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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

▶ 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/form990.

Open to Public

A	For the	2014 cale	endar year, or tax year b	eginning		, 2	014, and e	ending			, 20			
В	Check if a	applicable	C Name of organization Th	e Fund fo	r Change, I	nc				D Employer identification number				
	Address	change	Doing business as							31-1662	222			
	Name cha	ange	Number and street (or P (D box if ma	all is not deliv	ered to street addres	s) Roc	m/suite		E Telepho	ne number			
	Initial retu	ım	101 West Mount Royal	Avenue						410-727	- 4828			
	Final return	n/terminated	City or town, state or prov	rince, coun	try, and ZIP o	r foreign postal code)							
	Amended	return	Baltimore, MD 21201							G Gross r	eceipts \$	1,314,379		
	Application	n pending	F Name and address of prin	cipal office	er				H(a) Is this a gro	up return for	subordinates? Y			
		, ,									es included? 🗌 Y			
3 <mark>1</mark>	Tax-exem	npt status	X 501(c)(3)	501(c) () ∢ (in	sert no)	(1) or 5	27	4 ''		a list (see instruc			
~	Website	•				. ,	.,,		H(c) Group	exemption	number >			
	Form of o	rganization	X Corporation Trust	Associa	tion Other	•	L Year of fe	ormation			of legal domicile	MD		
	art l	Summ												
	_		escribe the organization	n's miss	on or mos	t significant activ	vities.			•				
ф	1	-	dation was created to assi			_		come c	ommunities	in their				
Activities & Governance			redress such inequities ar											
E.			ns box ▶☐ if the organ							25% of	its net assets			
Š	1		of voting members of t			•	•		more man	3		٥		
ფ	1		of independent voting	-		•		. 1h)	•	4				
es			mber of individuals em						•	5				
Ϋ́			mber of volunteers (est				v, iiiie zaj	•	•	6		<u>0</u> 8		
Ç	1		elated business reveni							7a				
•	1		lated business taxable				٠.			7b				
	B	ivet unite	ialed publiless taxable	IIICOIIIE	1101111101111	990-1, IIIIE 34	• •	•	Prior Yea		Current	Vear		
	8	Contribut	tions and grants (Part '	VIII line	1b)					••	Guitein			
ire	1		-		-	• •				(206)		158,458		
Revenue		9 Program service revenue (Part VIII, line 2g)								(206)		(54)		
æ	1		•	•	•	•	1.a.\	-		198,793		210,860		
			venue (Part VIII, columi					, <u> </u>				0		
		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3)								198,587		369,264		
	1							• —	910,705		<u> </u>	848,000		
	1		paid to or for members	-	•						0			
ses	1	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)										0		
Expenses	1		onal fundraising fees (F					-				0		
쫎	1		draising expenses (Par						· · · · · · · · · · · · · · · · · · ·					
_	1		penses (Part IX, colum			•			28,783			25,279		
			penses. Add lines 13-1							939,488		873,279		
	19	Revenue	less expenses Subtra	act line 1	8 from-line	12 7 7 7		· _		<u>740,901</u>		(504,015)		
s or	l				_	7 67 3		Beg	jinning of Cur	rent Year	End of			
Net Assets or Fund Balances	20		sets (Part X, line 16)		10	ie ^ 0 93	180	·		990,952		1,368,988		
et A	21	Total liab	pilities (Part X, line 26)		. 000	Aug 98 23		·		0		0		
		Net asse	ts or fund balances. S	ubtract li	ne 21 from	line 20		<u> </u>	1,	990,952		1,368,988		
	art II		ture Block			2022/11	<u> 17, </u>							
			ry, I declare that I have exam								my knowledge a	nd belief, it is		
	e, correct,	and comp	lete Declaration of preparer	(other than	officer) is oas	sed on all information	or which pre	eparer na	s any knowle	age	1 - 1 -			
٠.			and It was	لم						7/	29/15			
Siç	-	Sign	ature of officer	L					Dat	e '	•			
He	re		en H. Kreisberg]	President									
		7.	e or print name and title		r									
Pa	id	Print/Ty	pe preparer's name		Preparer's si	gnature		Date		Check	∏ if PΠN			
	eparer								self-em	_				
	e Only		name 🕨						Firm	s EIN ▶				
		Firm's a	address ►						Phor	ne no				
Ма	y the IR	S discus	s this return with the p	reparer s	shown abo	ve? (see instruct	tions) .			• •	<u> </u>	es 🔲 No		
For	Paperw	ork Redu	iction Act Notice, see th	е ѕерага	te instructi	ons.					Form	n 990 (2014)		

Part		_
	Check if Schedule O contains a response or note to any line in this Part III	<u>ц</u>
1	Briefly describe the organization's mission	
	The Foundation was created to assist groups working in or with low and moderate income communities in their	
	efforts to redress such inequities and build a society that is democratic, equalitarian and participatory.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	10
	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?	10
_	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 expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other than total expenses, and revenue, if any, for each program service reported.	
	(Code) (Truspers C.) (10 000 year land on contract C.)	
4a	(Code) (Expenses \$ 848,000 including grants of \$ 848,000) (Revenue \$)	
	Provide grants to public charitable organizations to benefit low and moderate income communities	
4b	(Code·) (Expenses \$including grants of \$) (Revenue \$)	
4c	(Code) (Expenses \$including grants of \$) (Revenue \$)	
		-
	······	-
4d	Other program services (Describe in Schedule O)	
4	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 848,000	

Form 99				Page 3
Part I	V Checklist of Required Schedules			
4	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
1	complete Schedule A	1	v	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			-
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	_		
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C,		İ	
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I	6	<u> </u>	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.	_		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	7		X
0	complete Schedule D, Part III	8		,
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	-		X
	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			<u> </u>
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	ئىسىدۇ.	1	1003
_	complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII .	11b	X	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	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			
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	-	X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	Tie		X
•	the organization's separate of consolidated limitation 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		x
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	<u> </u>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States? .	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	4.45	1	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		X
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			^
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
20	If "Yes," complete Schedule G, Part III	19	<u> </u>	X
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	-	X
U	ii res to line zoa, diu trie organization attach a copy of its addited illiancial statements to this fetum?	20b	1	1

