Form **990** 

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

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.

OMB No 1545-0047

Open to Public

	artment of mal Reven	the Treasury ue Service	·	.gov/Form990 for in:		•		•		Inspection
A			ndar year, or tax year beginnir			and endi				20
В		applicable	C Name of organization The Fund		,,		<i>3</i>	D	<u>_</u>	ntification number
	Address		Doing business as	ior change, the				_	1-1662222	
	Name ch		Number and street (or P O box if	mail is not delivered to s	street address)	Room/si	uıte		Telephone nu	mber
	Initial ret	-	101 West Mount Royal Avenue						·	
7		m/terminated			n postal code			, +	10-727-4828	<b>-</b>
	Amende		Baltimore, MD 21201	a, and all or loreign	. 250(0) 5500			1,	Gross receipt	e <b>\$</b> 1.077.000
H		•	F Name and address of principal off	ioor			lu si	_		
ш	Applicati	on pending	Finallie and address of principal on	icei		R	// I			nates? Yes X No
	<del>-</del>		<u> </u>				Н(Б) А			ded? Yes No see instructions)
<u>!</u>		npt status	∑ 501(c)(3) ☐ 501(c	) ( ) ◀ (insert no )	4947(a)(1) or	<u> </u>	<u> </u>			
. <u>1</u>	Website			. [7]	<u>n</u>				emption numb	
K			· · · · · · · · · · · · · · · · · · ·	cration	l L Yea	ar of forma	ation 1999	,	M State of leg	jal domicile MD
	art !	Summ								
_	1	=	escribe the organization's mis	_					eated to assi	st groups
ည			or with low and moderate incor		ur efforts to redre	ss such u	nequities :	and buil	d a society	
E.			nocratic, equalitarian and particip							
Activities & Governance			is box ▶ ☐ if the organizatio			sposed	of more	than 2	5% of its n	et assets
ဖိ			of voting members of the go	• • •					3	
•ŏ თ	4	Number	of independent voting memb	ers of the governin	g body (Part VI	, line 1b	) .		4	8
ţį	5	Total nun	nber of individuals employed	ın calendar year 20	017 (Part V, line	e 2a)			5	(
Ę	6	Total nun	nber of volunteers (estimate	f necessary)					6	8
Ä	7a	Total unre	elated business revenue from	n Part VIII, column	(C), line 12	~ ·			7a	-
			lated business taxable incom						7b	
				-			Pr	ior Year		Current Year
-	8	Contribut	tions and grants (Part VIII, lin	e 1h)				4	56,255	900,419
Revenue			service revenue (Part VIII, lin	•	·	`	•	<u> </u>	30,233	700,112
ē	10	-	nt income (Part VIII, column		 7d)	}			67 232	372.761
8			renue (Part VIII, column (A), li		•	}	67,232			372,763
					•	40\			22 407	1 272 100
	12		enue—add lines 8 through 11	·		ie i <i>z)</i>			23,487	1,273,182
			nd similar amounts paid (Par	, ,	•	}		- 8	56,125	899,900
		-	paid to or for members (Part	, ,	•					(
es	1		other compensation, employed	•	• •	5–10)				(
Expenses	1		onal fundraising fees (Part IX,		•	ļ	a 2 700 de de de la constante			(
Ž.	1		draising expenses (Part IX, c				\$ 15	1 16a		
ш			penses (Part IX, column (A), l						35,717	44,842
	18	Total exp	enses Add lines 13-17 (mus	st equal Part IX, col	umn (A), line 25			8	91,842	944,748
	19	Revenue	enses Add lines 13–17 (mus less expenses Subtract line	18 from line 12	T.RECE		20	(3	68,355)	328,434
5							Begintang	of Curre	nt Year	End of Year
Net Assets or	20	Total ass	ets (Part X, line 16)		S JUL 3	0 201		2	14,554	208,219
ASS	21		ılıtıes (Part X, line 26)		S JUL 3	w 20.	12		0	
Ret	22		ts or fund balances Subtrac	line 21 from line 2	01		150	2	14,554	208,219
	art II		ture Block		OGD	EN, y	<u>الله ال</u>	<del>,                                    </del>	,	200,217
			ry, I declare that I have examined thi	s return, including accor			amente an	id to the	hest of my kn	owledge and holiaf it is
tru	ie, correct	, and comple	ete Declaration of preparer (other th	an officer) is based on al	I information of whi	ch prepare	er has any	knowled	ge	omicage and belief, it is
			4//	<u> </u>					12.11	<b>~</b>
Si	gn .	Sign	ature of officer	<del>\</del>				Date	<del>11 321 1</del>	
	ere	(						Date		
. 16				esident	<del></del>					
		<del></del>	or print name and title	Proposado acesados		<del>-</del>	\ata	· I		Грти
Pa	aid	Print 191	pe preparer's name	Preparer's signature	* 's	ا ا	ate		Check [] if	PTIN
Pr	epare	r	<del></del>	<u></u>					self-employed	1
	se Onl	1	ame ►					Firm's	EIN ►	<u> </u>
		Firm's a	ddress ►					Phone	no	
Ma	y the IF	RS discuss	s this return with the prepare	r shown above? (se	ee instructions)					. Yes No
Fo	Paper	ork Redu	ction Act Notice, see the sepa	rate instructions						Form <b>990</b> (2017)

Form 99	90 (2017)					Page <b>2</b>
Part	III Stat	ement of Program Service		<del></del>		. 490
			esponse or note to any line in this P	Part III	· ,—	X
1	•	scribe the organization's mission				
	efforts to re	ation was created to assist groups w	orking in or with low and moderate incom ciety that is democratic, equalitarian and p	e communities in their		
		ediess Such inequibes and build a se				
2			ficant program services during the ye	ear which were not listed on the	e	
	•	1 990 or 990-EZ?	•	•	☐ Yes	⊠ No
•		lescribe these new services on			_	
3	services?	organization cease conducting	, or make significant changes in t	now it conducts, any progran	ղ ∐Yes	⊠ No
		lescribe these changes on Sch	edule O		1 <i>e</i> s	A NO
4	Describe texpenses	the organization's program ser Section 501(c)(3) and 501(c)(4	vice accomplishments for each of its (i) organizations are required to report or each program service reported			
4a	(Code Provide gra	) (Expenses \$	899,906 including grants of \$ as that benefit low and moderate income of	899,906) (Revenue \$		)
			·			
						<b></b>
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$		
					·	
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	·	)
		***************************************				

) (Revenue \$

4d Other program services (Describe in Schedule O )
 (Expenses \$ including grants of \$
 4e Total program service expenses ►

