### **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2016

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 Inspection

A	For the	2016 cale	endar year, or tax year beginni	ng	, 2016, and e	nding			, 20	
В	Check If	applicable	C Name of organization The Fund	I for Change, Inc.				D Employ	er identification i	number
$\Box$	Address		Doing business as					31-1662	222	
<u>.</u> —	Name ch	-	Number and street (or P O box it	mail is not delivered to street add	Iress) Roor	n/suite		E Telephoi		
$\Box$	Initial ret	-	101 West Mount Royal Aven	ue				410-727-	4828	
H		rn/terminated		ountry, and ZIP or foreign postal o	ode			410-727-	4020	
H	Amende		Baltimore, MD 21201	- · · · · · · · · · · · · · · · · · · ·				<b>G</b> Gross re	sceinte \$	1,557,903
H		ion pending	F Name and address of principal of	ficer		_	U(a) la thia a as		subordinates? Ye	
	Applicat	ion pending	Transcand address of principal of	1001			1		subordinates? The Yes	
-			∑ 501(c)(3)	->/	7(2)(4) ==		4 ' '		s included / 🗀 Ye: a list (see instructi	
<u> </u>	Website	mpt status	X 501(c)(3) 501(c)	c) ( ) ◀ (insert no ) ☐ 494	7(a)(1) or 52		1		•	5115)
<u>J</u> _			∇	ociation Other ►	L Year of fo		H(c) Group		<del></del>	MD
K			<del>=:=====</del>	ociation Other >	L Year of 10	rmation	1999	IN State	of legal domicile	MD
يا	art I	Summ			<del> </del>					
3	1		escribe the organization's mi							
Governance	)		n or with low and moderate inco		orts to redress s	uch in	equities and	i build a s	society	
, ia			nocratic, equalitarian and partic							
ě	2		his box $ ightharpoonup \square$ if the organization	•	•	ed of a	more than	25% of	its net assets	
ဖိ	3		of voting members of the go		•	•	•	3		9
ංජ ග	4		of independent voting memb		•	1b)		4		8
Ęį	5		mber of individuals employed	9	art V, line 2a)			5		0
Activities &	6		mber of volunteers (estimate	• •				6		8
¥	7a	Total unr	elated business revenue froi	m Part VIII, column (C), line	212		•	7a		
	b	Net unrel	lated business taxable incon	ne from Form 990-T, line 3	4 .		<u>.</u>	7b		
							Prior Ye	ar	Current Y	ear
ø	8	Contribut	tions and grants (Part VIII, Iır	ne 1h)				259,759		456,255
Ē	9	Program	service revenue (Part VIII, lir	ne 2g)		. [				0
Revenue	10	Investme	ent income (Part VIII, column	(A), lines 3, 4, and 7d)				197,085		67,232
~	11	Other rev	venue (Part VIII, column (A), I	ines 5, 6d, 8c, 9c, 10c, an	d 11e)					0
	12		enue—add lines 8 through 11			)		456,844		523,487
	13		nd sımılar amounts paid (Pai	<del></del>			<del></del>	954,500		856,125
	14		paid to or for members (Part			. —		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0
w	4.5		other compensation, employe		(A), lines 5–10)		<del></del> _			0
Expenses	16a		onal fundraising fees (Part IX							
pe .	b		draising expenses (Part IX, o		-	11	A V	1/4	* * *	
ŭ	17		penses (Part IX, column (A))	· · · · · · · · · · · · · · · · · · ·	<del></del>		0.0 %	36,673		47,033
	18		penses. Add lines 13–17 (m)		Mine 25)			991,173		903,158
	19	-	less expenses Subtract line		2	<u> </u>		(534,329)		(379,671)
- 4		110401100		21 HH 92 /HH 12	<b>~!</b>	Bec	inning of Cu		End of Ye	
ets o	20	Total ass	sets (Part X, line 16) .	DI JUL 28 ZUIT	2	<u>-</u>		640,294		214,554
Asse	21		pulities (Part X, line 26)		=			040,294		0
Net Assets or	22		ts or fund balances Subtrac	OGDEN, UT	_ <b>_</b>	` ├─		640,294	<del></del>	214,554
	art II		ture Block	Time 21 Hom inc 20		1		040,234		214,334
			ury, I declare that I have examined th	nic return, including accompanying	s schodules and s	etatome:	nte, and to th	o bost of n	ny knowlodgo, one	t boliof it is
tru	idei peria	t, and compl	leta Declaration of preparer (other the	han officer) is based on all informa	tion of which pre	parer ha	as any knowle	edge	ny knowledge and	i bellet, it is
	<del></del>				<u></u>			7/10	117	
Sig	an (	Son	nature of officer	<del>1</del>			Dat	- 114	<del>{                                      </del>	
	ere	1.		Durandana			50.			
	-10		en H. Kreisberg e or print name and title	President						
_		1	pe preparer's name	Preparer's signature		Date		T	PTIN	
	aid		F - F - Spare - C - Harris					Check	] #	
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Us	se On			<del></del>				's EIN ▶		
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_			stins return with the prepare	<del></del>	uctions)		· . · ·	<del>·</del> ·	☐ Ye	s No 190 (2016)
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Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1		
	complete Schedule A	1_	X	
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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III			
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	5		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
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		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>x</u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e		X 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		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		_ <u></u>
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.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>x</u>
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		<u>х</u> х
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		<u>x</u>
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>x</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		 X
			990	

Part	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
. , b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<b></b>	-
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	x	
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		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	122	<del> </del>	1-
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	X	_
2-70	\$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			
L		24a	_	X
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		
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	_	-
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	_	v
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		X
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	1 1		
	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		v
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).			X
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	_	<u>X</u>
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	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	20		.,
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N</i> ,	30		X
-	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .	33		<u>X</u>
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	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		_ X_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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? <b>Note</b> . All Form 990 filers are required to complete Schedule O	38	x	

Form **990** (2016)

