Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Do not enter social security numbers on this form as it may be made public.

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

Control of the Treasury brune Service

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Inte		nue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection		
A	For the	e 2018 cale	ndar year, or tax year beginning , 2018, and ending		, 20		
В	Check	f applicable	C Name of organization The Fund for Change, Inc	D Employ	er identification number		
	Address	s change	Doing business as	31-16622	222		
	·Name o		Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telepho	ne number		
	Initial re	-	101 West Mount Royal Avenue	410-727-	-4828		
		urn/terminated	City or town, state or province, country, and ZIP or foreign postal code				
		ed return	Baltimore, MD 21201	G Gross re	eceipts \$ 1,844,326		
		L.	<u></u>	roup return for	subordinates? Yes X No		
					s included? Yes No		
	Tax-exe	empt status			a list (see instructions)		
3	Website			exemption	number ►		
—			X Corporation ☐ Trust ☐ Association ☐ Other ►		of legal domicile MD		
J) E	art I	Summ		1	1125		
7	1		escribe the organization's mission or most significant activities The Foundation was	created to	a assist arouns		
不。	'	•	or with low and moderate income communities in their efforts to redress such inequities and l				
 £			tic, equalitarian and participatory	Junu a soci	icty triat		
S	2		is box ▶☐ if the organization discontinued its operations or disposed of more than	25% of	its net assets		
万ぱ	3		of voting members of the governing body (Part VI, line 1a)	3	0		
) 0	4		of independent voting members of the governing body (Part VI, line 1b)	4	9		
Activitiês &	5		nber of individuals employed in calendar year 2018 (Part V, line 2a)	5	0		
3 🕏			nber of individuals employed in calendar year 2010 (Fart V, line 2a)	6	- 0		
5 §	6		elated business revenue from Part VIII, column (C), line 12	7a			
_ ~	7a		ated business taxable income from Form 990-T, line 38	7b			
_	<u> </u>	Net unrei	Prior Yo		Current Year		
		Contribut					
ne	8		tions and grants (Part VIII, line 1h)	900,419	749,591		
Revenue	9	-	service revenue (Part VIII, line 2g)	272.762	(1.417)		
æ	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)	372,763	(1,417)		
	11		renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1 072 100	740 174		
	12			1,273,182	748,174		
	13		nd similar amounts paid (Part IX, column (A), lines 1–3)	899,906	784,440		
	14		paid to or for members (Part IX, column (A), line 4)	0	0		
Expenses	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0		
e ii	16a		anal fundraising fees (Part IX, column (A), line 11e)	0			
쯦	b		draising expenses (Part IX, column (D), line 25)				
_	17	•	penses (Part IX, column (A), lines 11a–11d, 11f–24e)	44,842	47,211		
	18		enses Add lines 13–17 (must equal Part IX, column (A), line 25)	944,748	831,651		
	19	Revenue	less expenses Subtract line 18 from line 12 RECEIVED Beginning of Cu	328,434	(83,477)		
Net Assets or Fund Balances					End of Year		
Ssel	20	lotal ass	ets (Part X, line 16) Ilities (Part X, line 26)	208,219	113,391		
let A	21	Total liab	s or fund balances Subtract line 21 from line 20	0	0		
		Net asset	1 L	208,219	113,391		
	art li	Signat	ure Block				
			ry, I declare that I have examined this return, including accompanying scriedules and statements, and to tete Declaration of preparer (other than officer) is based on all information of which preparer has any know		ny knowledge and belief, it is		
		T. 48	The second and the property to the state of		110		
e:				_ Z[:	114		
Sig	-		(ite *	•		
He	ere		ren H Kreisberg President				
		177	or print name and title		PTIN		
Paid 9 Check I if							
Pr	epare	self-emp	ployed				
Us							
				пе по			
Ma	y the ال	S discuss	s this return with the preparer shown above? (see instructions)		Yes No		
For	Paper	work Reduc	ction Act Notice, see the separate instructions.		Form 990 (2018)		