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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? 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	Χ	
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		X
b c	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		
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), 501(c)(4), and 501(c)(29) 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		х
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 "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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)	臺		
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
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	30	X	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
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		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i> .	33		х
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)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35a 35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2.	36		х
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? If "Yes," complete Schedule R,		_	
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	x	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V		· _ ·				
		\Box	Yes	No			
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable						
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . 1b 0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax						
	Statements, filed for the calendar year ending with or within the year covered by this return 0		l	ļ			
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)		j	j			
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							
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)?	اما		37			
L	·	4a		<u>X</u>			
D	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts						
	(FBAR)	<u>-</u>					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		<u>X</u>			
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	36					
Ju	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х			
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).			1			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	<u></u>					
L	and services provided to the payor?	7a 7b		<u>X</u>			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	76	-				
	required to file Form 8282?	7c		<u>X</u>			
d	If "Yes," indicate the number of Forms 8282 filed during the year						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u>X</u>			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u>X</u>			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h					
0	sponsoring organizations maintaining donor advised funds. Bid a donor advised fund maintained by the	8					
9	Sponsoring organizations maintaining donor advised funds.			i			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter			i			
a	Initiation fees and capital contributions included on Part VIII, line 12						
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b] Section 501(c)(12) organizations. Enter						
''	Gross income from members or shareholders			,			
b	Gross income from other sources (Do not net amounts due or paid to other sources						
	against amounts due or received from them)						
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b	12a					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note. See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			ļ ,			
С	Enter the amount of reserves on hand						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b					
	· · · · · · · · · · · · · · · · · · ·		n 990	(2014)			

Part							
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.	e iiis	uucu	OHS X			
Casti	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	• •	<u> [A]</u>			
Section	on A. Governing Body and Wanagement	$\overline{}$	Yes	No			
10	Enter the number of voting members of the governing body at the end of the tax year . 1a 9						
Id	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			1			
	committee, explain in Schedule O			1			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 4			Ì			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with						
	any other officer, director, trustee, or key employee?	2	X				
3	Did the organization delegate control over management duties customarily performed by or under the direct						
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>X</u>			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u>			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>X</u>			
6	Did the organization have members or stockholders?	6	X				
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	.,				
_	Are any governance decisions of the organization reserved to (or subject to approval by) members,	/a	<u>X</u>				
D	stockholders, or persons other than the governing body?	7b	х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			1			
•	the year by the following.			!			
а	The governing body?	8a	X				
b	Each committee with authority to act on behalf of the governing body?	8b	Χ				
9	9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at						
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>			
<u>Secti</u>	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	_				
40-	Did the constant to the selection because a self-betano	100	Yes	No			
10a b	Did the organization have local chapters, branches, or affiliates?	10a		<u> X</u>			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			-			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b					
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		<u>X</u>			
14	Did the organization have a written document retention and destruction policy?	14		X			
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
_	The organization's CEO, Executive Director, or top management official	15a	X				
a	Other officers or key employees of the organization	15b	^_	X			
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement						
	with a taxable entity during the year?	16a		Х			
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	<u> </u>					
	organization's exempt status with respect to such arrangements?	16b					
	on C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed None	E01	'a\/2\a				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	1 501(င)(၁)S	only)			
	·						
19	Own website Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	nalicy	, and			
13	financial statements available to the public during the tax year.	CICSL	ر کاانک	, and			
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	: ▶				
	Marilyn Loux 101 West Mount Royal Avenue Baltimore, MD 21201 410-727-4828		-				

	·	· · _ · _ · _ · _ · _ · _ · _ · _ ·	
Part VII	Compensation of Officers, Directors, Trust	ees, Key Employees, Highest Compensated Employees, a	nd
	Independent Contractors		

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

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

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

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

☐ Check this box if neither the organization no	r any relate	d orga	anız	atıo	n c	ompe	nsa	ted any curren	t officer, director	r, or trustee	
					C)						
(A)	(B) Position (do not check more than o							(D)	(E)	(F)	
Name and Title	Average hours per week (list any	box, office	unles er and	s pe	rson	ıs both or/trust	an ee)	Reportable	Reportable compensation from related	Estimated 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	
(1) Karen H Kreisberg	25										
President and Public Director		X		X				0	0	0	
(2) Jean K Kahn	.25										
Vice President and Donor Director		Х		X				0	0	0	
(3) Betsy Krieger	25										
Secretary and Donor Director		X		X			L	0	0	0	
(4) Marc B. Terrill	.25										
Treasurer and Public Director	40.0	X		X	<u> </u>			0	618,142	81,967	
(5) David Kandel	.25			1				1			
Donor Director		X						0	0	0	
(6) Marc Kahn	25										
Donor Director	<u> </u>	X						0	0	0	
(7) Brent Flickinger	.25										
Public Director		X		<u> </u>				0	0	0	
(8) Mary Jo Kırschman	25										
Public Director		X						0	0	0	
(9) Howard Miller	.25										
Public Director		<u> x</u>						0	0	0	
(10)											
(11)											
(12)											
(13)											
(14)											

	(A) Name and title	(B) Average hours per week (list any	verage box, unless per officer and a c					an tee)	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated 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)	organizatioi (W-2/1099-M		fro orga and	ensation the nization related in its attention in its att	n d
(15)														
(16)														
(17)														
(18)														
						-								<u></u>
			<u> </u>											
		ļ												
(25)														
1b c	Sub-total . Total from continuation sheets to Part	VII, Sectio	n A	•		•		>	0		,142			81,967
<u>d</u>	Total (add lines 1b and 1c) Total number of individuals (including but	t not limited	l to th			ed a	above	▶ e) w	ho received m		,142 00,000 c	of		81,967
	reportable compensation from the organi								· · · · · · · · · · · · · · · · · · ·				Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete							emp	oloyee, or high	est comper	nsated 	3	-	x
4	For any individual listed on line 1a, is the	sum of re	portal	ole (con	nper	nsatio							^
	organization and related organizations individual	greater th	an \$	150,	000		r "Ye	S, "	complete Scr	nedule J foi 	r such 	4	X	-
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or ind	ıvıdual			1-,-
Section	on B. Independent Contractors	: 11 103, 0	,ompi	010	007	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	110 0 1	0/ 0	acii persori	• •	• •	5		X
1	Complete this table for your five highest compensation from the organization. Repyear.													iax
	(A) Name and business add	ress							(B) Description of s	ervices	Co	(C) ompens		
None														
												. —		
<u> </u>														
2	Total number of independent contractor							th	nose listed abo	ove) who				