Part				_
<u> </u>	Check if Schedule O contains a response or note to any line in this Part V	<del></del> 7	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . 1a 0			
, b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	1 1		
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0		i	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1.1		
	account)?	4a		_X
b	If "Yes," enter the name of the foreign country.			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		ļ	
F	(FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
5a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		- 1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	_	_ X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282? .	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	- <u>-</u>		
e	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?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f		<u>X</u>
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<del>/ '''  </del>	-	
Ū	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1 1	1	
11	Section 501(c)(12) organizations. Enter.		ł	
a	Gross income from members or shareholders		Ì	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	(	ļ	
	· · · · · · · · · · · · · · · · · · ·	42-		
12a	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		
b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a	$\longrightarrow$	
а	Note. See the instructions for additional information the organization must report on Schedule O.	.54	-+	
b	Enter the amount of reserves the organization is required to maintain by the states in which		1	
-	the organization is licensed to issue qualified health plans	( l	l	
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
	If "Vee," has it filed a Form 720 to report these nauments? If "No," provide an explanation in Schedule O	146	T	

Part				
• •	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.S.	iee ins	structi	
Saati	Check if Schedule O contains a response or note to any line in this Part VI  on A. Governing Body and Management	<u> </u>	<u> </u>	X
Secu	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . 1a 9	$\Box$	<del>  </del>	
	If there are material differences in voting rights among members of the governing body, or	1 /	i	
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			}
b	Enter the number of voting members included in line 1a, above, who are independent  1b 8	]		ĺ .
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		X
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization become aware during the year of a significant diversion of the organization's assets.	6	х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
ь 9	Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	8b	X	
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		i	
	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 425	Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a		
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	$\dashv$	<u>X</u>
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
•	describe in Schedule O how this was done	12c	ĺ	
13	Did the organization have a written whistleblower policy?	13		X
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?			
a	The organization's CEO, Executive Director, or top management official	15a		<u>X</u>
b	Other officers or key employees of the organization	15b		<u>X</u>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		ļ	ļ
	with a taxable entity during the year?	16a		' _X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			_ <del>-:-</del> -
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		]	
	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17 40	List the states with which a copy of this Form 990 is required to be filed None  Section 6404 requires on organization to make the Forms 1023 (or 1024 if applicable), 900, and 900 T (Section	5016	0)/3)0	only)
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	) I UC	J)(J)S	only)
	☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of into	erest r	oolicv	, and
	financial statements available to the public during the tax year.	· P	- ,	,
20	State the name, address, and telephone number of the person who possesses the organization's books and red	cords	<b>&gt;</b>	
	Marilyn Loux 101 West Mt Royal Avenue Baltimore, MD 21201 410-727-4828			

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

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

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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 employees."
- 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 org	aniz	atio	n c	ompe	nsa	ited any curren	t officer, directo	r, or trustee
	,				C)					
(A)	(B)	/d= =	-4 -1		ition	. 41		(D)	(E)	(F)
Name and Title	Average hours per week (list any	box,	unles er and	s pe	rson	than on the theorem of the theorem o	n an tee)	Reportable compensation from	Reportable compensation from related	Estimated
	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			<b>.</b>						
President and Public Director		X		X				0	0	0
(2) Jean K. Kahn	25									
Vice President and Donor Director		_ X_		X				0	0	0
(3) Betsy Krieger	25									
Secretary and Donor Director		_X		X	<u> </u>		<u>L</u>	0	0	0
(4) Marc B. Terrill	25				ł					
Treasurer and Public Director	40.0	X		X				0	802,129	92,056
(5) David Kandel	.25			ļ						
Donor Director		X					<u></u>	0	00	0
(6) Marc Kahn	.25						}			
Donor Director		X						0	00	0
(7) Brent Flickinger	.25									
Public Director		X					<u></u>	0	0	0
(8) Mary Jo Kırschman	.25					<b>;</b>				
Public Director		X						0	0	0
(9) Howard Miller	.25		'			]		1		
Public Director		X						0	00	0
(10)										
(11)										
(12)										
(13)	ļ		-		-		<u> </u>			
(14)					-					
					1					

•••	(A) Name and title	(B)  Average hours per week (list any hours for	Position (do not check more than of box, unless person is both officer and a director/trust					an tee)	(D)  Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estimated amount of other compensation		
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC	5)	fro orga and	m the nization related nization	on d
(15)								-			-			
(16)								-			+			
(17)								-					<del></del>	
											-			
								-			+-	_		
			)							<u>-</u>	+-			
											-			
										<u> </u>	-			
											_		<u>.</u>	
							_							
(25)														
1b c	Sub-total  Total from continuation sheets to Part	VII, Sectio						<b>&gt;</b>	0	802,12				92,056
d 2	Total (add lines 1b and 1c).  Total number of individuals (including but reportable compensation from the organic							<u>►</u>	ho received m	802,12 ore than \$100,		f		92,0 <u>56</u>
		<u></u>					leon e		Joyco or high	est sempenes	tod		Yes	No
3	Did the organization list any <b>former</b> of employee on line 1a? <i>If "Yes," complete</i>	Schedule J	for s	uch	ind	ividi	ual					3		X
4	For any individual listed on line 1a, is the organization and related organizations													
5	individual Did any person listed on line 1a receive of	or accrue co	ompe	nsat	tion	fro	m any	un	 related organiz	 ation or individ	dual	4	X	
	for services rendered to the organization											5		X
1	Complete this table for your five highest compensation from the organization Representation Repr													ax
	(A) Name and business add	Iress	-						(B) Description of s	ervices	Co	(C) mpens	ation	
None														
		<del>_</del>						-						
			<del></del>					-						