Part			_
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission		
	The Foundation was created to assist groups working in or with low and moderate income communities in their efforts		
	to redress such inequities and build a society that is democratic, equalitarian and participatory		
2	Did the organization undertake any significant program services during the year which were not listed on the		
-	prior Form 990 or 990-EZ?	☐Yes	⊠ No
3	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services?	☐ Yes	⊠ No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocated the total expenses, and revenue, if any, for each program service reported.	as meas cations to	ourea by others,
4a	(Code) (Expenses \$ 784,440 including grants of \$ 784,440) (Revenue \$		_)
	Provide grants to public charitable organizations that benefit low and moderate income communities		
		_	
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$		_)
		··	
			••••
4c	(Code) (Expenses \$including grants of \$) (Revenue \$	- 	_)
		-	
	Other and the Collection of Collection (Collection Collection Coll		
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)		
4e	Total program service expenses	_	784,440

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	90 (2018)	MU	<u> </u>	age
Part	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
2	complete Schedule A 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	<u> </u>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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? If "Yes," complete Schedule D, Part III	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? <i>If</i> "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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		Х
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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
12a	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		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

	90 (2018)			age '
Part	Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	No 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	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
d	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		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)			<u>.</u>
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 conservation contributions? <i>If "Yes," complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	х	37
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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	٢	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note . All Form 990 filers are required to complete Schedule O	38_	х	

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contain	ns a response or no	ote to any line in this Pa	rt V
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а	Enter the number re	ported in Box 3	3 of Form 1096	Enter -0- if	i not applicable
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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?

1a

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a -	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		L
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	37		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	W.2.4206.0200	X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	77.72		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b.	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		-	177
	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	6b		
-	gifts were not tax deductible?	- OD	49 X A	, 1900 I
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		11
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	<u> </u>		
· C	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		200	2.0
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		ļ
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		W W. (feel
10	Section 501(c)(7) organizations. Enter		114	
а	Initiation fees and capital contributions included on Part VIII, line 12	2	4,	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			30
11	Section 501(c)(12) organizations. Enter			10
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
40-		12a		33.6.1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120	Ker W	414
	Section 501(c)(29) qualified nonprofit health insurance issuers.	- 6		
13	Is the organization licensed to issue qualified health plans in more than one state?	13a	2084.3. £888.8.	からいた金属
а	Note. See the instructions for additional information the organization must report on Schedule O	2019		e e i
b	Enter the amount of reserves the organization is required to maintain by the states in which			
D	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			7/14
,14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	_		
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N	C		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O			
		Forr	n 990	(2018)

Part	Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See in Check if Schedule O contains a response or note to any line in this Part VI						
Sect	on A. Governing Body and Management		т—				
15	Enter the number of voting members of the governing body at the end of the tax year 4	## 37.1	Yes	No iii ≥ 2%			
1a	If there are material differences in voting rights among members of the governing body, or		100 m	\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
	if the governing body delegated broad authority to an executive committee or similar						
	committee, explain in Schedule O		Evij				
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 3						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<u> </u>	X			
6	Did the organization have members or stockholders?	6	X	ļ.			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	\ v				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	70	X	(A.C.)			
o	the year by the following:		Section 1	14(1) 14(1) 14(1)			
а	The governing body?	8a	X				
b	Each committee with authority to act on behalf of the governing body? .	8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X			
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode))			
		لــــا	Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a	 	X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	1.7. 2			
b 42-	Describe in Schedule O the process, if any, used by the organization to review this Form 990		288277	W. z.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b		X			
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		-			
С	describe in Schedule O how this was done .	12c					
13	Did the organization have a written whistleblower policy?	13		х			
14	Did the organization have a written document retention and destruction policy?	14		Х			
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	L	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)			i j			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b					
Section	on C. Disclosure			<u> </u>			
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 (1024 or 1024-A if applicable), 990, and 990-1 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website. Another's website. Upon request. Other (explain in Schedule O)	(Sec	tion 5	501(c)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interior financial statements available to the public during the tax year	erest į	policy	, and			
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	cords	>				