## Part IV Checklist of Required Schedules

				r
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	Г	Yes	No
	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? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	i i		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II .	7		Х
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		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII .	11b	X	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		X
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	J	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		X
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	<u> </u>	X
		For	ո 990	(2017)

Part IV	Checklist	of Rec	uired S	chedules	(continued)

			res	NO
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
þ	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21	_X_	
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	_X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		l	
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
_	to defease any tax-exempt bonds? .	24c		
а 25а	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	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			)
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III .	27	***	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).	ζ,		á.
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	.⊚. 28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV .	28c		X
29	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			l
24	conservation contributions? If "Yes," complete Schedule M	30_		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	- 31		
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
35a	or IV, and Part V, line 1	34	X	77
ooa b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		_	
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tay purposes? If "Yes." complete Schoolide P.			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		v
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	31		X
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	
			n <b>990</b>	(2017

Form **990** (2017)

Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   0	3.	103	48.57.
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c		************
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	100		28. K
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		20234
_	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) .	7.5	THE STATE OF THE S	47
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	فدمشف	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	05		<u> </u>
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			1
	account)?	4a		X
b	If "Yes," enter the name of the foreign country. ▶	9.2	32.5	7. W.
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			3 · 1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	اه شيما	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		A
c	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	00		<del> </del>
	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	<del></del>		
	gifts were not tax deductible?	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).		14	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		Y	<b>.</b>
	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		<del>  ^`</del>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			-
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	,	7 - . San	Ŵ,
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	. 20to.	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	_	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ň	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	1		
	sponsoring organization have excess business holdings at any time during the year?	8	*** ~ *	Malan.
9	Sponsoring organizations maintaining donor advised funds.	1.	er.	100
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	underStoot S.	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	j.		OF.
а	Initiation fees and capital contributions included on Part VIII, line 12	24		\ *
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	7	ľ	33.
11	Section 501(c)(12) organizations. Enter	1 À	ľ ý	
а	Gross income from members or shareholders			3
b	Gross income from other sources (Do not net amounts due or paid to other sources	1 %		
	against amounts due or received from them )	1.65		ľ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	3	1,75	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1.	iş.	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	
	Note. See the instructions for additional information the organization must report on Schedule O			.:30
b	Enter the amount of reserves the organization is required to maintain by the states in which		371	X
	the organization is licensed to issue qualified health plans .   13b		\	32.22
С	Enter the amount of reserves on hand		1 2 2 1 3	(Arigo
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part									
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	s in Schedule O S	See ins	truct					
Socti	Check if Schedule O contains a response or note to any line in this Part VI on A. Governing Body and Management	<del>:</del>	<u> </u>		<u>X</u>				
Secti	of 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	<b>1a</b> 9		A CAR	137				
	If there are material differences in voting rights among members of the governing body, or		- 12						
	If the governing body delegated broad authority to an executive committee or similar				72				
	committee, explain in Schedule O								
р	Enter the number of voting members included in line 1a, above, who are independent	1b 8			3				
2	Did any officer, director, trustee, or key employee have a family relationship or a business if any other officer, director, trustee, or key employee?	elationship with							
3	Did the organization delegate control over management duties customarily performed by or	under the direct	2	<u>X</u>					
_	supervision of officers, directors, or trustees, or key employees to a management company or other		3		x				
4									
5	Did the organization become aware during the year of a significant diversion of the organization	on's assets?	5		X				
6	Did the organization have members or stockholders?		6	X					
7a	Did the organization have members, stockholders, or other persons who had the power to	elect or appoint							
ь	one or more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval)	hv) members	7a	<u>X</u>					
U	stockholders, or persons other than the governing body?		7b	X	Ì				
8	Did the organization contemporaneously document the meetings held or written actions un	dertaken during	1	. 3	*.				
	the year by the following	_	1	Acres 1					
а	The governing body?		8a	X					
þ	Each committee with authority to act on behalf of the governing body?		8b	X	<u> </u>				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule C				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
Secti	on B. Policies (This Section B requests information about policies not required by the		ye Co	ode l	X				
	the second of th	<u> </u>		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								
44	affiliates, and branches to ensure their operations are consistent with the organization's exem	•	10b		<u> </u>				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	e tiling the form?	11a	X	<del>-</del>				
b 12a	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	. <u>\</u>	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise to conflicts?	12b		A				
C	Did the organization regularly and consistently monitor and enforce compliance with the								
	describe in Schedule O how this was done	,	12c						
13	Did the organization have a written whistleblower policy?		13		X				
14 15	Did the organization have a written document retention and destruction policy? .		14	VII	X				
15	Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation		382	L					
а	The organization's CEO, Executive Director, or top management official		15a		X				
b	Other officers or key employees of the organization		15b		X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		2,743	Ä					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simi	lar arrangement	<u>Ø</u> .	الا منت					
	with a taxable entity during the year?		16a	# 2	X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps t			ett E					
	organization's exempt status with respect to such arrangements?		16b	۔ گد	<b></b>				
Secti	on C. Disclosure		1.00		<b>!</b>				
17	List the states with which a copy of this Form 990 is required to be filed ► None								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a	nd 990-T (Section	า 501(	c)(3)s	only)				
	available for public inspection. Indicate how you made these available. Check all that apply								
19	Own web site Another's website Upon request Other (explain in Science Describe in Schedule O whether (and if so, how) the organization made its governing docume		orest	n o l. c.	د ممط				
13	financial statements available to the public during the tax year	into, Cutillict Of IN	ci est	holic	y, and				
20	State the name, address, and telephone number of the person who possesses the organization	n's books and re	cords	<b>•</b>					
	Marilyn Loux 101 West Mount Royal Avenue Baltimore, MD 21201	o z pono ana re		-					

-Crm	aan	(2017)	

Page 7

### 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

 $\nabla$ 

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - · List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$1,00,000 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	or any relate	d org	anız			ompe	nsa	ted any curren	t officer, director	, or trustee
(A) Name and Title	(B) Average hours per week (list any	er officer and a director/trustee)					an tee)	from	(E)  Reportable compensation from related	(F) Estimated amount of other
	related organizations below dotted line)		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	15		}							
President and Public Director		X		x		ı	}	0	0	0
(2) Jean K Kahn	15									
Vice President and Donor Director	·	X	ļ	X	ļ			0	0	0
(3) Betsy Krieger	15									
Secretary and Donor Director		X		$ _{X}$				0	0	0
(4) Marc B Terrill	15			Ī						
Treasurer and Public Director	40 0	X	<u> </u>		}	ı		0	547,908	189,023
(5) David Kandel	15									
Donor Director	T	X	ļ	ļ	ļ			0	0	0
(6) Marc Kahn	15									
Donor Director					}			0	0	0
(7) Brent Flickinger	15									
Public Director								0	0	0
(8) Mary Jo Kırschman Public Director	15	_						0	0	0
(9) Howard Miller	15									
Public Director			1					0	0	0
(10)										
(11)										<del></del>
(12)	+					]				
(13)					-		-			<del></del>
(14)	-				<del> </del>		-			

