	\$
	compensation contingent on the net earnings of:			7 85 F
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.	** ** 5*	- ·	
		., .,		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		_X
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	8		X
9	If Was to the O did the exemination plan fellow, the activities are activities and the second of the		,3 	·
3	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53,4958-6(c)?			

Schedule J (Form 990) 2013

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.

(-) (3/-)		וומואומחמי ייים	si equal ille lotal allic	JUIL OF LOTH 390, FA	It vit, section A, illie	a, applicable colum	ח (ש) מווט (ב) מווטחווצ	S TOT THAT IT INDIVIDUAL.
(B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
(A) Name and Title		(l) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)+()(a)	(F) Compensation reported as deferred in prior Form 990
0	<u> </u>							
1 Marc B. Terrill (ii)	Œ.	465,031	75,000	94,852	59,313	23,216	717,412	
								1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
2 Karen H. Kreisberg (ii)	Œ	192,917	0	0	7,730	1,140	201,787	
	<u>(</u>							
3 (iii)	<u></u>							
(0)	e.							
(ii)								
(5)	E							
(ii) (iii)	<u> </u>	 			 			
(5)	<u> </u>							
(ii) 9	<u>_</u>			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
(5)	<u> </u>							
7 (ii)					+			
8								
8 (ii)	(ii				,			
()								
(ii) 6								
(i)								
(11)	<u>.</u>							
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Schedule J (Form 990) 2013

Information
upplemental In
Part III Su

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

compensation for their services. However two of the	Directors are employed by the supported entity, The Associated: Jewish Community Federation of Baltimore, Inc. (The Associated).
the	nore, Inc. (The Associat
rvices. However two of	Community Federation of Baltimore, Inc
compensation for their services.	sociated: Jewish Commu
	directors are employed by the supported entity, The Asso
The Directors of The Fund for Change, Inc. receive no	e employed by the sup
The Directo	Directors at

All of the compensation and benefits listed are paid by The Associated, none of it is attributed to the service as a Director and/or Officer of the Foundation.

Part 1, Line 4b -Payments to/from Supplemental Nonqualified Retirement Plans:

Marc B. Terrill - 0

Karen H. Kreisberg - 0

All contributions are into the retirement plan of the supported entity, The Associated. The contributions are at the discretion of the participant.

The Associated makes no contributions on behalf of the individual. Withdrawals are also made at the discretion of the participant. Upon leaving

employment with The Associated, the participant must either take a full distribution or transfer the account to another custodian.

Marc Terrill participates in a nonqualified deferred compensation plan. No amounts were vested during the year (2013),

\$50,000 was deferred and is included on form 990, Part VII, Column F and Schedule J, Part II, Column C. As noted in form 990,

Part VI, Section B, Line 15, a new 5-year contract was executed beginning January 1, 2013. The terms and conditions of the

deferred compensation plan are outlined in the contract with The Associated.

SCHEDULE 0 (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 2013

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization Employer identification number The Fund for Change, Inc. 31-1662222 Form 990 Part VI, Section A, Line 2 - There are family relationships among the Donor Members and Directors. Marc Kahn, Jean K. Kahn, Betsy Krieger and David Kandel have a family relationship. Line 6 - The organization has two members, a Public Member- The Associated: Jewish Community Federation of Baltimore, Inc. and Donor Members consisting of Betsy L. Krieger and David Kandel. Line 7a - The members appoint the Board of Directors. The Public Member appoints the majority and the Donor Members appoint the remainder. Line 7b - Amendments to the Bylaws are subject to change or rescission by the Members 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 the potential of any conflict of interests 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 of The Associated. Line 19 - The organization makes its governing documents and financial statements available to the public upon request. Filings made to the Internal Revenue Service relating to Form 990 and related schedules can also be found on www.guidestar.org. Form 990 Part IX, Line 24a All other expenses, Bank fees - \$27 Other investment expense - \$2 -----

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

The Fund for Change, Inc.

Part 1

Related Organizations and Unrelated Partnerships

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

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. ► See separate instructions. ▶ Attach to Form 990.