Part VIII		Statement of Revenue											
ī		Check if Schedule C	O contains a res	ponse or note to				<u> </u>					
			_		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514					
nts	1a	Federated campaign	ıs <b>1a</b>			,		3.2011					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	. 1b										
ts,	С	Fundraising events .			Ì								
를 를	d	Related organizations											
ons, Sim	e	Government grants (cor All other contributions, g			ľ								
et je	'	and similar amounts not inc		456.055									
걸	g	Noncash contributions inclu		456,255 456,255									
Cor		Total. Add lines 1a-1		430,233	456,255								
	1			Business Code	430,233		· · · · · · · · · · · · · · · · · · ·	1					
Program Service Revenue	2a						······································	·					
8	b						· · ·						
vice	С												
Ser	d												
ram La	е												
<u>ē</u>	f	All other program ser											
	<u>g</u> 3	Total. Add lines 2a–2 Investment income		ondo interest	0			<del>,</del>					
		and other similar amo		ends, interest,	12 491								
	4	Income from investmen	•		12,481			12,48					
	5	Royalties		▶			· · · · · · · · · · · · · · · · · · ·						
		•	(i) Real	(iı) Personal									
	6a	Gross rents											
	b	Less rental expenses											
	С	Rental income or (loss)	0	0									
		Net rental income or o	<u> </u>		0								
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other									
	b	Less cost or other basis	1,089,167										
		and sales expenses	1,034,416										
	С	Gain or (loss) .	54,751	0		]							
	d	Net gain or (loss)		▶	54,751			54.851					
as a					34,731		-						
Other Revenue		Gross income from fuevents (not including \$	ındraising					i					
Še		of contributions reporte	ed on line 1c)										
7		See Part IV, line 18	a										
¥	b	Less direct expenses	1-										
١ ٠		Net income or (loss) fi		events <b>&gt;</b>	0	-	<del></del>						
		Gross income from ga											
		See Part IV, line 19 .	~ l										
		Less direct expenses					·						
		Net income or (loss) fi		vities ▶	0								
i		Gross sales of in returns and allowance	- · · · · · · · · · · · · · · · · · · ·				İ						
		Less: cost of goods s	۳_			1							
		Net income or (loss) fr		entory <b>&gt;</b>	0			J					
ŀ		Miscellaneous R		Business Code				<del></del>					
ļ	11a						- <del>-</del>						
	b												
1	С												
	d	All other revenue											
		Total. Add lines 11a-		▶	0								
	12	Total revenue. See in	istructions .	▶	523,487			67,332					

	90 (2016)				Page <b>1</b> 0
	IX Statement of Functional Expenses	-1-4	0 0		<del></del>
Section	on 501(c)(3) and 501(c)(4) organizations must com			s must complete co	
	Check if Schedule O contains a respons			. (0)	
8b, 9l	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	856,125	856,125		
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 8	Other salaries and wages  Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal			····	
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	6,315		6,315	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1 161		1 161	
12	Advertising and promotion	1,161		1,161	
13	Office expenses	96		96	
14	Information technology	90	<del></del>	90	<del></del>
15	Royalties				
16	Occupancy				<u> </u>
17	Travel			· · · · · · · · · · · · · · · · · · ·	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				

9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	6,315		6,315	
g	Other, (If line 11g amount exceeds 10% of line 25, column				
_	(A) amount, list line 11g expenses on Schedule O)	1,161		1,161	
12	Advertising and promotion				
13	Office expenses	96		96	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	961		961	
20	Interest				
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		ĺ		
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	Administrative expenses	38,500		38,500	
b					
C					·····
d					<del></del>
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	903,158	856,125	47,033	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs		}		
	from a combined educational campaign and			1	
	fundraising solicitation Check here				
	following ŠOP 98-2 (ASC 958-720) .				
					Form <b>990</b> (2016)
		=	-		

Р	art X	Balance Sheet	·· <u>·</u>		
	•	Check if Schedule O contains a response or note to any line in this Pa	rt X		
	-		(A) Beginning of year		(B) End of year
	1 2 3 4	Cash—non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net	10,864	3 4	26,265
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
Assets	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10c	0
	11	Investments—publicly traded securities	567,917	11	133,179
	12	Investments—other securities. See Part IV, line 11	61,513		55,110
	13	Investments—program-related. See Part IV, line 11 .		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34) .	640,294	16	214,554
	17	Accounts payable and accrued expenses		17	
	18 19	Grants payable		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	<del></del>
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
Ē	ľ	disqualified persons Complete Part II of Schedule L		22	J
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	1
	20	<u> </u>		25 26	
	26	Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.	0	20	0
ည်	27	Unrestricted net assets	640,294	27	214,554
ala	28	Temporarily restricted net assets	040,274	28	214,334
8	29	Permanently restricted net assets		29	<del></del>
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.		-	
ţ	30	Capital stock or trust principal, or current funds		30	<del></del>
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	640,294	33	214,554
_	34	Total liabilities and net assets/fund balances	640,294	34	214,554

orm 9	90 (2016)			Pa	age <b>12</b>
	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		52	23,487
2	Total expenses (must equal Part IX, column (A), line 25)	2		90	3,158
3	Revenue less expenses Subtract line 2 from line 1	3		(37	79,671
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4		64	10,294
5	Net unrealized gains (losses) on investments	5			16,069
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		_	_
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
. •	33, column (B))	10		21	4,554
Par	XII Financial Statements and Reporting	<del></del>			.,
	Check if Schedule O contains a response or note to any line in this Part XII .				
	Official in Control of			Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other				
•	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in		l	]
	Schedule O	•			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	_	2a		X
Za	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled or			
	reviewed on a separate basis, consolidated basis, or both				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		1		
b			2b		X
D	If "Yes," check a box below to indicate whether the financial statements for the year were audito	ed on a			
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	versiaht	<del>-</del>		
С	of the audit, review, or compilation of its financial statements and selection of an independent account	ıntant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex		<u>-</u> -		<b> </b>
	II the organization changed cities its oversight process of colociton process during the text year, or	- I	1	!	1

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

. . . . . . . .

3a

Χ

Form **990** (2016)

Schedule O.

the Single Audit Act and OMB Circular A-133?

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

**Public Charity Status and Public Support** 

OMB No 1545-0047 2016

Open to Public

Department of the Treasury Internal Revenue Service

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.