	(A) Name and title	(B) Average hours per week (list any	box,	ot ch unles er and	Pos eck s pe f a d	more rson irect	than o	an ee)	(D)  Reportable compensation from	(E) Reportable compensation related		(F) Estimated amount of other		
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-M		fron organ and r	nsation in the ization elated zations	
(15)										<u> </u>				
(16)														
(17)												<del></del>		
(18)							-							
(19)												<del></del>		
(20)							-				-			
(21)													· · · · <u>-</u>	
(33)														
(24)														
(25)														
1b c	Sub-total  Total from continuation sheets to Part  Total (add lines 1b and 1c)	VII, Sectio	n A	I				<b>*</b> * .	0		,908			0,023
d 2	Total (add lines 16 and 16)  Total number of individuals (including but reportable compensation from the organi		to th	ose	list	ed a	above	e) w	ho received m		,908  00,000 (	of	189	9,023
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc Schedule J	tor, c	r tru	uste	ee, vidu	key e	emp	loyee, or high	est comper	nsated	3		No X
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re	portal	ole c	com	per	satio					- 7		
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or ind	ıvıdual	5		X
Section 1	on B. Independent Contractors  Complete this table for your five highest of	compensat	ed inc	lene	and	ont	contr	acto	are that receive	ad more than	\$100.0	nnn of		
	compensation from the organization. Rep												n's tax	·
	(A) Name and business add	ress							(B) Description of s	ervices	С	(C) ompensa	ition	
None				_										
				<del></del>		•								
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who		*	· ·	

Form	990 (201	17) '					Page S
Par	t VIII					<del></del>	
		Check if Schedule O contains a res	sponse or note t			· · ·	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Grants	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
ts, ( Am	С	Fundraising events 1c					
Gifts, ilar An	d	Related organizations 1d		1			,
sns, Sim	e	Government grants (contributions) 1e					
utio	f	All other contributions, gifts, grants, and similar amounts not included above				,	`,
Contributions, and Other Sim	_	· · ·	900,419		*		, `
io i	g	Noncash contributions included in lines 1a-1f \$	900,419			,	
	h	Total. Add lines 1a-1f	Business Code	900,419	3	<u> </u>	* . ′
Program Service Revenue	2a		Business Code				«
Ze Š	b						
9	C						
e Z	d						
E	е						
gra	f	All other program service revenue					
<u>a</u>	g	Total. Add lines 2a–2f	<b>•</b>	0	**2: \		
	3	Investment income (including divid	ends, interest,		X 1000 40 7		
		and other similar amounts)		6,193			6,193
	4	Income from investment of tax-exempt be	ond proceeds ►				
	5	Royalties	<u> </u>				
		(i) Real	(ii) Personal		<b>*</b>		×. *******
	6a	Gross rents					
	b	Less: rental expenses				* **	
	c d	Rental income or (loss) 0  Net rental income or (loss)	0	32 3.2	`		
	7a	Gross amount from sales of (i) Securities	(ii) Other	0		r. emm	190
	٠	assets other than inventory 960,413	(ii) Othici				
	b	Less cost or other basis					
		and sales expenses 593,843					
	С	Gain or (loss) 366,570					1 1
	d	Net gain or (loss)	<b>•</b>	366,570	·	n Sillingitus	366,570
•					. 16		300,570
ž	8a	Gross income from fundraising					
Other Revenue		events (not including \$					
æ		of contributions reported on line 1c)					
her	_	See Part IV, line 18					
ŏ	b	Less: direct expenses . b		أُدُّ أَسْلَمُ السَّلَمُ السَّلَمُ السَّلَمُ السَّلَمُ السَّلِمُ السَّلِمُ السَّلِمُ السَّلِمُ السَّ	<b>*</b> . Q `		
	C	Net income or (loss) from fundraising	events <b>&gt;</b>	0	* 1		
	9a	Gross income from gaming activities See Part IV, line 19					
	h	•					
	b c	Less: direct expenses <b>b</b> Net income or (loss) from gaming active	vities <b>&gt;</b>	à <u>à</u>	a - Jai. A	-11 - 11 - 11 - 11 - 11 - 11 - 11 - 11	
		Gross sales of inventory, less	AITIG2	0	<b>8 8</b> 3 3		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		returns and allowances .					

Business Code

1,273,182

b Less: cost of goods sold . b c Net income or (loss) from sales of inventory Miscellaneous Revenue

11a

All other revenue e Total. Add lines 11a-11d

Total revenue. See instructions

<i>?</i>	₹,	318	Mir or	
				372,763
		Fo	rm <b>9</b> 9	<b>90</b> (2017)

Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must coi	mplete all columns	All other organization	ns must complete o	column (A)
	Check if Schedule O contains a respor	ise or note to any l	ine in this Part IX		
8b, 9	ot include amounts reported on lines 6b, 7b, b, 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	899,906	899,906		охраносо
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			,	4
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 10	Other employee benefits Payroll taxes				
11 a b	Fees for services (non-employees).  Management  Legal  .				
c d e	Accounting Lobbying Professional fundamental accounts Con But IV I I I I I		**************************************		
f g	Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,767		3,767	
12 13 14	Advertising and promotion Office expenses Information technology				
15 16	Royalties Occupancy	96		96	
17 18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest	979		979	
21 22 23	Payments to affiliates  Depreciation, depletion, and amortization Insurance .				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a b	Administrative expenses	40,000		40,000	
c d					
е 25	All other expenses  Total functional expenses. Add lines 1 through 24e	944,748	000.001		
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here   if following SOP 98-2 (ASC 958-720)	244,740	899,906	44,842	