Marilyn Loux 101 West Mount Royal Avenue Baltimore, MD 21201

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

 ∇

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

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

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

Check this box if neither the organization no	or any relate	d org	anız	atio	n c	ompe	nsa	ated any curren	t officer, director	, or trustee
				(0	C)					
(A)	(B)			neck		than c		(D)	(E)	(F)
Name and Title	Average hours per					ıs both or/trust		Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	_	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Karen H Kreisberg	15						ŀ	_	_	_
President and Public Director		X		X	<u> </u>			0	0	0
(2) Jean K Kahn	15									•
Vice President and Donor Director		Х		X			<u> </u>	0	0	0
(3) Betsy Kneger	15									
Secretary and Donor Director		X		X				0	0	, 0
(4) Marc B Terrill	15							_	455 450	100.021
Treasurer and Public Director	40 0	X		X				_ 0	655,652	189,831
(5) David Kandel	15									0
Donor Director		X		<u> </u>				0	0	0
(6) Marc Kahn	15	.,,							_	0
Donor Director	15	X						0	0	0
(7) Brent Flickinger	15	٧,					İ	_	0	0
Public Director	45	X		_			\vdash	0	0	U
(8) Mary Jo Kirschman	15	37				ļ		0	0	0
Public Director	4.5	_ X	 	\vdash			 	0		<u></u>
(9) Howard Miller	15	X						0	0	0
Public Director-		Λ	ļ	_			-	0		
(10)	- 									
(11)										
(12)										
(13)	 -									•
(14)			-		 					
	<u> </u>		<u> </u>			L				

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(A) Name and title	(B) Average hours per	(C) Position (do not check more than box, unless person is both officer and a director/trus						(D) Reportable compensation	(E) Reportable		(F) Estimated		
	,	week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizatio (W-2/1099-N	ons	o comp from organ and	ther ensation the nization related lization	n
(15)											-			
(16)														
(17)														
(18)														
(19)														
(20)														
(21)													_	
(22)														
(23)														
(24)				į									_	
(25)														
1b c	Sub-total Total from continuation sheets to Part	VII, Sectio	n A					>	0	65:	5,652		18	89,831
<u>d</u>	Total (add lines 1b and 1c) Total number of individuals (including but		l to th	ose	lıst	ed a	above	▶ •) w	ho received m		5,652 00,000 (of	18	89,831
	reportable compensation from the organi	zation >					•						Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete							emp	loyee, or high	est compe	nsated	3		$\frac{1}{x}$
4	For any individual listed on line 1a, is the organization and related organizations	sum of rep	oortal	ole d	com	per	nsatio	n a s."	nd other comp	ensation fro	om the			
5	individual Did any person listed on line 1a receive of											4	Х	
	for services rendered to the organization											5		X
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.													
	, (A) Name and business add	ress							(B) Description of s	ervices	С	(C) ompens	ation	
None	-				_									
					_									
								Ļ			-			
2	Total number of independent contractor received more than \$100,000 of compens							th	iose listed abo	ove) who				

							_				
Par	VIII	Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII									
470		Check if Scriedule C	Contains a res	ponse 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			
s. Grants Amounts	1a b c	Federated campaigns Membership dues Fuildralsing events	1a 1b 1c								
Contributions, Gifts. Grants and Other Similar Amounts	d e f	Related organizations Government grants (con All other contributions, g	itributions) 1e ifts, grants,								
	g h	and similar amounts not inc Noncash contributions include Total. Add lines 1a-1	led in lines 1a–1f \$	749,591 749,591	The second secon						
Program Service Revenus	2a b			Business Code	-						
gram Servi	d e f	All other program ser	vice revenue								
- P	g 3	Total. Add lines 2a–2 Investment income	f (including divid	lends, interest,							
	4 5	and other similar amount income from investmen Royalties	t of tax-exempt b	<u> </u>	10,022			10,022			
	6a b	Gross rents Less rental expenses Rental income or (loss)	(i) Real	(ii) Personal		Special Control of Street, Special Control of St					
	d 7a	Not rental income or of Gross amount from sales of assets other than inventory		(ii) Other	0			The state of the s			
	b c	Less cost or other basis and sales expenses Gain or (loss)	1,096,152 (11,439			The state of the s	or a second from				
une	d 8a	Nct gain or (loss) Gross income from fu	ındraısıng		(11,439)			(11,439			
Other Revenue		events (not including \$ of contributions reporte See Part IV, line 18	ed on liñé 1c) a					Tream of Thomas Committee			
ਬੁੱ	b c 9a	Less direct expenses Net income or (loss) f Gross income from ga See Part IV, line 19	rom fundraising	events ►	0						
	b ċ 10a	Less direct expenses Net income or (loss) to Gross sales of in	rom gaming act ventory, less	ivities >							
	b	Less cost of goods s Net income or (loss) f	old rom sales of inv		0	Appropriate the second of the					
	11a b c	wiiscellaneous R		Dusiness Code		A 25.201.47.23.51.87.27.27.27					
	d e 12	All other revenue Total. Add lines 11a Total revenue. See ii		>	0 748,174			(1,417			