Part VIII		Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII										
		Check if Schedule C	Contains a res	sponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514				
Contributions, Giffs, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (cor All other contributions, g	1b 1c 1 1d 1tntnbutions) 1e iffs, grants,									
tribu	_	and similar amounts not inc Noncash contributions include	L.**	158,458 158,458								
Con	g h	Total. Add lines 1a-1		138,438	158,458							
		- "		Business Code								
Program Service Revenue	2a b c	Investment in Partnersh	nip Interest	900000	(54)			(54				
ı. Se	d e				+							
grai	f	All other program ser										
Po	g	Total. Add lines 2a-2		>	(54)		***	Ž				
	3	Investment income and other similar amo	ounts) .	▶	42,246			42,246				
	5	Royalties	(i) Real	(ii) Personal								
	6a b	Gross rents . Less rental expenses	(i) real	(ii) i ci sonai		,		· • • • • • • • • • • • • • • • • • • •				
	С	Rental income or (loss)		0			Ÿ					
	_d	Net rental income or	<u> </u>		0							
	7a b	Gross amount from sales of assets other than inventory Less cost or other basis	(i) Securities 1,113,729	(ii) Other	2.	142	, , ,	, *				
	c	and sales expenses Gain or (loss)	945,115					٠				
	d	Net gain or (loss)		•	168,614			168,614				
Other Revenue	8a	Gross income from fu events (not including \$ of contributions reported										
þer		See Part IV, line 18		a								
ŏ	С	Less: direct expenses Net income or (loss) f Gross income from ga See Part IV, line 19	from fundraising		0							
	b	Less direct expenses	-	6								
	с 10а	Net income or (loss) to Gross sales of in returns and allowance	nventory, less		0							
	b c	Less cost of goods s Net income or (loss) t	from sales of inv		0							
		Miscellaneous F	Revenue	Business Code								
	11a b c d	All other revenue										
	e	Total. Add lines 11a-	-11d		0							
	12	Total revenue. See i			369,264			210,800				

Part IX Statement of Functional Expens
--

Part IX Statement of Functional Expenses										
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)										
Check if Schedule O contains a response or note to any line in this Part IX										
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	848,000	848,000							
2	Grants and other assistance to domestic individuals See Part IV, line 22	,	,							
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16									
4 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	Other salaries and wages									
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)									
9	Other employee benefits									
10	Payroll taxes									
11 a	Fees for services (non-employees) Management									
a b	Legal									
C	Accounting									
d	Lobbying									
е	Professional fundraising services See Part IV, line 17									
f	Investment management fees	12,653		12,653						
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)									
12	Advertising and promotion .									
13 14	Office expenses Information technology									
15	Royalties									
16	Occupancy									
17	Travel									
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19 20	Conferences, conventions, and meetings Interest	1,112		1,112						
21	Payments to affiliates									
22	Depreciation, depletion, and amortization									
23	Insurance .				·····					
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column				I					
_	(A) amount, list line 24e expenses on Schedule O)									
a b	Administrative expenses Bank fees	11,500	<u></u>	11,500						
C		14		14						
d										
е	All other expenses									
25	Total functional expenses. Add lines 1 through 24e	873,279	848,000	25,279						
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)									

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this	Part X		. 🗆
		•	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	5,319	2	23,745
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	600	4	41
	5	Loans and other receivables from current and former officers, directors	s,		
		trustees, key employees, and highest compensated employees	s		
		Complete Part II of Schedule L		5	
	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 an sponsoring organizations of section 501(c)(9) voluntary employees' beneficial organizations (see instructions). Complete Part II of Schedule L	nd		
ets	_			6	
Assets	7	Notes and loans receivable, net		7	
٩	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			ŧ
				400	
	b	Less accumulated depreciation . [10b]	1045141	10c	0
	11	Investments—publicly traded securities	1,945,141	11	1,260,101
	12	Investments—other securities See Part IV, line 11	39,797	12 13	85,101
	13 14	Investments—program-related See Part IV, line 11	95	14	•
		•		15	
	15 16	Other assets See Part IV, line 11 .	1,000,053	16	1 260 000
	17	Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses	1,990,952	17	1,368,988
	18	Grants payable		18	
	19	Deferred revenue		19	.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
s	22	Loans and other payables to current and former officers, directors	e	-	
Liabilities	22	trustees, key employees, highest compensated employees, an			•
Ē		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 thir	·d		
		parties, and other liabilities not included on lines 17-24) Complete Part	X		
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
es		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ a complete lines 27 through 29, and lines 33 and 34.	ind		,
and	27	Unrestricted net assets	1,990,952	27	1,368,988
3at	28	Temporarily restricted net assets		28	
Þ	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ at complete lines 30 through 34.	nd		
S O	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	<u> </u>
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
let	33	Total net assets or fund balances	1,990,952	_	1,368,988
_	34	Total liabilities and net assets/fund balances	1,990,952	_	1,368,988

Page	1	2

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		36	9,264
2	Total expenses (must equal Part IX, column (A), line 25)	2		87	3,279
3	Revenue less expenses. Subtract line 2 from line 1	3		(50	4,015
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	_	1,99	0,952
5	Net unrealized gains (losses) on investments	5		(11	7,949
6	Donatos de la companya de la company	6			
7		7			
8	. Her period anjum	8			
9	- 1.14 1.4	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
		10		1,36	8,988
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				ப
_		1		Yes	No
1	Accounting method used to prepare the Form 990 🗵 Cash 🗆 Accrual 🗀 Other	<u> </u>			
	If the organization changed its method of accounting from a prior year or checked "Other," expla Schedule O	ain in			
_					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled.	od or	2a		X
	reviewed on a separate basis, consolidated basis, or both	5u 0i			
h	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?		2b		Х
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited	on a	ZIJ		
	separate basis, consolidated basis, or both	J., u		,	* 🗐
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	siaht			
•	of the audit, review, or compilation of its financial statements and selection of an independent accounts		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain	aın ın			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in			
	the Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	o the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit	ıts	3b		
			For	n 990	(2014)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2014