_	n 990 (2				Page <b>11</b>
	art X				
_		Check if Schedule O contains a response or note to any line in this Pa			·
			(A) Beginning of year		(B) End of year
	-	Cook and interest house.	Degining of year		Lild of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments .	26,265	2	10,287
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees Complete Part II of Schedule L		<u> </u>	
		•		5	
	6	Loans and other receivables from other disqualified persons (as defined under section		1	
		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			
Assets		•		6	
\ss	/	Notes and loans receivable, net		7	
1	8	Inventories for sale or use		8	
	9 10a	Prepaid expenses and deferred charges	780	9	* , *
	IVa	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D			,
		· · · · · · · · · · · · · · · · · · ·			£
	l a b	Less. accumulated depreciation		10c	C
	11	Investments—publicly traded securities .	133,179	1	102,166
	12	Investments—other securities See Part IV, line 11	. 55,110		95,766
	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)	214,554		208,219
	17 18	Accounts payable and accrued expenses		17	
	19	Grants payable .  Deferred revenue		18	
	20	·		19	
	21	Tax-exempt bond liabilities		20	
m		Escrow or custodial account liability Complete Part IV of Schedule D	i i i i	21	
Ë	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and		<b>.</b>	
Ē		disqualified persons Complete Part II of Schedule L	X. E	22	
Liabilities	23	Secured mortgages and notes payable to unrelated third parties		22	
	24	Unsecured notes and loans payable to unrelated third parties  .		23	
	25	Other liabilities (including federal income tax, payables to related third		24	
	25	parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	<del></del>	20	V 32 A
es		complete lines 27 through 29, and lines 33 and 34.			
ınc	27	Unrestricted net assets	214,554	27	208,219
ale	28	Temporarily restricted net assets	214,334	28	200,219
<u>Б</u>	29	Permanently restricted net assets .		29	
S		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and		2.3	   機に   「変数を入る機ととなる
ř L	,	complete lines 30 through 34.			
S	30	Capital stock or trust principal, or current funds	Market R. C. L. C.	30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets or Fund Balances	33	Total net assets or fund balances	214,554	-	208,219
Z	34	Total liabilities and net assets/fund balances	214,554		208,219
				,	1 200,217

Form 9	90 (2017)			Pa	ge <b>12</b>
Par	t 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		1,27	3,182
2	Total expenses (must equal Part IX, column (A), line 25)	2		94	4,748
3	Revenue less expenses Subtract line 2 from line 1	3		32	28,434
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		21	4,554
5	Net unrealized gains (losses) on investments .	5		(33	4,769
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		20	8,219
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	_			
				Yes	No
1	Accounting method used to prepare the Form 990 🗵 Cash 🗌 Accrual 🔲 Other		`		87.
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın	ın	× × ×	<b>7</b> . ]
	Schedule O		sin.		]
2a	and any and any and any and any any and any any and any		2a		X
	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				1 8
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		· .		
b	Were the organization's financial statements audited by an independent accountant?		2b	,	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	а	Mas.	t
	separate basis, consolidated basis, or both		Ç%	*1334	100
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			,	30
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	ersigl/	ht		
	of the audit, review, or compilation of its financial statements and selection of an independent accounts.				
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın	ın		
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth			
	the Single Audit Act and OMB Circular A-133?		3a	$\perp$	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under		- 1		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3b	.	

Form **990** (2017)

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

Department of the Treasury Internal Revenue Service

Name of the organization

The Fund for Change, Inc

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

20**17** 

Open to Public Inspection

Employer identification number

31-1662222

Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) ☐ A community trust described in section 170(b)(1) A)(vi). (Complete Part II) Я An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) instructions) above (see instructions)) Yes No (A) The Associated Jewish Community Federation of Baltimore 52-0607957 10 X 12,000 (B) (C) (D) (E) Total 12,000

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Section	on A. Public Support						<i>il</i>
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017 /	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")			,			
2	Tax revenues levied for the		<del> </del>	<del>  -</del>		7	<del> </del>
-	organization's benefit and either paid to or expended on its behalf					<i>/</i>	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3 .	2			//	20.2	
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)						entry of
6	Public support. Subtract line 5 from line 4	# (	* * */ <sub>2</sub>				
Section	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	ļ	/	ļ	<b> </b>		<del> </del>
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	. x %		4 4 4	* * * *	) » * °	1
12	Gross receipts from related activities, etc	•			e e e	12	<u> </u>
13	First five years. If the Form 990 is for the organization, check this box and stop he		n's first, secon	a, tnira, tourtr	i, or titth tax y	ear as a secti	on 501(c)(3)
Section	on C. Computation of Public Suppo				<del></del> _		
14	Public support percentage for 2017 (line			1 column (f))		14	%
15	Public support percentage from 2016 Sc		-	1, 001011111 (1)/	•	15	
16a	33 <sup>1</sup> / <sub>3</sub> % support test—2017. If the organ			k on line 13, a	nd line 14 is 33		
	box and stop here. The organization qua						▶ □
b	331/3% support test—2016. If the organ this box and stop here. The organization					ıs 331/3% or ı	more, check . ► □
17a	10% -facts-and-circumstances test—2 10% or more, and if the organization m Part VI how the organization meets the organization	eets the "facts	-and-circumst	ances" test, cl	heck this box a	and stop here	e. Explain in
b	10%-facts-and-circumstances test—2/15 is 10% or more, and if the organization is Explain in Part VI how the organization is supported organization	ation meets th	ne "facts-and-o	circumstances	" test, check	this box and	stop here.
18	Private foundation. If the organization d	id not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	_
/	instructions	<u> </u>	<u>-</u>		<u> </u>		▶ □

Schedu	le A (Form 990 or 990-EZ) 2017						Page:3
Part							_ #
	(Complete only if you checked the						nder Part II
Cooti	If the organization fails to qualify	under the tes	sts listed bei	ow, piease co	mpiete Part	11.)	
	on A. Public Support dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	/ (f) Total
انعادی 1	Gifts, grants, contributions, and membership fees	(a) 2013	(b) 2014	(6) 2013	(4) 2010	(e) 2017	/ (i) iotai
•	received (Do not include any "unusual grants")	}				j	
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513					A	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					"	
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5.				/		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons			f	<i>y</i>		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b			/			
8	Public support. (Subtract line 7c from line 6)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			,			
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b		<u></u>	<u></u>	<u> </u>		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for to organization, check this box and stop he		i's first, secon	d, third, fourth	, or fifth tax y	ear as a section	on 501(c)(3) ► □
Secti	on C. Computation of Public Suppo	<u> </u>					
15	Public support percentage for 2017 (line			3, column (f))		15	%
16	Public support percentage from 2016 Sc			<del></del>	<u>-</u>	16	%
	on D. Computation of Investment In			1 45 :		12-1	
17	Investment income percentage for 2017				TIN (T))	17	<u>%</u> %
18 19a	Investment income percentage from 201 33 <sup>1</sup> / <sub>3</sub> % support tests—2017. If the organ				 nd line 15 is m		
ıυα		414 1101	//			/ 3	,

17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization 331/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