Form 990 (2018)
Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must co			ns must complete c	olumn (A)
	Check if Schedule O contains a respon				
	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	784,440	784,440		
2	Grants and other assistance to domestic individuals See Part IV, line 22		704,440		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 10 11 a	Other employee benefits Payroll taxes Fees for services (non-employees) Management				
b c d e	Legal Accounting Lobbying Professional fundraising services See Part IV, line 17				
f g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,056	935	4,056	
12 13 14 15	Advertising and promotion Office expenses Information technology Royalties	6		6	
16 17 18	Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials				-
19 20 21 22	Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization	1,244		1,244	
23 24	Insurance 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 Membership dues-Grantmakers for Effective Org	40,000		40,000	The state of the s
c d e 25	All other expenses	831,651	786,345	45,306	
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)	051,051	7.00,545	13,300	

Check if Schedule O contains a response or note to any line in this Part X Caph—non-interest-bearing	ĨΡ	art X	Balance Sheet	 		<u>~_</u> _
1			Check if Schedule O contains a response or note to any line in this Pa	art X		
2 Sawings and temporary cash investments 10,287 2 11,298 3 Pledges and grains receivable, net 4 Accounts receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule 1 Complete Part II of						
Pledges and grants receivable, net A Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(x)), person described in section 4958(x)(3)8, and contributing employers and sponsoring organizations of section 5016(8) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepard expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10b Less accumulated depreciation 11 Investments—program-related See Part IV, line 11 13 Investments—program-related See Part IV, line 11 14 Intangible assets 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D 21 Corganizations that follow SFAS 117 (ASC 958), check here ▶ and complete lines 27 through 29, and lines 33 and 34. 22 Turrection that follow SFAS 117 (ASC 958), check here ▶ and complete lines 27 through 29, and lines 33 and 34. 23 Retained earnings, endowment, accumulated income, or other funds 24 Unsecured notes assets 25 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 27 through 29, and lines 33 and 34. 26 Tartal liabilities. And lines 17 incough 25. 26 Total liabilities. And lines 17 incough 25. 27 Unread and complete lines 27 through 29, and lines 33 and 34. 28 Retained earnings, endowment, accumulated income, or othe		1	Cash—non-interest-bearing		<u> </u>	
A Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other dispusified persons (as defined under section 4958(NI)), persons described in section 4958(NI), persons described in section 4958(NI), and contributing employers and sponsoring organizations of section 5016(SP) working veriployees beneficiary organizations (see instructions). Complete Part II of Schedule L Notes and loans receivable, net Notes and loans receivable, net Prepaid expenses and deferred charges Prepaid expenses and deferred expenses Prepaid expenses and deferr		2	Savings and temporary cash investments	10,287		11,298
5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958((7)), person described in section 4958((3)(8), and contributing employers and sponsoning organizations of section 5016(2) voluntary employees beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net inventores for sale or use 9 Prepard expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part IV of Schedule D 10b 10c 0 0 1 1 Investments—publicly traded securities 10b 10c 10c 10c 10c 11 Investments—program-related See Part IV, line 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		3	Pledges and grants receivable, net		-	
trustees, key employees, and highest compensated employees Complete Part II of Schedule L Loans and other recevables from other disqualified persons (as defined under section 4958(x)(1)), persons described in section 4958(x)(0), persons described in described in described in section 4958(x)(0), persons described in desc		4		ELECTOR & ENGLISH STORES TO THE STORES OF THE PROPERTY.	4	
6 Loans and other receivables from other disqualified persons (as defined under section 4958(c)(1)), persons described in section 4958(c)(5)(5)), and contributing employers and sponsoring organizations of section 501(c)(6) voluntary employers beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepared expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part IV of Schedule D 10a b Less accumulated depreciation 11 Investments—publicly traded securities 102 Loft 11 Investments—publicly traded securities 11 Investments—program-related See Part IV, line 11 12 Investments—program-related See Part IV, line 11 13 Investments—program-related See Part IV, line 11 14 Intangible assets 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable and accrued expenses 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part IV of Schedule D 23 Secret mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties. 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow SFAS 117 (ASC 958), check here b and complete lines 27 through 29, and lines 33 and 34. 28 Temporarily restricted net assets 29 Organizations that follow SFAS 117 (ASC 958), check here b and complete lines 30 through 34. 29 Capital stock or trust principal, or current funds 31 Pard-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances		5	trustees, key employees, and highest compensated employees			
sponsoning organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventiones for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10 b Less accumulated depreciation 11 Investments—publicly traded securities 12 Investments—publicly traded securities 12 Investments—program-related See Part IV, line 11 13 Investments—program-related See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Secured mortgages and notes payable to unrelated third parties 24 Uncecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties 26 Total liabilities. Add lines 17 through 25 27 Eromanently restricted net assets 28 Permanently restricted net assets 29 Permanently restricted net assets 20 Capital stock or trust principal, or current funds 31 Pade or or capital surplus, or land, building, or equipment fund 31 Pade or or aptile surplus, or land, building, or equipment fund 31 Pade or or aptile surplus, or land,		6	Loans and other receivables from other disqualified persons (as defined under section		5	
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10a	Ä	8	Inventories for sale or use			
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14				95,766		23,127
15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24) Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 26 Total liabilities. Add lines 17 through 25 27 Unrestricted net assets 28 Temporanly restricted net assets 29 Permanently restricted net assets 20 Capital stock or trust principal, or current funds 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 20 8,219 33 113,391 34 Total liabilities and net assets/fund balances 20 8,219 34 113,391			· ·			
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21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24) Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 208,219 33 113,391 170tal liabilities and net assets/fund balances 208,219 34 113,391						
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34 Total liabilities and net assets/fund balances 208,219 34 113,391	es		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
34 Total liabilities and net assets/fund balances 208,219 34 113,391	au	27	Unrestricted net assets	208,219	27	113,391
34 Total liabilities and net assets/fund balances 208,219 34 113,391	3ag	28	Temporarily restricted net assets		28	
34 Total liabilities and net assets/fund balances 208,219 34 113,391	ᅙ	29	Permanently restricted net assets		29	
34 Total liabilities and net assets/fund balances 208,219 34 113,391	or Fur					
34 Total liabilities and net assets/fund balances 208,219 34 113,391	ts	30	Capital stock or trust principal, or current funds			
34 Total liabilities and net assets/fund balances 208,219 34 113,391	SSE	31				
34 Total liabilities and net assets/fund balances 208,219 34 113,391	ţ	32				
	8 					
		34	Total liabilities and net assets/fund balances	208,219	34	