Open to Public

Internal Revenue Service Inspection Name of the organization Employer identification number The Fund for Change, Inc 31-1662222 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives: (1) more than 331/3% 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 331/3% 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 X 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C Type III functionally integrated A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E Type III non-functionally integrated A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (ii) EIN (i) Name of supported organization (iii) Type of organization (Iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your governing support (see other support (see above or IRC section document? instructions) instructions) (see instructions)) Yes No (A) The Associated Jewish Community Federation of Baltimore 52-0607957 9 X 12,000 (B) (C) (D)

12,000

(E)

Total

18

instructions

Part									
	(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.)								
Socti	on A. Public Support	o quality unde	er the tests lis	sted below, p	lease compl	ete Part III.)			
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(0) 2012	(4) 2012	(a) 2014	(f) Total		
Calen 1	Gifts, grants, contributions, and	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
•	membership fees received (Do not include any "unusual grants") .				i				
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.								
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .	÷	-	, 186	٠	Just			
6	Public support. Subtract line 5 from line 4								
	on B. Total Support			т."					
	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
7	Amounts from line 4					ļ			
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 VI)								
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	re .		d, third, fourth	, or fifth tax y	ear as a sectio	n 501(c)(3) ▶ □		
	on C. Computation of Public Suppor				- 				
14	Public support percentage for 2014 (line 6		-	1, column (f))		14	<u>%</u>		
15	Public support percentage from 2013 Sch				11 44 - 00:	15	<u>%</u>		
16a	331/3% support test—2014. If the organization qua				ine 14 is 33	1/3% or more, c			
b	331/3% support test—2013. If the organ check this box and stop here. The organ	nization did no	ot check a box	on line 13 or		e 15 is 33½%	. ► □ or more, □		
17a	10% -facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "forganization"	ets the "facts-	and-circumsta	nces" test, che	eck this box a	nd stop here. E	Explain in		
b	10%-facts-and-circumstances test—26 15 is 10% or more, and if the organization members are supported organization.	tion meets the	e "facts-and-ci	rcumstances"	test, check t	his 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

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.)

	If the organization fails to qualify	under the te	sts listed belo	ow, please co	mpiete Part i	l.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose .						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513				1		
4	Tax revenues levied for the			-			
	organization's benefit and either paid	!					
	to or expended on its behalf .						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
_	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year			;			
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from	e de		A COLUMN TO THE PARTY OF THE PA			
	line 6)	53 (10 1)	46.4	a de la		1 4 1	
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6 .						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,					ļ	
	royalties and income from similar sources						
b							
	section 511 taxes) from businesses	}					
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11,]		<u> </u>		T	
	and 12)						
14	First five years. If the Form 990 is for the	-			•	ear as a section	1 501(c)(3)
	organization, check this box and stop he						. ▶ 🛚
	on C. Computation of Public Suppo					., 	
15	Public support percentage for 2014 (line			3, column (f))		15	<u>%</u>
16 Saati	Public support percentage from 2013 Sc			· ·	• •	16	<u>%</u>
	on D. Computation of Investment In				(5)	47	
17	Investment income percentage for 2014	•	• • •	•	TIN (T))	17	<u>%</u>
18	Investment income percentage from 201				 nd lina 15 :	18	%
19a	331/3% support tests—2014. If the organ 17 is not more than 331/3%, check this box						
L			_	-		-	_
b	331/3% support tests—2013. If the organization 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d	-	-		-	• •	_

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	X	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		X
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		X
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		X
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		- 1
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	Ì.		, , , , , , , , , , , , , , , , , , ,
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	4c	, ,	
b		5a		X
c	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6	:	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		X
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990)	8		X
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		X
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		X
10a		10a		X
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10d		_^

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Part	IV Supporting Organizations (continued)		1	
44			Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons?			
۵	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		X
b	A family member of a person described in (a) above?	11b		X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		X
Secti	ion B. Type I Supporting Organizations			
		_	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	X	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2	<u>X</u>	
Secti	ion C. Type II Supporting Organizations	<u> </u>		ŀ
		-	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1	*	;
Secti	ion D. All Type III Supporting Organizations	<u>'</u>	1	1
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
_		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard			:
Secti	ion E. Type III Functionally-Integrated Supporting Organizations	3	<u> </u>	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see			-1
a b c	☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see the content of the co			•
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	<u>za</u>	 	
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
•	·	2b	 	<u> </u>
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jan	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must con-			nstructions. All
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	-		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) Section B - Minimum Asset Amount	8	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		5 %	
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):		\$ \$7.	
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		<u> </u>
7 Check here if the current year is the organization's first as a non-functionall instructions)	y-ın	tegrated Type III supportin	g organization (see

Part	Y Type III Non-Functionally Integrated 509(a)(3	s) Supp	orting (Organi	zations (continued)		
Section	on D - Distributions	Current	Year				
1	Amounts paid to supported organizations to accomplish	<u>-</u>					
2	Amounts paid to perform activity that directly furthers exe	empt pui	poses o	f suppo	rted		
_	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purp	oses of	support	ed orga	nızations		
	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)		-				
6	Other distributions (describe in Part VI) See instructions						
7	Total annual distributions. Add lines 1 through 6					· · · · · · · · · · · · · · · · · · ·	
	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions	h the or	ganizatio	n is res	ponsive		
9	Distributable amount for 2014 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
	ction E - Distribution Allocations (see instructions)	Excess	(i) Distrib	utions	(ii) Underdistributions Pre-2014	(iii) Distribu Amount fo	table
	Distributable amount for 2014 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2014	*					
	(reasonable cause required-see instructions)						
3	Excess distributions carryover, if any, to 2014						
а	* * *					t.	
b		·					
С							
d	*	. 4	ĸ ĝ`	% - Î\$\$\$	%		
е	From 2013 .						
f	Total of lines 3a through e					8*	*.
g	Applied to underdistributions of prior years	- **	nd file.	3 Ø		189	» ·
	Applied to 2014 distributable amount						
i	Carryover from 2009 not applied (see instructions)	e e	54			á	
i	Remainder Subtract lines 3g, 3h, and 3i from 3f				*	7	
4	Distributions for 2014 from Section D, line 7:						
а	Applied to underdistributions of prior years	٠.١	*			-(*)	
	Applied to 2014 distributable amount	,					
	Remainder Subtract lines 4a and 4b from 4						
5	Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).						
	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).						
	Excess distributions carryover to 2015 Add lines 3j and 4c						
8	Breakdown of line 7						
а							
b							
С							
d	Excess from 2013			· · · · · · · · · · · · · · · · · · ·			
	Excess from 2014			İ			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information. (See instructions.)
Part IV, Section B, Line 2 -
Grants to organizations, other than the Supported Organization, are made at the discretion of the Board of the Supporting
Organization and are made in furtherance of the mission of the Supported Organization to support Jewish, cultural, educational
and social justice work.
Part IV, Section B, Line 6 -
The Supported Organization works to preserve and enhance Jewish life. It addresses charitable, educational, religious
humanitarian, health, cultural and social service needs of the Jewish community locally, nationally in Israel and throughout
the world In furtherance of that mission, the Supported Organization encourages families to establish supporting
organizations in partnership with it, in order to engage interested donors and succeeding generations in philanthropic
pursuits and enhance both the Jewish and general communities in keeping with the Jewish tradition of repairing
the world All grants are made to tax-exempt charitable organizations registered with the Internal Revenue Service.