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

Open to Publ 201

OMB No 1545-0047

Employer Identification number

31-1662222

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)			•		
(2)					
(6)					
(4)					
(9)					
(9)					
Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.	complete if the organizatio tax year.	n answered "Yes" or	Form 990, Part	IV, line 34 beca	use it had
(a) Name, address, and EIN of related organization Prin	(b) · (c) Primary activity Legal domicile (state or foreign counity)	(d) state Exempt Code section iity)	(e) Public chanty status (if section 501(c)(3))	s Direct controlling entity	(g) Section 512(b)(13) controlled entry?
					Yes No
(1) The Associated: Jewish Community Federation of Baltimore, Inc. 101 W. My. Royal Avenue Baltimore, MD 21201 Exempt (2)	Exempt Organization MD	501(c)(3)	7	N/A	×
(6)					
(4)			_		
(5)					
(9)					
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.				Schedule	Schedule R (Form 990) 2013

	(g)	(0)	9		\vdash	(6)	(6)	3	8	5		3
Name, address, and ElN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity		Predominant Si income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of- year assets	Dispro	Code amount of Sche (Forn	Gen mar par		Percentage ownership
								Yes No	0	Yes	2	
										 -	-	
											<u> </u>	
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Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	ed Organization	ated organiz	as a Corpo ations treat	oration or ed as a cc	Trust Comp	plete if the trust durir	organizatic	on answer ear.	ed "Yes" on F	orm 990,	Part IV	, ,
(a) Name, address, and EIN of related organization	nization	(b) Prımary activıty		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity		entity rp. or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 5 contr	(i) Section 512(b)(13) controlled entity?
											Yes	No
											_	

Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Schedule R (Form 990) 2013

Part V Transactio

Duright but year, did not organization to graph and not organizations with one or more related organizations listed in Parts II-V7 Company Co	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	န္
10 10 10 10 10 10 10 10	he organization engage in any of the following transactions with one or more related	rganizations listed in Parts I	-IA;	,		
10 10 10 10 10 10 10 10 10 10 10 10 10 1	annuities (iii) royalties or (iv) rent from a controlled entity			13	1	×
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s for information on who must complete this line, including covered relationsh (b) Transaction Transaction Amount involved (p) Transaction Amount involved (p) Transaction Amount involved (p)	or property from related organization(s)	•		18		×
(b) (c) Transaction Amount Involved type (a-s)	the above is "Yes," see the instructions for information on who must complete this line	including covered relationsh	nips and transactic	on thres	shold	S.
Transaction Amount involved type (a-s)	100		(*)			
		(c) Amount involved	(d) Method of determining	g amount	t involve	8
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Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

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

(a) (b) (c) (d) (d) (e) (f) (f) (g) (g) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	_	(h) Disproportionate allocations?	(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(l) General or managing partner?	(K) Percentage g ownership
			sections 512-514)	Yes No			Yes No		Yes No	
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The Fund for Change, Inc. TIN - 31-1662222 December 31, 2013