### Part IV 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)

	Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete P	art V	)	
Section	on A. All Supporting Organizations			
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		Yes	No
	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		X
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a	<u> </u>	X
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c	Ž.	Ŵ.
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	<u> </u>	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 despite being controlled or supervised by or in connection with its supported organizations	4b	.ž	
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <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	4c		ì
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in <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).	5a	*	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?	<i>5</i> b	mins.	X X
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? 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.	5c	X	4
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 regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7	Ž	X
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8	1	X
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
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> .	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 Part VI.	9c		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 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	<b>X</b>	2 S.	* · · · ·

determine whether the organization had excess business holdings )

10b

Schedu	le A (Form 990 or 990-EZ) 2017			Page <b>5</b>
Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
	below, the governing body of a supported organization?	11a 11b		X
b	A family member of a person described in (a) above?  A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		X
Secti	on B. Type I Supporting Organizations	110		_ A
-	on Britype reappoining organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	X	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2	X	
Secti	on C. Type II Supporting Organizations			
			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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1 1		*
Secti	on D. All Type III Supporting Organizations			
	31 11 3		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 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	ا المالية	
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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
Sect	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s)
а	☐ The organization satisfied the Activities Test Complete line 2 below			
b c	☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	(see ın	struc	tıons)
2	Activities Test. Answer (a) and (b) below.		Yes	No
. a	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

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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement

- Parent of Supported Organizations Answer (a) and (b) below.
- Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	jani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	tru	st on Nov 20, 1970 (explain	n in Part VI) See
instructions. All other Type III non-functionally integrated supporting organ			
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		
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)
1 Aggregate fair market value of all non-exempt-use assets (see	\$7.°		33.5
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			.438.
factors (explain in detail in Part VI)	<u> </u>		
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	24 V 1 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	(A 1814 A 1	
6 Distributable Amount Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	ly in	tegrated Type III supporting	ı organızatıon (see
instructions)			

Part		Jupporting Organia	Zationo (continuou)	Current Year
Secti	on D - Distributions			Ourient rear
1_	Amount's paid to supported organizations to accomplish e	xempt purposes		<del></del>
2	Amount's paid to perform activity that directly furthers exer	mpt purposes of suppo	rtea	
	organizations, in excess of income from activity	ease of supported orga	nizations	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported orga	Ilizations	
4_	Amount's paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			<del></del>
6	Other distributions (describe in Part VI) See instructions			
	Total annual distributions. Add lines 1 through 6	the organization is res	nonsive	
8	Distributions to attentive supported organizations to which (provide details in <b>Part VI</b> ) See instructions	il the organization is res	porisive	
	Distributable amount for 2017 from Section C, line 6			
9	Line 8 amount divided by line 9 amount			
10	Line 8 amount divided by line 9 amount		(ii)	(iii)
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6	<b>M</b>	***	
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required—explain in Part VI) See	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	instructions			
3	Excess distributions carryover, if any, to 2017			
а		ř. ş. 39		
b	From 2013			
С	From 2014			100 100
d	From 2015 .		377	
е	From 2016	A W		723. 300. 7
f_	Total of lines 3a through e	38 32 4	\$	3 7 1
g	Applied to underdistributions of prior years		, <u>**</u> * **	* * :
<u>h</u>				* * * *
i	Carryover from 2012 not applied (see instructions)	<u> </u>		
j_	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from			
	Section D, line 7 \$			* * * * *
<u>a</u>				
<u>b</u>	Applied to 2017 distributable amount  Remainder Subtract lines 4a and 4b from 4	<i>≥</i>		X X 1
<u>c</u>			* ***	73 1
5	Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions			
	Remaining underdistributions for 2017 Subtract lines 3h			
6	and 4b from line 1 For result greater than zero, explain in			
	Part VI. See instructions			C
7	Excess distributions carryover to 2018 Add lines 3			
•	and 4c	0		
<del>8</del>	Breakdown of line 7			
<del>u</del> a	5 0040	<b>1</b>		
b		\$ 20 % %	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	5 0045	A State of the sta		
d				
e	5 ( 0047	S 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	W. Y.	
			Schedule	A (Form 990 or 990-EZ) 2017

Schedule A (Fo	orm 990 or 990-EZ) 2017 Page
Part VI	<b>Supplemental Information.</b> 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, 2l 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, Sect	ion A, Line 6 -
The Support	ed Organization works to preserve and enhance Jewish life It addresses charitable, educational, religious, humanitarian,
health, cultur	al and social service needs of the Jewish community locally, nationally, in Israel and throughout the world
In furtherance	ee of that mission, the Supported Organization encourages families to establish supporting organizations in
partnership y	vith it, in order to engage interested donors and succeeding generations in philanthropic pursuits and
enhance both	the Jewish and general communities in keeping with the Jewish tradition of reapiring the world
All grants are	made tax-exempt charitable organizations registered with the Internal Revenue Service
Part IV, Sect	ion B, Line 2 -
Grants to Org	ganizations, other than the Supported Organization, are made at the discretion of the Board of the Supporting
Organization	and are made in furtherance of the mission of the Supported Organization to support Jewish, cultural, educational
and social jus	stice work
<del>-</del>	
	·

### 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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

vame C	the organization		Employer identification number
The Fu	nd for Change, Inc		31-1662222
Par	<del></del>	lvised Funds or Other Similar Fu	nds or Accounts.
	Complete if the organization answered		
	Complete if the organization answered	(a) Donor advised funds	(b) Funds and other accounts
		(a) Donor advised failus	(b) ratios and other accounts
1	Total number at end of year .		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dono	or advisors in writing that the assets	held in donor advised
	funds are the organization's property, subject to t	the organization's exclusive legal conti	rol?
6	Did the organization inform all grantees, donors,		
•	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?	circ of the deficit of deficit daysor, of	
00-		·	
Pari		143/ # E 000 D 13/1 =	
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the	e organization (check all that apply).	
	Preservation of land for public use (e.g., recre	ation or education) 🔲 Preservation	of a historically important land area
	☐ Protection of natural habitat	☐ Preservation of	of a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization I	held a qualified conservation contribut	ion in the form of a conservation
	easement on the last day of the tax year	•	Held at the End of the Tax Year
а	Total number of conservation easements		2a
_			
b	Total acreage restricted by conservation easement		. 2b
C	Number of conservation easements on a certified	, ,	2c
d	Number of conservation easements included in	n (c) acquired after 7/25/06, and not	i un a
	historic structure listed in the National Register	•	2d
3	Number of conservation easements modified, train	nsferred, released, extinguished, or te	rminated by the organization during the
	tax year ►		
4	Number of states where property subject to cons	ervation easement is located ►	
5	Does the organization have a written policy re	egarding the periodic monitoring, in	spection, handling of
	violations, and enforcement of the conservation e	easements it holds? .	🗌 Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of violations, and enforcing	conservation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspect	ing, handling of violations, and enforcing	conservation easements during the year
	<b>▶</b> \$	<b>5</b> . <b>5 1 1</b> , <b>1</b>	,
8	Does each conservation easement reported on lin	e 2(d) above satisfy the requirements of	of section 170(h)(4)(B)(i)
•	and section 170(h)(4)(B)(ii)?	as E(a) asserts successfully the requirements t	☐ Yes ☐ No
•			<del></del> -
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text		inancial statements that describes the
	organization's accounting for conservation easem		
<u>Part</u>			
	Complete if the organization answered	I "Yes" on Form 990, Part IV, line 8	3.
1a	If the organization elected, as permitted under S	FAS 116 (ASC 958), not to report in it	ts revenue statement and balance sheet
	works of art, historical treasures, or other similar	ar assets held for public exhibition, e	education, or research in furtherance of
	public service, provide, in Part XIII, the text of the	footnote to its financial statements th	at describes these items
b	If the organization elected, as permitted under	SFAS 116 (ASC 958), to report in its	revenue statement and halance sheet
-	works of art, historical treasures, or other similar		
	public service, provide the following amounts rela	·	and a second in faithful and the
	•	•	<b>.</b> •
	(i) Revenue included on Form 990, Part VIII, line	1	\$
	(ii) Assets included in Form 990, Part X.		. \$
2	If the organization received or held works of air		
	following amounts required to be reported under	SFAS 116 (ASC 958) relating to these	items
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X .		<b>&gt;</b> \$