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. ► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization The Fund for Change, Inc. 31-1662222 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 Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year 4 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? ☐ Yes ☐ No 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? ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 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 a historically important land area ☐ Preservation of a certified historic structure ☐ Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. Total number of conservation easements 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of ☐ Yes ☐ No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ĸ Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 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 XIII, the text of the footnote to its financial statements that describes these items. 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) Revenue included in Form 990, Part VIII, line 1 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:

Part	III Organizations Maintaining									
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and of	ther reco	rds, chec	k any of th	e follov	ving that are a	signific	ant us	e of its
а	☐ Public exhibition		d	☐ Loan	or exchang	ge progi	rams			
b	Scholarly research									
	☐ Preservation for future generations	i								
4	Provide a description of the organizati		and expla	ain how t	hev further	the ord	anızatıon's exe	mpt pu	ırpose	in Part
	XIII.		•		•	·			•	
5	During the year, did the organization	solicit or receive	donation	s of art,	historical ti	reasure	s, or other sim	ilar		
	assets to be sold to raise funds rather	than to be mainta	ained as p	oart of the	e organizat	ion's co	llection? .		Yes	☐ No
Part	V Escrow and Custodial Arra	ngements.					п			
•	Complete if the organization	answered "Yes	" to Forr	n 990, F	Part IV, line	9, or r	eported an ar	nount	on Fo	rm
	990, Part X, line 21.									
1a	Is the organization an agent, trustee,							not		
	included on Form 990, Part X?							. 🗆	Yes	☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and compl	ete the fo	llowing ta	able [.]					
		•		•			1	Amount	<u> </u>	
С	Beginning balance .,					1c				
ď	Additions during the year					1d			-	
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amoun					<u> </u>		tv? □	Yes	No
	If "Yes," explain the arrangement in Pa							, _		
Par										=
	Complete if the organization	answered "Yes	" to Forr	n 990, F	Part IV, line	10.				
		(a) Current year		or year	(c) Two yea		(d) Three years ba	ck (e) F	our year	rs back
1a	Beginning of year balance									
b	Contributions				1					
	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
e	Other expenditures for facilities and									
	programs		ŀ							
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the	he current year er	nd balanc	e (line 1c	, column (a	a)) held a	 as:	I		
а	Board designated or quasi-endowmen	nt ▶	%	` .	, ,					
b	Permanent endowment ▶									
С	Temporarily restricted endowment ▶	 %								
	The percentages in lines 2a, 2b, and 2	c should equal 10	00%.							
3a	Are there endowment funds not in the			zation th	at are held	and ad	ministered for t	:he		
	organization by:								Ye	s No
	(i) unrelated organizations							. 3a	ı(i)	\top
	(ii) related organizations							. 3a	(ii)	\top
b	If "Yes" to 3a(ii), are the related organia							. 3	b	T
4	Describe in Part XIII the intended uses	of the organization	on's endo	owment f	unds.					
Part	VI Land, Buildings, and Equip	ment.								
	Complete if the organization	answered "Yes	" to For	m 990, F	Part IV, line	e 11a. S	See Form 990	, Part)	K, line	10.
	Description of property	(a) Cost or o			or other basis		Accumulated	(d)	Book va	lue
		(investm	nent) 	(0	other)		epreciation			
1a	Land					91 (1863				
b	Buildings									
С	Leasehold improvements									
d	Equipment					1				
е	Other									
Total.	Add lines 1a through 1e. (Column (d) m	nust equal Form 9	90. Part	X. columr	n (B), line 10	Oc.) .				

Part VII	Investments – Other Securities Complete if the organization ans		m 990. Part IV. line	e 11b. See Form	990. Part X. line 12.
	(a) Description of security or category (including name of security)		(b) Book value	(c) Meti	nod of valuation of-year market value
(1) Financial	derivatives				
(2) Closely-h	neld equity interests				
(3) Other M	& T Bank - Consolidated Investments		85,101	End-of-year market	value
(A)					
(B)					
(C)					
(D)					
(E)					
(F)			-		
(G)					
(H)	(1)		95 101		8.00
	(b) must equal Form 990, Part X, col (B) line 12)		85,101	/	
Part VIII	Investments – Program Related		m 000 Dort IV line	110 Coo Form	000 Dort V line 12
	Complete if the organization answers	wered tes to ror	T T		hod of valuation
	(a) Description of investment		(b) Book value		nod of valuation -of-year market value
(1)		·			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)		·			
(9)					
Total. (Column ((b) must equal Form 990, Part X, col (B) line 13) ▶			* :	
Part IX	Other Assets.				
	Complete if the organization ans		m 990, Part IV, line	e 11d. See Form	
		a) Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					····
(6)					
(7)		·			
(9)					· .
	mn (b) must equal Form 990, Part X, co	ol. (B) line 15.)		▶	
Part X	Other Liabilities.				
	Complete if the organization ans	wered "Yes" to For	m 990, Part IV, line	e 11e or 11f. See	Form 990, Part X.
	line 25.		,		
1.	(a) Description of liability	(b) Book value			······································
(1) Federal II	ncome taxes				
(2)	· · · · · · · · · · · · · · · · · · ·				
(3)					
(4)		-	-		
(5)					
(6)					
(7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, col (B) line 25.) ▶	l			····
	r uncertain tax positions. In Part XIII, provi				
organization	's liability for uncertaın tax posıtions undei	r FIN 48 (ASC 740) Ch	eck here if the text of t	ne footnote has bee	n provided in Part XIII