Page	1	2

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•					
Form 9	90 (2018)			P	age 12
Par	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		7	48,174
2	Total expenses (must equal Part IX, column (A), line 25)	2		8	31,651
3	Revenue less expenses Subtract line 2 from line 1	3		((83,477
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	208,219
5	Net unrealized gains (losses) on investments	5		((11,351)
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	<u> </u>		
9	Other changes in net assets or fund balances (explain in Schedule O)	9	<u> </u>		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		1	13,391
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		_		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	ın 📗		
	Schedule O			¥ 197.0	一种沙鱼
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а	X
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	or 🥳	ė kiri	
	reviewed on a separate basis, consolidated basis, or both		199		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		Sirely Similar	4 136	
b	Were the organization's financial statements audited by an independent accountant?		2	b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	a 🔭	koj kriĝoj. Laŭ kriĝoj.	\$. 5. 4 6. 46 4
	separate basis, consolidated basis, or both				**
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		6-864 20-20	· 多数多数	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versig	ht		
	of the audit, review, or compilation of its financial statements and selection of an independent account	ıntant	? 2	с	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	IN (\$\frac{\partial}{\partial} \frac{\partial}{\partial} \partia		
	Schedule O		1		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	ın		
	the Single Audit Act and OMB Circular A-133?		3	a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	ergo ti	he		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	31		$oxed{oxed}$
			F	orm 99 0	(2018)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