Fan	Organizations Waintaining	Collections of	<u>Απ,</u> His	corical	<u>reas</u> ures,	, or Ut	ner Similar As	sets (conti	nuea)
3	Using the organization's acquisition, a collection items (check all that apply).	accession, and ot	her reco	ds, chec	k any of th	e follow	ring that are a si	gnificant us	e of its
а	☐ Public exhibition		d	☐ Loan	or exchang	je progi	rams		
b	Scholarly research		e	Othe	r _ <del></del> _				
С	☐ Preservation for future generations								
4	Provide a description of the organizat XIII	ion's collections a	and expla	ain how t	hey further	the org	anization's exem	ipt purpose	ın Part
5	During the year, did the organization assets to be sold to raise funds rather	than to be mainta							□ No
Par	Complete if the organization 990, Part X, line 21		" on For	m 990, <b>i</b>	Part IV, line	e 9, or	reported an am	ount on Fo	orm
1a	Is the organization an agent, trustee, included on Form 990, Part X?	custodian or oth	er intern	nediary fo	or contribut	ions or	other assets no	t 🗌 Yes	
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	llowing to	able		Ar	nount	<del> </del>
С	Beginning balance				•	1c			
d	Additions during the year .					1d			
е	Distributions during the year .					1e			
f	Ending balance .					1f	<del></del>		
2a	Did the organization include an amour						-	? 🗌 Yes	☐ No
	If "Yes," explain the arrangement in Pa	art XIII Check her	e if the e	cplanatio	n has been	provide	ed on Part XIII		Ц
Par		anawanad "Vaa	" <b>.</b>	000 1	7 a. ark 187 1 . ar. a	- 40			
	Complete if the organization	(a) Current year		or year	(c) Two year		(d) Three years back	(e) Four yea	rs hack
1a	Beginning of year balance .	- (a) Current year	(0) / 11	Ji yeai	(C) TWO YEAR	3 Dack	(u) Three years back	(e) i oui yea	- Dack
b	Contributions .						<del></del>	<del> </del>	
c	Net investment earnings, gains, and							<del>  -</del>	
	losses .								
d	Grants or scholarships			<del></del> -				1	
е	Other expenditures for facilities and programs					Ì			
f	Administrative expenses .			_		1			
g	End of year balance								
2	Provide the estimated percentage of the	he current year er	d balanc	e (line 1g	ı, column (a	)) held a	as		
а	Board designated or quasi-endowmen	nt ▶	_%						
þ	Permanent endowment >	%							
С	Temporarily restricted endowment	·			-				
2-	The percentages on lines 2a, 2b, and 2				لدامط معمده			_	
3a	Are there endowment funds not in the organization by.	e possession or tr	ie organi	zation th	at are nero	and ad	ministered for th		a Na
	(i) unrelated organizations							Ye 3a(i)	s No
	(ii) related organizations							3a(ii)	+
b	If "Yes" on line 3a(ii), are the related or	rganizations listed	as requi	red on Se	chedule R?		• •	3b	
4	Describe in Part XIII the intended uses						, ,	<u> </u>	<u> </u>
Par									
_	Complete if the organization		" on For	m 990, I	Part IV, line	e 11a.	See Form 990,	Part X, line	e 10
	Description of property	(a) Cost or ot	her basis	(b) Cost of	or other basis	(c) /	Accumulated	(d) Book va	
		(investm	ent)	(0	ther)		epreciation		
1a	Land					. ģī	<u> </u>		
b	Buildings	ļ							
C	Leasehold improvements			<u></u>					
d	Equipment .								
Tatal	Other  Add lines 1a through 1e (Column (d) m	aunt naust Famil 2	00 0-4	<u> </u>	- (D) June 11	<u> </u>			
LOTAL	AGG INGE IS INFOLIAN 10 // OUTMIN (A) N	uust anuusi I-Ami U	uu Port	* collimi	a ι⊷ι προ 1/	ur i			

Schedule D (For	m,990) 2017				Page <b>3</b>
Part VII	Investments—Other Securities.				
	Complete if the organization answered "Y	es" on Form 9	90, Part IV, lin	e 11b See Fo	orm 990, Part X, line 12
	(a) Description of security or category (including name of security)		(b) Book value		Method of valuation end-of-year market value
(1) Financial	derivatives			•	
` '	neld equity interests .				
	l l C			·	
(A) Investm	nent - Jewish Community Investment Funds		95,766	End-of-year ma	arket value
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)				8 10 88 88 1 Yeşinin 1997	and the street of the street o
	n) must equal Form 990, Part X, col (B) line 12 ) ▶		95,766		
Part VIII	Investments—Program Related.	/" F O	00 Davi IV I.a.	- 11- C F	000 Dert V Inc 13
	Complete if the organization answered ")			1	
	(a) Description of investment	!	(b) Book value		Method of valuation end-of-year market value
(1)					
(2)			·		
(3)					
<u>(4)</u> (5)			·		
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 13 ) ▶			*	48 3 3 3 4
Part IX	Other Assets.	<u> </u>			
	Complete if the organization answered ")	Yes" on Form 9	90, Part IV, lin	e 11d See Fo	orm 990, Part X, line 15
	(a) Description	on .			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)		-			
(7)				•	
(8)					
(9)	mn (b) must equal Form 990, Part X, col (B) line	15)			
Part X	Other Liabilities.				
r ait A	Complete if the organization answered "\	Yes" on Form 9	90 Part IV In	e 11e or 11f	See Form 990 Part X
	line 25.	103 0111011113	50, 1 art 1 <b>v</b> , iii	C 11C 01 111	000 1 01111 000, 1 0117,
1.		) Book value		· · · · · · · · · · · · · · · · · · ·	· * .
(1) Federal ır	(2)	•	<b>┤</b> ᢝ.ǯ		
(2)			1		
(3)	***		<b>1</b> %		
(4)					. ***
(5)			7 18 4		
(6)					
(7)					
(8)				*	
(9)				Ź.	
	b) must equal Form 990, Part X, col (B) line 25 ) ▶		<b>2</b> ~ • , ·	<u> </u>	
	r uncertain tax positions. In Part XIII, provide the tex				
organization'	s liability for uncertain tax positions under FIN 48 (A	ASC 740) Check h	ere if the text of t	he footnote has	been provided in Part XIII