Part	Reconciliation of Revenue per Audited Financial Stateme		r Return.	
	Complete if the organization answered "Yes" to Form 990, F			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1	.	
а	Net unrealized gains (losses) on investments	2a	⊣	
b	Donated services and use of facilities	2b	-	
С	Recoveries of prior year grants	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 VIII, line 12, but not on line 1.			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_	
b	Other (Describe in Part XIII.)		_	
c		40)		-
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line			
Part	Reconciliation of Expenses per Audited Financial Statem		ber Return.	
	Complete if the organization answered "Yes" to Form 990, F			
1			1	 -
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	l a = 1		
a	Donated services and use of facilities	2a	4 1	
b	Prior year adjustments	2b	4]	
C	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Subtract line 2e from line 1		2e	
3	Amounts included on Form 990, Part IX, line 25, but not on line 1:	<u> </u>	3	-
4		40		
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a 4b	⊣ ;	
b	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line		4c 5	
	XIII Supplemental Information.] 3	
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4: Part IV. lines 1b and 2	b: Part V. line 4: Part X	(. line
	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part			·, ····-
		•		
		·		
		·		

SCHEDULE I (Form 990)

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.

204

OMB No 1545-0047

► Attach to Form 990.

Open to Public Inspection

Employer identification number

31-1662222

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. The Fund for Change, Inc. Department of the Treasury Internal Revenue Service Name of the organization

Partl

⊠ Yes 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? General Information on Grants and Assistance

°N □

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II

Part IV, line 21, for any recipient that received more	/ recipient that	received more the	an \$5,000 Part	II can pe duplic	than \$5,000 Part II can be duplicated if additional space is needed	pace is needed	
1 (a) Name and address of organization or government	(p) 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)				i			
(9)							
(7)							
(8)	į						
(6)							
(10)							
(11)							
(12)							
 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 	501(c)(3) and go ganizations liste	vernment organiza d in the line 1 table	tions listed in the li	ne 1 table			. • 42
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruction	ns for Form 990.					Schedule I (Form 990) (2014)

The Fund for Change, Inc. TIN - 31-1662222 December 31, 2014

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.	52-1864759	501 (c)(3)	\$ 5,000	General Support
1209 North Calvert Street Baltimore, MD 21202 American Civil Liberties Union Fdn. of Maryland, Inc.	23-7209538	501 (c)(3)	40,000	General Support
3600 Clipper Mill Road Baltimore, MD 21211 Association of Baltimore Area Grantmakers	52-1326863	501 (c)(3)	5,500	General Support
2 E. Read Street Baltimore, MD 21202 Baltimore Algebra Project	52-1948745	501 (c)(3)	30,000	General Support
1523 Lakeside Avenue Baltimore, MD 21218 Baltimore Community Foundation 2.5. Bood Street Baltimore, MD 21202	23-7180620	501 (c)(3)	10,000	General Support
2 E Read Street Baltimore, MD 21202 Baltimore Green Space, A Land Trust, Inc 800 Wyman Park Drive Baltimore, MD 21211	26-0530374	501 (c)(3)	17,500	General Support
Baltimoreans United in Leadership Development 2439 Maryland Ave Baltimore, MD 21218	52-1120778	501 (c)(3)	25,000	General Support
Bend the Arc 330 Seventh Avenue New York, NY 10001	52-1332694	501 (c)(3)	5,000	General Support
Beyond Pesticides 701 E Street SE, #200 Washington, DC 20003	52-1360541	501 (c)(3)	25,000	General Support
CASA of Maryland, Inc 310 Tulip Avenue Takoma Park, MD 20912	52-1372972	501 (c)(3)	25,000	General Support
Center for Popular Democracy, Inc 802 Kent Avenue Brooklyn, NY 11205	45-3813436	501 (c)(3)	20,000	General Support
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)	15,000	General Support
Community Foundation of Carroll County 10 Distillery Drive Westminster, MD 21157	52-1/865244	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
Community of Curtis Bay Association 1503 Elmtree Street Baltimore, MD 21226	52-1829073	501 (c)(3)	15,000	General Support
Environment Maryland Research and Policy Center 3121 St. Paul Street Baltimoe, MD 21218	20-4690070	501 (c)(3)		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
Grassroots Institute for Fundraising Training 1904 Franklin Street Oakland, CA 94612	94-3339018	501 (c)(3)		General Support
Groundswell, Inc. 1156 15th Street, NW Washington, DC 20005	27-0201126	501 (c)(3)		General Support
Homeless Persons Representation Project, Inc. 201 N Charles Street Baltimore, MD 21201	52-1697260	501 (c)(3)		General Support
Infact 46 Plympton Street Boston, MA 02118	41-1322686	501 (c)(3)		General Support
The Intersection 518 S Conkling Street Baltimore, MD 21224	45-2123506	501 (c)(3)		General Support
Jewish United for Justice 1633 Connecticut Avenue NW Washington, DC 20009	52-2346578	501 (c)(3)		General Support
Job Opportunites Task Force,Inc. 217 E. Redwood Street Baltimore, MD 21202	52-2278450	501 (c)(3)		General Support
Legal Aid Bureau 500 E Lexington Street Baltimore, MD 21202	52-0591621	501 (c)(3)		General Support
Maryland Association of Nonprofit Organizations 190 W. Ostend Street #201 Baltimore, MD 21230	52-1749231	501 (c)(3)	20,000	General Support