Inspection

Name	of the organization					Employer identification	n number
The F	fund for Change, Inc.					31-1662222	
Par							ons
	organization is not a private founda				_	-	-
	<del>_</del>						
	A school described in section		•	,		• •	
3 4	<ul> <li>☐ A hospital or a cooperative ho</li> <li>☐ A medical research organization</li> <li>hospital's name, city, and state</li> </ul>	on operated in c	•			,, ,, ,	(iii). Enter the
5	☐ An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in
6 7	☐ A federal, state, or local govern ☐ An organization that normally described in section 170(b)(1)	receives a subs	stantial part of its sup				n the general public
8	A community trust described i	n section 170(b	)(1)(A)(vi). (Complete I	Part II)			
9	☐ An agricultural research organ or university or a non-land-grauniversity	ızatıon describe ınt college of ag	d in section 170(b)(1) riculture (see instruction	(A)(ix) op ons). Ente	er the nan	ne, city, and state of	the college or
10	An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt fu t income and un ifter June 30, 19	unctions—subject to co nrelated business taxal 175. See <b>section 509(</b> a	ertain exc ble incom a)(2). (Coi	ceptions, ne (less si mplete Pa	and (2) no more that ection 511 tax) from art III.)	n 331/3% of its
	☐ An organization organized and	-	•	-			
12	An organization organized and						
	of one or more publicly support Check the box in lines 12a thro	ough 12d that de	scribes the type of sup	porting c	rganizati	on and complete line	s 12e, 12f, and 12g
а	Type I. A supporting organ the supported organization supporting organization. Yes	n(s) the power to	regularly appoint or e	lect a ma	jority of t		
b	Type II. A supporting organization(s) You must	the supporting o	organization vested in	the same			
С		rated. A suppor	rting organization oper	ated in c			ally integrated with,
d	Type III non-functionally integrated that is not functionally integrequirement (see instruction	grated The orga	anization generally mus	st satisfy	a distribu	ıtion requirement an	• • • • • • • • • • • • • • • • • • • •
е	Check this box if the organ functionally integrated, or						e II, Type III
f g	Enter the number of supported or Provide the following information		ported organization(s).				1
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No	_	
(A) T	The Associated: Jewish Community Federation of Baltimore	52-0607957	10	х		12,000	0
(B)	, , , , , , , , , , , , , , , , , , , ,						<u></u>
(C)							
(D)							
(E)							
Total		100.00	1.41 0 101	1 180	\$0 - ANS	12 000	

Par		ations Desc	ribed in Sect	ions 170(b)(	1)(A)(iv) and	170(b)(1)(A)(	/i)
	(Complete only if you checked t	he box on lin	e 5, 7, or 8 of	f Part I or if th	e organizatio	on failed to gi	alify under
	Part III If the organization fails t	o qualify und	er the tests li	sted below, p	lease compl	ete Part III )	iamy under
Sect	ion A. Public Support		·			<u> </u>	
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and					(-,/==.5	17,1014
	membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge .						
4	Total. Add lines 1 through 3.						
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).						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support					· · · · · · · · · · · · · · · · · · ·	<u> </u>
Calen	dar year (or fiscal year beginning in) ▶	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)		-		-		
11	Total support. Add lines 7 through 10						<del></del>
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for th	ie organization	's first, second	d, third, fourth,	or fifth tax ye	ear as a section	n 501(c)(3)
N = - 4 *	organization, check this box and stop her		<u> </u>	<u> </u>		·	▶ □
	on C. Computation of Public Suppor	t Percentage	e				
14 15	Public support percentage for 2016 (line 6	i, column (f) di	vided by line 1	1, column (f))		14	%
15 16a	Public support percentage from 2015 Sch 33 <sup>1</sup> / <sub>3</sub> % support test—2016. If the organiz	zation did not	check the box	on line 13, an	ا 33 d line 14 is	15   1/3% or more,	check this
	box and <b>stop here</b> . The organization qual	lifies as a publi	cly supported	organization	•	•	. ▶ □
b	331/3% support test—2015. If the organization	zation did not o	check a box or oublicly suppor	n line 13 or 16a ted organizatio		s 33 <sup>1</sup> /3% or mo	ore, check
17a	10% -facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "torganization".	016. If the orga	inization did no and-circumsta imstances" tes	ot check a box	on line 13, 16 eck this box a ation qualifies	oa, or 16b, and nd stop here. as a publicly s	line 14 is
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part VI how the organization m supported organization	tion meets the neets the "fact:	e "facts-and-c s-and-circums	ırcumstances" tances" test T	test, check to the organization	his box and <b>s</b> on qualifies as	a, and line top here. a publicly
18	Private foundation. If the organization did instructions	d not check a b	oox on line 13,	16a, 16b, 17a,	or 17b, check	this box and s	ee
						•	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

C	an A. Dublia Command						
	on A. Public Support	(a) 2012	(b) 2012	(0) 2014	(4) 2015	(a) 2016	(6) Tetal
	dar year (or fiscal year beginning in)  Gifts, grants, contributions, and membership fees	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise	<del></del>				<del> </del>	
_	sold or services performed or facilities						
	furnished in any activity that is related to the	l				[	
•	organization's fax-exempt purpose	<del></del>	<del> </del>	<del> </del>	<del> </del>	<del>   </del>	
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						<del></del>
-	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.		<u></u>				
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			ĺ		[	
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b			<del></del>			·
8	Public support. (Subtract line 7c from						
00.11	line 6.)	<u> </u>	<u></u>	L	L	l	
	on B. Total Support	(0) 2012	(b) 2012	(0) 2014	(4) 2015	(0) 2010	(6) Tatal
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6 .	<del></del>		<del> </del>	<del></del>	<del>   </del>	
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties and income from similar sources		1				
b	Unrelated business taxable income (less				<del></del>	<del> </del>	
D	section 511 taxes) from businesses						
	acquired after June 30, 1975						
•	Add lines 10a and 10b					<del>                                     </del>	
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			-		<del>                                     </del>	
	loss from the sale of capital assets				,		
	(Explain in Part VI )					]	
13	Total support. (Add lines 9, 10c, 11,						<del></del>
	and 12.)						
14	First five years. If the Form 990 is for the	ne organizatio	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	re	<u> </u>		<u> </u>	<u> </u>	
Secti	on C. Computation of Public Support	rt Percentag					
15	Public support percentage for 2016 (line		•	3, column (f))		15	%
16	Public support percentage from 2015 Sci			<u> </u>	<u> </u>	16	<u>%</u>
	on D. Computation of Investment In						
17	Investment income percentage for 2016 (	•		y line 13, colur	nn (f))	17	<u>%</u>
18	Investment income percentage from 2015			•		18	%
19a	331/3% support tests—2016. If the organ						
	17 is not more than 331/3%, check this box		_			-	
b	331/3% support tests—2015. If the organiz						
	line 18 is not more than 331/3%, check this	=	•	•			_
20	Private foundation. If the organization de	id not check a	box on line 14	, 19 <u>a, or 19b,</u> c	check this box	and see instruc	ctions 🕨 🗌

#### Part IV

**Supporting Organizations** 

Section A. All Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		х
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 <b>Part VI</b> 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 <b>Part VI</b> 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 12a or 12b 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 <b>Part VI</b> how the organization had such control and discretion			
С	despite being controlled or supervised by or in connection with its supported organizations.  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 <b>Part VI</b> 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.	4b		X
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 <b>Part VI</b> , 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		X
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		<u>X</u>
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		X
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
8	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)  Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	7		<u>X</u>
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		X
9а	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
b	in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .  Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9a 9b		X
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		X X
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	-50		_^_
	supporting organizations)? If "Yes," answer 10b below	10a		X
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		X