Part	Reconciliation of Revenue per Audited Financial Sta  Complete if the organization answered "Yes" on Form S		· · · · · · · · · · · · · · · · · · ·	
4	Total revenue, gains, and other support per audited financial statem		. 1	
1	Amounts included on line 1 but not on Form 990, Part VIII, line 12	ems	•	
2		1 20 1		
a	Net unrealized gains (losses) on investments	2a   2b		
b		<del> </del>		
C	Recoveries of prior year grants	. 2c		
d	Other (Describe in Part XIII )	<b>2d</b>		
e	Add lines 2a through 2d		2e   3	
3	Subtract line 2e from line 1	1 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b	4a		
a	Other (Describe in Part XIII)	4a 4b		
b	Add lines 4a and 4b	[ 40 ]		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I	I. line 12 )	5	•
	XII Reconciliation of Expenses per Audited Financial St			
	Complete if the organization answered "Yes" on Form 9		-	
1	Total expenses and losses per audited financial statements	,	1 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a	[, ][, ]	
b	Prior year adjustments .	2b	***	
С	Other losses	2c		
d	Other (Describe in Part XIII ) .	2d	z <u>i.</u>	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		. 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	. 23.8	
C	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Pari	t I, line 18 )	5	
	XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1 It XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this			τλ, line
, . a.	try, mice 24 and 15, and 7 arran, mice 24 and 15 7 nee complete and	part to promate any		
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			<del>'-</del>	
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	•			

# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990.

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OMB No 1545-0047	
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Open to Public Inspection

% □ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance Employer identification number 4 ⊠Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 31-1662222 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? General Information on Grants and Assistance (p) EIN 1 (a) Name and address of organization or government The Fund for Change, Inc (9) (1) Attachment #1 Name of the organization Part II Part I 5 <u>ල</u> 3 8 6 10) (12) € (2)

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

Schedule I (Form 990) (2017)

(f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 (e) Method of valuation (book, FMV, appraisal, other) The Foundation will request and receive periodic reports and updates from the grantees regarding how grants are utilized, and takes such information (d) Amount of noncash assistance Grant requests are reviewed to ensure that they are permissible and in accord with applicable laws and regulations (c) Amount of cash grant Part III can be duplicated if additional space is needed (b) Number of recipients into account in considering future grant awards (a) Type of grant or assistance Part III S က ဖ ~ 4

Schedule I (Form 990) (2017)

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

**Compensation Information** 

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

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

31-1662222 The Fund for Change, Inc. **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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 ☐ Discretionary spending account Personal services (such as, maid, chauffeur, chef) 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 Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization 4a Receive a severance payment or change-of-control payment? 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III 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 5 compensation contingent on the revenues of 5a The organization? 5b 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? 6b 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 payments not described on lines 5 and 6? If "Yes," describe in Part III 7 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 ın Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

Schedule J (Form 990) 2017

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

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

NOTE: THE SOUTH OF COLUMN (III) THE CACHE HIGH STATE THE COLOR CHICAGO THE COLOR CHI	3		ימן כלמתו נווס ומותו	מוני פון פוני	1 (11) (20(10)) (1) (11)	מייייים סימשטווקשה יש	אווסמווא (ב) מווס (ב) וו	
		(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable		(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	in column (B) reported as deferred on prior Form 990
	€							
1 Marc B Terrill	(ii)	458,829	56,250	32,829	160,800	28,223	736,931	0
	Ξ							
2	€							
	€							
3	(ii)							
	ε							
4	€			-				
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	Ξ							
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	3							
16	€							

Schedule J (Form 990) 2017

Chedule J (Porm 890) Zol /
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 paragraph information
I'lle Directors of The Fund for Change, Inc. receive no compensation for their services. However, one of the Directors is employed by the
upported entity, The Associated Jewish Community Federation of Baltimore, Inc. (The Associated). All of the compensation and benefits listed are
and by The Associated, none of it is attributable to the service as a Director and/or Officer of the Foundation
art I Line 4b
Aarc B Terrill participates in a nonqualified deferred compensation plan
Aarc B Terrill participates in a nonqualified deferred compensation plan No amounts were paid out during the year (2017)
Dre hundred and fifty thousand dollars was deferred and 1s included on Form 990, Part VIII, Column F and Schedule I, Part II, Column C
) new five-vear contract was executed for Marc B Terrill beginning January 1, 2017 The terms and conditions of the deferred
ompensation plan are outlined in the contract with The Associated

Schedule J (Form 990) 2017

### SCHEDULE M (Form. 990)

### **Noncash Contributions**

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Inspection

Employer identification number Name of the organization 31-1662222 The Fund for Change, Inc Types of Property Part I (d) (b) (a) Noncash contribution Number of contributions or Method of determining Check if amounts reported on noncash contribution amounts applicable items contributed Form 990, Part VIII, line 1q 1 Art-Works of art . 2 Art-Historical treasures 3 Art-Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles . 7 Boats and planes 8 Intellectual property q Securities—Publicly traded Х 20 securities 900,419 Fair market value 10 Securities-Closely held stock Securities—Partnership, LLC, 11 or trust interests 12 Securities---Miscellaneous 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 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 29 Yes No 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 b If "Yes." describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a b If "Yes," describe in Part II. 33 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