Form 990, Schedule I, Part II

(a)Name and address of organization	(b)EIN#	(c) IRC section	(d)Amount	(h)Purpose of grant
1000 Friends of Maryland, Inc. 1209 North Calvert Street Baltimore, MD 21202	52-1864759	501 (c)(3)	\$ 5,000	General Support
Advocates for Children and Youth 8 Market Place #500 Baltimore, MD 21202	52-1555895	501 (c)(3)	25,000	General Support
American Civil Liberties Union Fdn. of Maryland, Inc. 3600 Clipper Mill Road Baltimore, MD 21211	23-7209538	501 (c)(3)	20,000	General Support
Association of Baltimore Area Grantmakers 2 E. Read Street Baltimore, MD 21202	52-1326863	501 (c)(3)	4,500	General Support
Baltimore Algebra Project 1523 Lakeside Avenue Baltimore, MD 21218	52-1948745	501 (c)(3)		General Support
Baltimore Child Abuse Center, Inc. 2300 North Charles Street Baltimore, MD 21218	52-1681279	501 (c)(3)		General Support
Baltimore Community Foundation 2 E. Read Street Baltimore, MD 21202 Baltimore Croon Space, A Land Trust Inc.	23-7180620 26-0530374	501 (c)(3)		General Support
Baltimore Green Space, A Land Trust, Inc. 800 Wyman Park Drive Baltimore, MD 21211 Baltimore Urban League	52-0591585	501 (c)(3)		General Support General Support
512 Orchard Street Baltimore, MD 21201 Baltimoreans United in Leadership Development	52-1120778	501 (c)(3)		General Support
2439 Maryland Ave Baltimore, MD 21218 Bend the Arc	52-1332694	501 (c)(3)		General Support
330 Seventh Avenue New York, NY 10001 Beyond Pesticides	52-1360541	501 (c)(3)	25,000	General Support
701 E. Street SE, #200 Washington, DC 20003 CASA of Maryland, Inc.	52-1372972	501 (c)(3)	25,000	General Support
310 Tulip Avenue Takoma Park, MD 20912 Chesapeake Climate Action Network, Inc. P.O. Box 11138 Takoma Park, MD 20912	11-3644283	501 (c)(3)	10,000	General Support
Common Cause Education Fund 1133 19th Street NW Washington DC 20036	31-1705370	501 (c)(3)	20,000	General Support
Community Law Center 3355 Keswick Road, #200 Baltimore, MD 21211	52-1320934	501 (c)(3)	25,000	General Support
Environmental Integrity Project 919 18th Street, NW Washington, DC 20006	20-1326922	501 (c)(3)	33,000	General Support
Food Research & Action Center 1875 Connecticut Ave NW Washington, DC 20009	23-7200739	501 (c)(3)		General Support
Fusion Partnerships 1601 Guilford Ave. 2 South Baltimore, MD 21202	52-2148413	501 (c)(3)	•	General Support
Homeless Persons Representation Project, Inc 201 N. Charles Street Baltimore, MD 21201 House of Ruth	52-1697260 52-1100236	501 (c)(3)		General Support
2201 Argonne Drive Baltımore, MD 21218 Job Opportunities Task Force, Inc.	52-2278450	501 (c)(3) 501 (c)(3)		General Support General Support
207 E Redwood Street #1000 Baltimore, MD 21202 Leadership Center for the Common Good	27-2163366	501 (c)(3)		General Support
11 Dupont Circle NW Washington DC 20036 Maryland Association of Nonprofit Organizations	52-1749231	501 (c)(3)		General Support
190 W. Ostend Street #201 Baltimore, MD 21230 MD Citizens Health Initiative Education Fund, Inc.	52-2173223	501 (c)(3)	27,000	General Support
2600 St. Paul Street Baltimore, MD 21218 Maryland Consumer Rights Coalition, Inc.	52-2266235	501 (c)(3)	10,000	General Support
P.O.Box 1832 Baltimore, MD 21203 Maryland Disability Law Center 1800 N. Charles St. Baltimore, MD 21201	51-0215570	501 (c)(3)	20,000	General Support

The Fund for Change, Inc. TIN - 31-1662222 December 31, 2013

Form 990, Schedule I, Part II

(a)Name and address of organization	(b)EIN#	(c) IRC section	(d)Amount	(h)Purpose of grant
Mental Health Association of Maryland, Inc. 711 W. 40th Street #460 Baltimore, MD 21211	52-0591666	501 (c)(3)	20,000	General Support
National Council on Alcoholism and Drug Dependence-MD Chapter 28 E. Ostend Street Baltimore, MD 21230	52-1591416	501 (c)(3)	17,500	General Support
On Our Own of Maryland, Inc. 1521 S. Edgewood Street Baltimore, MD 21227	52-1812414	501 (c)(3)	15,000	General Support
Poverty and Race Research Action Council 1711 Connecticut Ave Washington DC 20009	52-1705073	501 (c)(3)	40,000	General Support
Progressive Maryland 8720 Georgia Avenue Silver Spring, MD 20910	52-2326106	501 (c)(3)	25,000	General Support
Public Justice Center 1 N. Charles Street Baltimore, MD 21201	52-2326106	501 (c)(3)	35,000	General Support
The Associated: Jewish Community Fed. of Balto. 101 W. Mt. Royal Avenue Baltimore, MD 21201	52-0607957	501 (c)(3)	12,000	General Support
The Park School PO Box 8200 Brooklandville, MD 21022	52-0591625	501 (c)(3)	15,000	General Support
United Workers Association 300 Cathedral Street #204 Baltimore MD 21201	52-1697260	501 (c)(3)		General Support
University of Maryland Baltimore Foundation 515 W. Lombard Street Batimore, MD 21201	31-1678679	501 (c)(3)	·	General Support
USAction Education Fund 1341 G Street NW, Washington DC 20036	52-2214307	501 (c)(3)	•	General Support
Youth as Resources 2 E. Read Street Baltimore, MD 21202	45-2432904 ·	501 (c)(3)	7,500	General Support

\$ 910,705