The Fund for Change, Inc. TIN - 31-1662222 December 31, 2014

Form 990, Schedule I, Part II

(a)Name and address of organization	(b)EIN#	(c) IRC section	(d)Amount	(h)Purpose of grant
MD Citizens Health Initiative Education Fund, Inc 2600 St Paul Street Baltimore, MD 21218	52-2173223	501 (c)(3)	30,000	General Support
Maryland Disability Law Center 1800 N Charles St Baltimore, MD 21201	51-0215570	501 (c)(3)	20,000	General Support
Maryland Public Interest Research Foundation 3121 St. Paul Street Baltimoe, MD 21218	52-1033638	501 (c)(3)	10,000	General Support
Mental Health Association of Maryland, Inc 711 W 40th Street #460 Baltimore, MD 21211 National Council on Alcoholism and Drug Dependence-MD	52-0591666	501 (c)(3)	15,000	General Support
Chapter 28 E Ostend Street Baltimore, MD 21230	52-1591416	501 (c)(3)	15,000	General Support
Open Society Institute MD 201 N Charles Street Baltimore, MD 21201	13-7029285	501 (c)(3)	15,000	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)	20,000	General Support
United Workers Association 300 Cathedral Street #204 Baltimore MD 21201	52-1697260	501 (c)(3)	·	General Support
University of Maryland Baltimore Foundation 620 W Lexington Street Baltimore, MD 21201	31-1678679	501 (c)(3)	25,000	General Support
USAction Education Fund 1341 G Street NW, Washington DC 20036	52-2214307	501 (c)(3)	25,000	General Support
Waterfront Partnership of Baltimore, Inc. 650 S Exeter Street Baltimore, MD 21202	20-3682821	501 (c)(3)	15,000	General Support
Youth as Resources 2 E Read Street Baltimore, MD 21202	45-2432904	501 (c)(3)	7,500	General Support

Schedule I (Form 990) (2014)

Part III Grants an

Grants and Other Assistance to Domestic Individuals. Complete of the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed	al 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					
2					
9					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b)	the information re	equired in Part I, Im	e 2, Part III, column	(b), and any other additional information.	onal information.
Grants are reviewed to ensure that they are permissible and in accord with applicable laws and regulations	in accord with applica	able laws and regulation	15		
The Foundation will request and receive periodic reports and updates from the grantees regarding how grants are utilized, and takes such information	nd updates from the gr	antees regarding how g	rants are utilized, and ta	kes such information	
into account in considering future grant awards					
					Schedule I (Form 990) (2014)

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.

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

OMB No 1545-0047 2014

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

The Fu	and for Change, Inc. 31-1662222			
Part	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	,	Yes	No
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III	**	ì	
	☐ Compensation committee ☐ Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study		2	4
	☐ Form 990 of other organizations ☐ 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			
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	
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		X
b	Any related organization?	5b		X
	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:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
	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	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 "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

(B) Breakdown of W-2 and/or 1099-MISC compensation		(B) Breakdown of	f W-2 and/or 1099-MIS	1099-MISC compensation			1	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	(b) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	ry Compensation in column (B) reported as deferred in prior Form 990
	ε							
1 Marc B. Terrill	(ii)	477,486	75,000	65,656	60,653	22,767	701,562	
	(1)							
2	(ii)							
	8							
3	(ii)							
	Θ							
4	<u>(ii)</u>				:			
	(1)							
5	€							
	€							
9	(ii)							
	(1)							
7	(ii)							
	(1)							
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15	(E)							
	©							
16	(E)							

Schedule J (Form 990) 2014

Page 3

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2014

Open To Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990

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

Name of the organization

Employer identification number

i iic i ui	nd for Change, Inc			31-1662222	2			
Part								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o noncash cont	(d) f deter ribution	mınıng n amo	g ounts
1	Art—Works of art							
2	Art—Historical treasures .		···					
3	Art—Fractional interests							
4	Books and publications .			-				
5	Clothing and household goods		, s. y					
6	Cars and other vehicles .							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	X	3 contributions	158,458	Fair market v	alue		
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic		155					
	structures							
14	Qualified conservation contribution—Other .							
15	Real estate—Residential						-	
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts .							
25	Other ► ()	<u></u>						
26	Other ► ()							
27	Other ► ()							
28	Other ► ()			and for antibotions for	 			
29	Number of Forms 8283 received which the organization completed							
		1 1701111 0203	o, Fait IV, Dollee Acknowle	dgement	29		Vac	N/a
	Which the organization completed						Yes	NO
20		.	the control of		ا باردند		l l	- 1
30a	During the year, did the organiza							
30a	During the year, did the organiza 28, that it must hold for at least ti	hree years f	rom the date of the initial o					
	During the year, did the organiza 28, that it must hold for at least to to be used for exempt purposes	hree years f for the entir	rom the date of the initial o			30a		X
b	During the year, did the organiza 28, that it must hold for at least the besused for exempt purposes If "Yes," describe the arrangement	hree years f for the entir nt in Part II.	rom the date of the initial of the holding period?	ontribution, and which is n	ot required			X
	During the year, did the organiza 28, that it must hold for at least to be used for exempt purposes If "Yes," describe the arrangement Does the organization have a	hree years f for the entir nt in Part II. gift accep	rom the date of the initial of the holding period? Itance policy that require	contribution, and which is n	ot required	30a		X
b 31	During the year, did the organiza 28, that it must hold for at least to be used for exempt purposes If "Yes," describe the arrangement Does the organization have a contributions?	hree years f for the entir nt in Part II. gift accep	rom the date of the initial of the holding period? Itance policy that require	contribution, and which is n es the review of any no	ot required n-standard		X	X
b	During the year, did the organiza 28, that it must hold for at least to be used for exempt purposes If "Yes," describe the arrangement Does the organization have a contributions? Does the organization hire or us	hree years f for the entir nt in Part II. gift accep e third part	rom the date of the initial of e holding period? Itance policy that require ies or related organization	contribution, and which is n es the review of any no	ot required n-standard	30a 31	X	
b 31 32a	During the year, did the organiza 28, that it must hold for at least to be used for exempt purposes If "Yes," describe the arrangement Does the organization have a contributions?	hree years f for the entir nt in Part II. gift accep e third part	rom the date of the initial of e holding period? Itance policy that require ies or related organization	contribution, and which is n es the review of any no	ot required n-standard	30a	X	x x x

Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
Part I, line 9	b In 2014 there was one contributions made during the year which included three publically traded stocks
that were do	nated. Our policy is to liquidate upon receipt of the stock.
•	
_	

SCHEDULE O (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

Open to Public Inspection

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.