	W. Ourse time Opening time (continued)			1 age
Part	Supporting Organizations (continued)		lv	T N =
44	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
11	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	ŀ		
а	below, the governing body of a supported organization?	11a		
h	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	<del>  -</del>	X
	on B. Type I Supporting Organizations			
	J. 2. 17 J.		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	Γ	1.55	<del>                                     </del>
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1		1
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			1
	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	 		
	organizations and what conditions of 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		l	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	   <u>-</u> -	ļ	<b></b> -
04		2	X	<u> </u>
Sect	on C. Type II Supporting Organizations			
4	18/a a majority of the proposition of discrete or two stage devices the tay year along a majority of the devictor		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		
Sect	on D. All Type III Supporting Organizations	<u> </u>		L
	<u> </u>		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			l
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			_
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (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	· ·	ŀ	
	supported organizations played in this regard			JJ
Sacti	on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstru	ctions	5)
a	☐ The organization satisfied the Activities Test Complete line 2 below			
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (s	see ins	structi	ons)
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			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these		1	
	activities but for the organization's involvement.	- OL		
2	- · · · · · · · · · · · · · · · · · · ·	2b		
3	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		1	
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		<del></del> -
~	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		نــــــن

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	<u>gan</u>	izations	
1.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7	<u> </u>	
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
<b>b</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):			
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		<u> </u>	
emergency temporary reduction (see instructions)	6		
7   Check here if the current year is the organization's first as a non-functionall instructions).	y int	tegrated Type III supporti	ng organization (see

FEI		3) Supporting Organ	iizations (continued)	
	tion D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers ex	empt purposes of supp	orted	
	organizations, in excess of income from activity		<del></del>	
3	Administrative expenses paid to accomplish exempt pur	poses of supported orga	anizations	
	Amounts paid to acquire exempt-use assets		<del> </del>	
<u>- 5</u>	Qualified set-aside amounts (prior IRS approval required			
7	Other distributions (describe in Part VI). See instructions  Total annual distributions. Add lines 1 through 6		<u> </u>	
8			<del></del>	
0	Distributions to attentive supported organizations to whice (provide details in <b>Part VI</b> ) See instructions	ch the organization is re	sponsive	
	Distributable amount for 2016 from Section C, line 6			<del> </del>
10	Line 8 amount divided by Line 9 amount			
	Line o amount divided by Line 9 amount	<del></del>		
s	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1_	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2016			
а				
b				
С	From 2013			
d	From 2014 .			
<u>e</u>	From 2015			
<u>f</u>	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2016 distributable amount			
<u> </u>	Carryover from 2011 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from			
	Section D, line 7. \$			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h		0	
	and 4b from line 1 For result greater than zero, explain in Part VI See instructions.			0
7	Excess distributions carryover to 2017. Add lines 3 <sub>j</sub> and 4c.	0		
8	Breakdown of line 7 <sup>-</sup>			
а				
b	Excess from 2013 .			
_ с	Excess from 2014			
	Excess from 2015			
е	Excess from 2016			0

Scheanle A (	-orm 990 or 990-Ez) 2016 Page (
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8; and Part V, Section E lines 2, 5, and 6 Also complete this part for any additional information (See instructions)
Part IV, Sec	ction A, Line 6 -
The Suppor	ted Organization works to preserve and enhance Jewish life It addresses charitable, educational, religious, humanitarian,
health, culti	aral and social service needs of the Jewish community locally, nationally in Israel and throughtout the world.
In furtheran	ce 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
	th the Jewish and general communities in keeping with the Jewish tradition of repairing the world
All grants a	re made to tax-exempt charitable organizations registered with the Internal Revenue Service
Part IV, Sec	ction B, Line 2 -
Grants to or	ganizations, other than the Supported Organization, are made at the discretion of the Board of the Supporting
Organizatio	n and are made in furtherance of the mission of the Supported Organization to support Jewish, cultural, educational
and social ju	ustice work

#### **SCHEDULE D** (Form 990)

**Supplemental Financial Statements** 

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

► Attach to Form 990.

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

2016

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name	of the or	ganization		Employer identification number
The Fu	and for	Change, Inc		31-1662222
Pai		Organizations Maintaining Donor Adv Complete if the organization answered		
		Complete if the organization answered	(a) Donor advised funds	(b) Funds and other accounts
1	Total	number at end of year		<del> </del>
2		egate value of contributions to (during year)		<del>                                     </del>
3		egate value of grants from (during year) .		
4		egate value at end of year		
5	Did ti	he organization inform all donors and donor are the organization's property, subject to the		
6	only t	ne organization inform all grantees, donors, a for charitable purposes and not for the bene- erring impermissible private benefit?	fit of the donor or donor advisor, or f	or any other purpose
Par	t II			
		Complete if the organization answered '		
1		ose(s) of conservation easements held by the		
		reservation of land for public use (e.g., recrea	The state of the s	- ·
		rotection of natural habitat	☐ Preservation o	f a certified historic structure
_		reservation of open space		
2		olete lines 2a through 2d if the organization he ment on the last day of the tax year.	eid a quaimed conservation contribution	
		•		Held at the End of the Tax Year
a		number of conservation easements		2a
b		acreage restricted by conservation easement		
C		per of conservation easements on a certified hoer of conservation easements included in	• • • • • • • • • • • • • • • • • • • •	
d		ric structure listed in the National Register		. 2d
3	Numb	per of conservation easements modified, trans		
	tax ye			
4		per of states where property subject to conse		
5		the organization have a written policy requions, and enforcement of the conservation ea		pection, handling of · · · · ·
6	Staff a	and volunteer hours devoted to monitoring, inspect	ting, handling of violations, and enforcing of	conservation easements during the year
7	Amou ►\$	int of expenses incurred in monitoring, inspectin	g, handling of violations, and enforcing	conservation easements during the year
8		each conservation easement reported on line ection 170(h)(4)(B)(ii)?		
9	balan	rt XIII, describe how the organization reports on ice sheet, and include, if applicable, the text of dization's accounting for conservation easement.	of the footnote to the organization's fin	
Part	Ш	Organizations Maintaining Collections Complete if the organization answered '		
1a	works	organization elected, as permitted under SF, s of art, historical treasures, or other similar c service, provide, in Part XIII, the text of the formal services are services.	assets held for public exhibition, ed	ducation, or research in furtherance o
b	If the works	organization elected, as permitted under S s of art, historical treasures, or other similar service, provide the following amounts relati	FAS 116 (ASC 958), to report in its assets held for public exhibition, eding to these items:	revenue statement and balance shee ducation, or research in furtherance o
	(i) Re	evenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) As	evenue included on Form 990, Part VIII, line 1 sets included in Form 990, Part X		<b>&gt;</b> \$
2	If the follow	organization received or held works of art, ving amounts required to be reported under S	historical treasures, or other similar FAS 116 (ASC 958) relating to these it	assets for financial gain, provide the tems.
a b	Rever Asset	nue included on Form 990, Part VIII, line 1 . s included in Form 990, Part X		<b>&gt;</b> \$