Name of the organization

### 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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2017

Open to Public Inspection

Employer identification number

The Fund for Change, Inc	31-1662222
Form 990 Part VI, Section A,	
Line 2 - There are family relationships among the Donor Members and Directors Marc Kahn, Jean K Kahn	, Betsy Kneger and
David Kandel have a family relationship	
Line 6 - The organization has two classes of members, a Public Member - The Associated Jewish Community	Federation of
Baltumore, 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 D	Onor Members appoint the remainder
Line 7b - Amendments to the Bylaws are subject to change or rescission by the Members before they are adopted to the Bylaws are subject to change or rescission by the Members before they are adopted to the Bylaws are subject to change or rescission by the Members before they are adopted to the Bylaws are subject to change or rescission by the Members before they are adopted to the Bylaws are subject to change or rescission by the Members before they are adopted to the Bylaws are subject to change or rescission by the Members before they are adopted to the Bylaws are subject to change or rescission by the Members before they are adopted to the Bylaws are subject to change or rescission by the Members before they are adopted to the Bylaws are subject to the Bylaws	oted
Form 990 Part VI, Section B,	
Line 11a - The Form 990 and supporting schedules are distributed to the officers and directors upon complet	on review and comments
prior to filing	
Line 12c - The supported organization monitors and enforces the potential of any conflict of interests by reg	ularly
reviewing the Board of Directors, its actions and the investment of assets to ensure that it complies with the con-	nflict
of interest policy of The Associated	
Line 15 - Marc B Terrill participates in a nonqualified deferred compensation plan. No amounts were paid o	ut during the year (2017)
One hundred and fifty thousand dollars was deferred and is included on Form 990, Part VIII, Column F and So	chedule J, Part II, Column C
A new five-year contract was executed for Marc B Terrill beginning January 1, 2017 The terms and conditions	of the deferred
compensation plan are outlined in the contract with The Associated	
Form 990 Part VI, Section C,	
Line 19 - The organization makes its governing documents and financial statements available to the public up	on request

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Part

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(2)

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public 2017

OMB No 1545-0047

Employer identification number 31-1662222

(g) Section 512(b)(13) controlled entity? (f)
Direct controlling
entity Š × 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 √/N (e)
Public charity status
(if section 501(c)(3)) (d) Total income Identification of Disregarded Entities. Complete If the organization answered "Yes" on Form 990, Part IV, line 33 1 (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 (a) Name, address, and EIN (if applicable) of disregarded entity (1) The Associated Jewish Community Federation of Baltimore, Inc. (a)Name, address, and EIN of related organization 101 W Mt Royal Avenue Baltimore, MD 21201 The Fund for Change, Inc

Part II

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Schedule R (Form 990) 2017

(I) Section 512(b)(13) controlled entity? Percentage ş ownership Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year Yes General or managing ŝ partner? (h) Percentage ownership Yes amount in box 20 of Schedule K-1 (i) Code V—UBI (g) Share of end-of-year assets (Form 1065) (h)
Disproportionate
allocations? ŝ (f) Share of total Yes income (g) Share of end-ofyear assets (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total Income (d) Direct controlling entity tax under sections 512—514) (e)
Predominant
income (related,
unrelated,
excluded from (state or foreign country) (c) Legal domicile (d)
Direct controlling
entity Primary activity (c)
Legal
domicile
(state or
foreign (b) Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization Œ (1) N/A (1) N/A Part IV Part III Θ <u>ල</u> 9 3 4 (2) 9 3 4 9 3 8

Schedule R (Form 990) 2017

					<u>λ</u>	Yes	ş
Note: Complete line 1 if any	Note: Complete line 1 if any entity is listed in Parts II, III, or IV or this schedule	more related organ	izations listed in Parts	MHV.	3   1 <sup>3</sup> / <sub>2</sub>	-	
1 During the tax year, did				•	1a		$ _{\times}$
a Receipt of (i) interest, (	Receipt of (i) interest, (ii) annuities, (iii) royalties, of (iv) rent from a controlled enury · · · ·		· · ·		4	-	
b Gift grant, or capital co	Gift. orant. or capital contribution to related organization(s)	•			+	+	1
	C.H. grant a contribution from related organization(s)				၁	^	$\times$
					1d	_	×
	Loans or loan guarantees to or for related organization(s)	•			1e		$ \times$
e Loans or loan guarante	Loans or loan guarantees by related organization(s)		•		200		
					16		×
<ul> <li>f Dividends from related organization(s)</li> </ul>	organization(s)				: ;		د اه
a Sale of assets to related organization(s)	d organization(s)				<u>6</u> ;	1	×I:
	Purchase of assets from related organization(s)				=		×
	Turburgo of conde unith related or contration(c)	•			=		$\times$
Exchange of assets wi	(ii) related organization(s)		-	•	1j		×
J Lease of facilities, equi	Lease of facilities, equipment, or other assets to related organization(s)	•			* **.		
					7		>
k Lease of facilities, equi	Lease of facilities, equipment, or other assets from related organization(s)				=	1	∜∖
<ol> <li>Performance of service</li> </ol>	Performance of services or membership or fundraising solicitations for related organization(s)				: 1		; ;
m Performance of service	Performance of services or membership or fundraising solicitations by related organization(s)				E .		χl;
	Character of facilities equipment mailing lists or other assets with related organization(s)	•		•	4		хl
n Staring of Identities, ed	July ment, manning mate, or cancer access many and access many access many and access many acc			•	9	×	
<ul> <li>Sharing of paid employ</li> </ul>	Sharing of paid employees with related organization(s) .		•		, v	1	
					5		>
p Reimbursement paid t	Reimbursement paid to related organization(s) for expenses			•	2 5		<   >
	Reimbursement paid by related organization(s) for expenses				2		۱,
						1	
r Other transfer of cash	Other transfer of cash or property to related organization(s)				-	+	$\times  $ ;
	Other transfer of cash or property from related organization(s)	•		-	18	$\dashv$	Χĺ
	if the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	nplete this line, incl	uding covered relation	iships and transacti	on thres	sholds	,,
		(g	(5)	(p)			
	(a) Name of related organization	Transaction	Amount involved	Method of determining amount involved	ig amount	involve	Ď
		type (a—s)				Ì	
				•			
(1)							
(2)							
(3)							
(4)				ļ			
(5)							ŀ
(9)				Schedule R (Form 990) 201	R (Form	(066	Ŕ

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.

Predomination   Principal   Predomination	(a) (b) (c) (d) (e) (f) (e) (f) (e)	(q)	(3)	(p)	(e)	£		ε	3	9	( <del>X</del>
The control of the	Name, address, and EIN of entity				Are all partners	Share of		Disproportional	Code V—UBI	General or	Percentage
Ves No			(state or foreign country)	income (related, unrelated, excluded from tax under	section 501(c)(3) organizations?	total income		allocations	of Schedule K-1 (Form 1065)	managing partner?	ownersnip
				sections 512514)	Yes No						
	(1)										
	(3)										
	(4)										
	(5)										
	(9)							-			
							ı I				