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 Kal	nn. Betsv Krieger and
David Kandel have a family relationship.	
David Nation have a lating relationship.	
Line 6 - The organization has two members, a Public Member-The Associated Jewish Community Federa	tion of Baltimore, Inc. and
Donor members consisting of Betsy 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 a	dopted.
Line 11a - The Form 990 and supporting schedules are distributed to the officers and directors upon comp	letion 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 comp	lies
with the conflict of interest policy of The Associated	
Line 15 - Marc Terrill participates in a nonqualified deferred compensation plan. No amounts were vest	ed during the year (2014),
however \$50,000 was deferred and is included on Form 990, Part VII, Column F and Wchedule J, Part II, Co	olumn C. A new five-year
contract was executed beginning January 1, 2013 The terms and conditions of the deferred compensation p	lan are outlined
in the contract with The Associated	
Line 19 - The organization makes its governing documents and financial statements available to the	
public upon request	

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

The Fund for Change, Inc.

Part I

(1)

(3)

(2)

(9)

(5)

4

Part II

ב כ

OMB No 1545-0047

Neighted Organization (Related Organizations and Onfeigled Partification 33, 34, 35b, 36, or 37.	ed Farthership t IV, line 33, 34, 35b, 36, or	37.		2014
e Treasury Service ► Information about Schedule	► Attach to Form 990 Information about Schedule R (Form 990) and its instructions is at www irs.gov/form990.	is at www irs.gov/form99	o.		Open to Public Inspection
ganization				Employer id	Employer identification number
Change, Inc.				31-1662222	
Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33	ganization answered "Ye	s" on Form 990, Pa	rt IV, line 33		
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
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.	implete if the organization ax year.	answered "Yes" o	n Form 990, Pa	rt IV, line 34 beca	ause it had

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.	ations Complete if the uning the tax year.	e organization ans	swered "Yes" on	Form 990, Part IV	, line 34 becaus	e it had	
	(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?	2(b)(13) led ?
							Yes	N _o
(1) The As	(1) The Associated Jewish Community Federation of Baltimore, Inc 101 W Mt. Royal Avenue Baltimore, MD 21201	Exempt organization	ДW	501(c)(3)	L	N/A		×
(2)	(2)	-						
(3)								
(4)								
(5)								
(9)								
(7)								

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

Schedule R (Form 990) 2014

Part III

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

(k) ' Percentage ownership								† IV,	(I) Section 512(b)(13) controlled entity?	S No								Schedule R (Form 990) 2014
	Yes							990, Par	(h) Percentage Sect ownership	Yes								le R (Forn
Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)								"Yes" on Form	(g) (h) Share of Percent end-of-year assets									Schedu
(h) Disproportionate allocations?	Yes No							answered	(f) Share of total income end-			_						
(g) (h) Share of end-of- Disproportionate year assets allocations?								rganization the tax yes	ntity Share , or trust) inc									
(f) Share of total SI income								ete if the o	(e) Type of entity (C corp, S corp, or trust)									:
Predominant Sha Income (related, unrelated, excluded from tax under sections 512-514)								Frust Comple poration or to	(d) Direct controlling entity						* 1 1			
								ration or	(c) Legal domicile (state or foreign country)									
(d) Direct controlling entity								is a Corpo	Legal (state or fo									
(c) Legal domicile (state or foreign country)								Taxable a	(b) Pnmary activity									
(b) Pnmary activity								ted Organizations one or more relate	anization									
(a) Name, address, and EIN of related organization	(1) N/A	(2)	(6)	(4)	(5)	(9)	(2)	Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year	(a) Name, address, and EIN of related organization		(1) N/A	(2)	(3)	(4)	(5)	(9)	(7)	

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	S N
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?	ons with one or more related org	anizations listed in Par	ts II-IV	ŕ		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	tity	•		1a		×
b Gift, grant, or capital contribution to related organization(s)				1 1	×	
c Gift grant or capital contribution from related organization(s)				10		×
				77	-	>
		,	•	2 ,	t	4
 Loans or loan guarantees by related organization(s) 				9		×
f Dividends from related organization(s)			•	=		×
a Sale of assets to related organization(s)				10		×
				, t		: >
		•	•	= ;		⟨ ;
Exchange of assets with related organization(s)		•		=		×
 Lease of facilities, equipment, or other assets to related organization(s) 		•		<u>-</u>		×
k lease of facilities equipment or other assets from related organization(s)				7	Ì	>
	rganization(s)	•		=		< ×
m Performance of services or membership or fundraising solicitations by related organization(s)	ganization(s)			E		×
	sation(s)			5	T	×
				9	×	
		•	•		+	
p Reimbursement paid to related organization(s) for expenses				10		×
 Reimbursement paid by related organization(s) for expenses 				19		×
r Other transfer of cash or property to related organization(s)	•		•	11		×
S Other transfer of cash or property from related organization(s)				1s		×
2 If the answer to any of the above is "Yes," see the instructions for information on w	s for information on who must complete this line, including covered relationships and transaction thresholds	cluding covered relatio	nships and transaction	on thres	shold	s
(a)	(Q)	(5)	(p)			
Name of related organization	Transaction type (a–s)	Amount involved	Method of determining amount involved	g amount	t involv	g
				:		
(2)						
(3)						
(4)		:				
(9)						
(9)			Schedule R (Form 990) 2014	R (Form	(066	2014
				: .	,,,,	•

Unrelated Organizations Taxable as a Partnership Complete of 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)	(9)	(5)	1	(b) (c)	(5)	9	3	W	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile	Predominant	Are all partners	Share of	Share of	onate	Code V—UBI		Percentage
		country)	unrelated, excluded				anocarions	of Schedule K-1	partner?	di iki
			sections 512-514)	organizations	-			(Form 1065)	[:	
			_	Yes No			Yes No		Yes No	
(1)										
(2)										
(3)										
(4)										
(5)										
(9)										
(7)										
(8)										
(6)										
(10)										
(11)							_			
(12)										
(13)										
(14)										
(15)										
(16)										
								Sche	Schedule R (Form 990) 2014	n 990) 2014