_			•
۲a	a	е	_

<b>~</b>		_			
Schedule	D (	Form	990)	2016	

Part	Organizations Maintaining	Collections of	Art, His	torical 1	reasures,	or O	ther Similar A	Assets (cont	inued)
3∙	Using the organization's acquisition, a collection items (check all that apply):								
. a	☐ Public exhibition		d	☐ Loan	or exchang	e prog	rams		
 b	☐ Scholarly research			Othe	_	_			
c	Preservation for future generations								
4	Provide a description of the organizati		and expla	ain how t	hey further	the org	ganızation's ex	empt purpose	e in Part
5	During the year, did the organization s	solicit or receive	donation	s of art.	historical tr	easure	s. or other sim	ular	
•	assets to be sold to raise funds rather								□No
Part									
	Complete if the organization 990, Part X, line 21.		on For	m 990, f	Part IV, line	9, or	reported an a	amount on F	orm
1a	Is the organization an agent, trustee, included on Form 990, Part X?								☐ No
b	If "Yes," explain the arrangement in Pa	rt XIII and comple	ete the fo	llowing to	able <sup>.</sup>				
						L		Amount	
С	Beginning balance			•		10	;		
d	Additions during the year					10	1		
е	Distributions during the year					16			
f	Ending balance					11			
2a	Did the organization include an amoun	t on Form 990, Pa	art X, line	21, for e	scrow or cu	ıstodia	l account liabili	ty? 🗌 Yes	☐ No
b	If "Yes," explain the arrangement in Pa	rt XIII. Check here	e if the ex	kplanatio	n has been	provid	ed on Part XIII	<u> </u>	
Par									<del></del>
	Complete if the organization								
		(a) Current year	(b) Pri	or year	(c) Two year	s back	(d) Three years ba	ick (e) Four yea	ars back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
А	Grants or scholarships							<del>-</del>	
e	Other expenditures for facilities and programs								
f	Administrative expenses		<del></del>		<del>                                     </del>				
-	End of year balance							_	
g 2	Provide the estimated percentage of the	e current vear en	d halanc	e (line 1a	Column (a)	) held	26'		
a	Board designated or quasi-endowmen			e (iii le 19	, coluitii (a)	) Heid	as		
	Permanent endowment	%	'0						
C	Temporarily restricted endowment ▶	%							
C	The percentages on lines 2a, 2b, and 2		<b>10%</b>						
3a	Are there endowment funds not in the			zation tha	at are held a	and ad	ministered for t	the	
Ju	organization by:	<b>P</b>						Ye	s No
	(i) unrelated organizations							3a(i)	3 140
						•		. 3a(ii)	
h	If "Yes" on line 3a(ii), are the related organizations.					• •		3b	
4	Describe in Part XIII the intended uses	•	•			•		OD	
Part									
r ar c	Complete if the organization		' on For	m aan E	Part IV line	112	Saa Form 990	) Part Y line	10
	Description of property	(a) Cost or ot			or other basis		Accumulated	(d) Book va	
	Description of property	(investme		, ,	ther)		epreciation	(u) BOOK Va	line
10	Land	<del>-   ·</del>		<u> </u>	<del></del>			<del></del>	
1a		<del></del>		<del></del> -				<del></del>	
b	Buildings	<del></del>	<del></del>		<del></del>				
C C	Leasehold improvements	<del></del>		<del></del>	——— <u> </u>				
d	Equipment				<del></del>			<del></del>	
e Total	Add lines 1a through 1e. (Column (d) m	ust equal Form 00	Of Port	Codum	(R) line 10	<u> </u>			
ı Ulal.	Add miles to unrough te. (Columni (a) III	usi <del>c</del> qual FUIII 98	20, rail /	, colulli	, <i>(ט), וווופ</i> וט	u., .			

Part VII	Investments – Other Securities Complete if the organization ans		m 990 Part IV line	a 11h See Form	000 Part V line 12
	(a) Description of security or categor		(b) Book value		thod of valuation
	(including name of security)	,	(b) Book value		l-of-year market value
(1) Financial	derivatives				
(2) Closely-l	neld equity interests				
(3) Other					
	nent-Jewish Community Investment Fund	s	55,110	End-of-year marke	et value
(B)				<del></del>	
(C)					
(D) (E)				<del></del>	<del></del>
(C) (F)				<del> </del>	
(G)					
(H)					
	b) must equal Form 990, Part X, col (B) line 12.)		55,110		<del></del>
Part VIII	Investments-Program Relate	d.			
	Complete if the organization ans		m 990, Part IV, line	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value		thod of valuation
				Cost or end	-of-year market value
(1)					
(2)					
(3)					
_(4)					
_(5)					<del></del>
(6)					<del></del>
(8)					
(9) Total (Column (	b) must equal Form 990, Part X, col (B) line 13)				
Part IX	Other Assets.			<del></del>	<del></del>
	Complete if the organization ans	wered "Yes" on For	m 990, Part IV, line	e 11d. See Form	990, Part X, line 15.
		a) Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)			· · · · · · · · · · · · · · · · · · ·		
(9) Total. (Colu	mn (b) must equal Form 990, Part X, c	col. (B) line 15.)		<del> ▶</del>	<del></del>
Part X	Other Liabilities.		<del></del>	<del></del>	L <del></del>
	Complete if the organization ans	wered "Yes" on For	m 990. Part IV. line	e 11e or 11f. See	e Form 990. Part X.
	line 25.		,,,		
1.	(a) Description of liability	(b) Book value			
(1) Federal ır	come taxes				
(2)					
(3)					
(4)					
(5)					
(6)		<u> </u>			
(7)				-	
(8)					
(9)	o) must equal Form 990, Part X, col. (B) line 25.)	<del> </del>			
	uncertain tax positions. In Part XIII, prov	I de the text of the footn	nte to the organization	's financial stateme	inte that reports the
<b>≞.</b> ∟ιαυπιτή iOf	anostan tax positions. In Fart Ain, prov	had the text of the looth	oto to the organization	o mianciai stateille	ina manepona me

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	e D (Form 990) 2016	Page
Part		'Return.
<u></u>	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements	1
. 2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:  Net unrealized gains (losses) on investments	
a		-
b	Donated services and use of facilities	-
c d	Other (Describe in Part XIII.)	-
e	Add lines <b>2a</b> through <b>2d</b>	2e
3	Subtract line <b>2e</b> from line <b>1</b>	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.)	4
C	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part		er Return.
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	T 1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b	Prior year adjustments	]
C	Other losses	
d	Other (Describe in Part XIII.)	]]
e	Add lines 2a through 2d	2e
3	Subtract line <b>2e</b> from line <b>1</b>	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_
b	Other (Describe in Part XIII.)	
c	Add lines 4a and 4b	4c
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)	5
	Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b	n: Part V. line 4: Part V. line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in	
_,		
·		

# SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

The Fund for Change, Inc.

Part

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

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

► Attach to Form 990.

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

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

General Information on Grants and Assistance

2016
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OMB'No 1545-0047

Open to Publ Inspection Employer identification number

31-1662222

8	the selection criteria used to award the grants or assistance?  Describe in Part IV the organization's procedures for monitor	award the grants zation's procedu	s or assistance?	, ing the use of grant funds in the United States.	ds in the United	States.		. Tyes No	
Part		sistance to Do	omestic Organiz t that received m	ations and Dom ore than \$5,000.	estic Governm Part II can be d	nents. Complete i uplicated if addition	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	ered "Yes" on Form	1
- (a)	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 noncash assistance	(h) Purpose of grant or assistance	1
(J)	Attachment #1		,						l
(2)								-	1
(3)									· l
(4)									l
(2)									t
(9)									l
<u>(2)</u>									l
(8)									I.
(6)									l
(10)									l
(11)		7,							l
(12)									l
ი ო	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 lin	ne 1 table			39	1 !
or Pa	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruction	ns for Form 990.					Schedule I (Form 990) (2016)	1 00

Schedule I (Form 990) (2016)

Part III Grants an

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed	mestic Individu	<b>als.</b> Complete if the	organization answ	ered "Yes" on Form 990,	Part IV, line 22
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1						
2						
3						
4						
5						
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information	the information r	equired in Part I, lin	ie 2; Part III, columr	(b); and any other addıtı	onal information
rants are r	Drants are reviewed to ensure that they are permissible and in accord with		applicable laws and regulations.	ns.		
he Founda	he Foundation will request and receive periodic reports and updates from the grantees regarding how grants are utilized, and takes such	d updates from the g	rantees regarding how g	rants are utilized, and ta	kes such	
ıformatıon	nformation into account in considering future grant awards.	-				
1 1 1 1 1 1 1 1				; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;		
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
						Schedule I (Form 990) (204

#### 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.

2016 Open to Public

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990.

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

31-1662222 The Fund for Change, Inc. **Questions Regarding Compensation** Part I No Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use ☐ First-class or charter travel Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Personal services (such as, maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 2 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. ☐ Written employment contract ☐ Compensation committee ☐ Compensation survey or study ☐ Independent compensation consultant Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization 4a Receive a severance payment or change-of-control payment? Χ Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a Х Х Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a The organization? X X Any related organization? If "Yes" on line 6a or 6b, describe in Part III

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe

Regulations section 53.4958-6(c)?

payments not described on lines 5 and 6? If "Yes," describe in Part III.

8

X

ın Part III

Schedule J (Form 990) 2016

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII. Section A. line 1a. applicable column (D) and (E) amounts for that individual

Note: The sum of columns (b)() Hun) for each instead must equal the lotal amount of Part VII, Section A, line 1a, applicable column (b) and (c) amounts for that must equal the individual (B) Breakdown of W-2 and/or 1099-MISC compensation	ol eac	(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	r VII, Section A, Ime 1	a, applicable column	n (D) and (E) amount	S TOT Trial Individual
:		Base (a)	Giv Boning & moontain	/iii) Othor	(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B) reported
(A) Name and Title		(I) base compensation	compensation	reportable compensation	compensation			as deferred on prior Form 990
	(3)							1
1 Marc B. Terrill	(II)	474,128	75,000	253,001	009'09	31,456	894,185	150,000
	(i)							
2	(ii)							
	(j)							
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6	<b>(E)</b>							
	ε							
10	€							
	(i)							
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12	(ii)							
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16	€							

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016
Part III Supplemental Information  Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information.
The Directors of The Fund for Change, Inc. receive no compensation for their services. However, one of the
Directors is employed by the supported entity. The Associated Jewish Community Federation of Baltimore, Inc. (The Associated).
All of the compensation and benefits listed are paid by The Associated, none of it is attributable to the service as a Director
and/or Officer of the Foundation
Part 1, Line 4b:
Marc B. Terrill participates in a nonqualified deferred compensation plan. \$218,648 vested and was paid during the year
This amount is included in Form 990, Part VIII, Column E and Schedule J, Part II, Column Biii. Fifty thousand dollars
was deferred and 1s included on Form 990, Part VII, Column F and Schedule J, Part II, Column C A new five-year contract
was executed for Marc B. Terrill beginning January 1, 2013. The terms and conditions of the deferred compensation plan
are outlined in the contract with The Associated.
Schedule J (Form 990) 2016

#### SCHEDULE M (Form 990)

**Noncash Contributions** 

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

2016

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

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

Open To Public Inspection

Employer identification number Name of the organization The Fund for Change, Inc. 31-1662222 Types of Property (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g 1 Art-Works of art . 2 Art—Historical treasures 3 Art-Fractional interests Books and publications Clothing and household goods Cars and other vehicles 6 7 Boats and planes . 8 Intellectual property 9 Securities-Publicly traded . X 18 securities 456,255 Fair market value 10 Securities—Closely held stock Securities—Partnership, LLC, 11 or trust interests Securities-Miscellaneous 12 13 Qualified conservation contribution—Historic structures . 14 Qualified conservation contribution-Other 15 Real estate-Residential 16 Real estate—Commercial 17 Real estate-Other. 18 Collectibles . 19 Food inventory . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens 24 Archeological artifacts 25 Other ► (\_\_\_\_\_) 26 Other ► (\_\_\_\_) 27 Other ► (\_\_\_\_) 28 Other ► ( Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a X **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . . . . 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a X b If "Yes," describe in Part II If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked.

describe in Part II

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization	Employer identification number
The Fund for Change, Inc	31-1662222
Form 990 Part VI, Section A,	
Line 2 - There are family relationships among the Donor Members and Directors. Marc Kahn, Jean K. Ka	hn, Betsy Krieger and
David Kandel have a family relationship	
Line 6 - The organization has two classes of members, a Public Member-The Associated: Jewish Commun	ity Federation 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 complete.	etion for
review prior to filing	
Line 12c - The supported organization monitors and enforces the potential of any conflict of interests by	
regularly reviewing the Board of Directors, its actions and the investment of assets to ensure that it complies	
with the conflict of interest policy of The Associated.	
Line 15 - Marc B Terrill participates in a nonqualified deferred compensation plan \$218,648 vested and	was paid during the year
This amount is included in Form 990, Part VIII, Column E and Schedule J, Part II, Column Biii. Fifty thous	and dollars
was deferred and 1s included on Form 990, Part VII, Column F and Schedule J, Part II, Column C. A new fi	ve-year contract
was executed for Marc B. Terrill beginning January 1, 2013 The terms and conditions of the deferred comp	ensation plan
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

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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Instructions I
and its
Form 990) and
out Schedule R (
<ul> <li>Information ab</li> </ul>
▲

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

Employer identification number

31-1662222

Open to Public

2016

OMB No 1545-0047

(g) Section 512(b)(13) controlled entity? (f)
Direct controlling
entity ž 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. Yes (f)
Direct controlling
entity (e) End-of-year assets Ϋ́Z (e)
Public charity status
(if section 501(c)(3)) (d) Total income ٢ (d) Exempt Code section (c)
Legal domicile (state or foreign country) 501(c)(3)(c)
Legal domicile (state or foreign country) Maryland (b) Primary activity Exempt Organization (b) Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. (1) The Associated. Jewish Community Federation of Baltimore, Inc (a)
Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization 101 W. Mt. Royal Avenue Baltimore, MD 21201 Part II <u>(2</u> ₹ 3 Ξ 2 ල 9 8 ල **£** 9 0

Schedule R (Form 990) 2016

Schedule R (Form 990) 2016

Part III because it had	<b>Identification of Helated Organizations Taxable as a Partnership</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 34.* <u>be</u> cause it had one or more related organizations treated as a partnership during the tax year.	ations laxable organizations	as a Partnership Complete if the organiza reated as a partnership during the tax year.	s <b>hip</b> Complet Irtnership dur	e if the or ing the ta	ganization x year.	answered	"Yes"	on Form 990,	Part IV, line	. 34.	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share (1)	<del></del>	(g) Share of end-of- year assets	(h) Disproportionate allocations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing 1 partner?	(k) Percentage ownership	tage rship
								Yes	No	Yes No	_	
(1) N/A												
(2)												
(3)					-			1		-	_	
(4)					-			+			_	
(5)					-			-				
(9)					-							
(7)					-						-	
Part IV Identification	Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	ations Taxable related organiz	as a Corpora ations treated	tion or Trust as a corporal	Complet ion or tru	e if the org	anization le tax ves	answe	red "Yes" on F	orm 990, F	Part IV,	
(a) Name, address, and EIN of related organization	slated organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	nicile Direct o	(d) Direct controlling entity ((	(e) Type of entity (C corp, S corp, or trust)	Share trust)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage Sownership	(I) Section 512(b)(13) controlled entity?	(b)(13)
					-						Yes	9
(1) N/A		; ; ;				 					ļ	
(2)												
(3)											-	
(4)												
(5)							-				-	
(9)											-	
( <i>i</i> )											-	
				 					Š	Schedule R (Form 990) 2016	rm 990)	2016

Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Schedule R (Form 990) 2016

Part V Transactio

10	# # # # # # # # # # # # # # # # # # #	10 X 1p X 1q X 1r X 1r X 1r X 1r X 1r X 1r X 1r X 1r X 1r X	Method of determining amount involved Schedule R (Form 990) 2016
rganizations listed in Parts II–IV?		10 X 1p X 1p X 1q	Amount involved Metho
vith one or more related o		o must complete this line,	Transaction type (a-s)
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.  1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?  2 A Receipt of (i) Interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity  3 Beceipt of (i) Interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity  4 Gift, grant, or capital contribution from related organization(s)  5 Gift, grant, or capital contribution from related organization(s)  6 Loans or loan guarantees to or for related organization(s)  7 Contribution from from from from from related organization(s)  8 Contribution from guarantees by related organization(s)	<ul> <li>bividends from related organization(s)</li> <li>c) Sale of assets to related organization(s)</li> <li>d) Sale of assets from related organization(s)</li> <li>e) Exchange of assets with related organization(s)</li> <li>f) Exchange of facilities, equipment, or other assets to related organization(s)</li> <li>f) Lease of facilities, equipment, or other assets from related organization(s)</li> <li>k) Lease of facilities or membership or fundraising solicitations for related organization(s)</li> <li>m) Performance of services or membership or fundraising solicitations by related organization(s)</li> </ul>	<ul> <li>b Sharing of paid employees with related organization(s)</li></ul>	Name of related organization

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

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

(d) (e) (f) (f) (f) (f) (f) (g) (g) (d) (e) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded	(e) Are all partners section 501(c)(3)	(f) S Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V—UBI amount in box 20 of Schedule K-1	(J) General or managing partner?	(k) Percentage ownership
			from tax under sections 512-514)	organizations	<u>~   -</u>		Yes	(Form 1065)		
(1)										
(2)										
(6)										
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								Sche	dule R (For	Schedule R (Form 990) 2016