Open to Public Inspection

31-1662222

Department of the Treasury Internal Revenue Service

Name of the organization

The Fund for Change, Inc

Employer identification number

The	organization is not a private founda							
1	A church, convention of church							
2	☐ 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							
3 4							(iii). Enter the	
4	hospital's name, city, and state	•	onjunction with a noof	onal acco	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,000.011 1. 0(15)(1.)(5.)	(iii), =:\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
5	☐ An organization operated for	the benefit of a	college or university	owned o	r operate	ed by a government	al unit described in	
	section 170(b)(1)(A)(iv). (Com			l in nanti	470/h\	(/4\/ A\/)		
6 7	☐ A federal, state, or local govers ☐ An organization that normally						the general public	
•	described in section 170(b)(1)	(A)(vi). (Complet	te Part II)		i a gover	minorital anii or mon	r tilo gollolai pasiio	
8	A community trust described in							
9	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university							
10	☐ An organization that normally r	eceives (1) mor	e than 331/3% of its si	upport fro	m contri	butions, membershij	o fees, and gross	
	receipts from activities related support from gross investment acquired by the organization a	income and un	related business taxal	ble incom	ne (less se	ection 511 tax) from	businesses	
11	☐ An organization organized and							
12		operated exclus	sively for the benefit of	f, to perfo	orm the fu	unctions of, or to car	ry out the purposes	
	of one or more publicly suppo	rted organizatio	ns described in secti	on 509(a)(1) or se	ection 509(a)(2). Sec	e section 509(a)(3).	
	Check the box in lines 12a thro	_						
а		ization operated	l, supervised, or contr	olled by I	ts suppo	rted organization(s),	typically by giving	
	the supported organization supporting organization.					ne directors or trust	ees of the	
b		•				supported organizati	on(s), by having	
	control or management of	the supporting of	rganization vested in	the same	persons	that control or man	age the supported	
	organization(s) You must	complete Part I	V, Sections A and C.					
С	Type III functionally integ	rated. A suppor	ting organization oper	rated in c	onnectio	n with, and function	ally integrated with,	
	· its supported organization(
d		ntegrated. A su	pporting organization	operated	in conne	ection with its suppo	orted organization(s)	
	that is not functionally integree requirement (see instruction	grated The orga	omplete Part IV Sec	sisalisiy Hions A a	a distribu	nd Part V	u an attentiveness	
е	_ ` `	•					II Type III	
·	functionally integrated, or 1	ype III non-func	tionally integrated sur	porting	organizat	ion	, 1, 1, pc	
f	Enter the number of supported of				-		1	
g	Provide the following information							
	(i) Name of supported organization	(II) EIN	(iii) Type of organization	(Iv) Is the o	organization or governing	(v) Amount of monetary	(vi) Amount of other support (see	
			(described on lines 1–10 above (see instructions))		ment?	support (see instructions)	instructions)	
				Yes	No			
				163	110			
(A) L	he Associated Jewish Community Federation of Baltimore	52-0607957	10	x		12,000	0	
	community rederation of Datamore	32-000/737	10			12,000	<u> </u>	
(B)								
(C)								
(D)								
(E)								
Tota	1					12,000	0	

Par	Support Schedule for Organiz (Complete only if you checked t							
	Part III If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III)		
	ion A. Public Support	(2) 2044	(h) 2015	(0) 2016	(4) 2017	(-) 2018	(D T-1-1	
1	ndar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018/	(f) Total	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of, services or facilities furnished by a governmental unit to the organization without charge.			-				
4	Total. Add lines 1 through 3	and to fine 1 fine , &s. to se Oplant	Ass. Metabolita of the Mills. 1445	97 + /0020 37071 (2300.0305	S-PLANK San A. C.	Still Landing C. Mar. Still Still Addition (* 1884)		
. 5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4	A 7 K. A 5 A	1 2 2 4 A		多多以及			
	on B. Total Support	4) 0044	# > 0045	(-)/2042	100047	4) 2040	(D.T.)	
Calen	dar year (or fiscal year beginning in) Amounts from line 4	(a) 2014	(b) 2015	(c)/2016	(d) 2017	(e) 2018	(f) Total	
				 /				
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 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.		onś)			12		
13	First five years. If the Form 990 is for the	_	i's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	1 501(c)(3)	
Carti	organization, check this box and stop he		<u></u>		•			
	on C. Computation of Public Suppor			1 001:000 (0)		44		
,14 15 16a	Public support percentage for 2018 (line 6) Public support percentage from 2017 Scl 33 ¹ / ₃ % support test—2018. If the organi	hedule A, Part I	II, line 14		nd line 14 is 33	14 15 31/3% or more	% check this	
	box and stop here . The organization qua	,					▶ 🗆	
b	33½% support test—2017. If the organithis box and stop here. The organization	zation did not	check a box o	n line 13 or 16		is 33½% or mo		
17a								
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization explain in Part VI how the organization supported organization	ation meets the	e "facts-and-o	circumstances'	test, check t	this box and s	top here.	
18	Private foundation. If the organization di	d not check a l	box on line 13,	, 16a, 16b, 17a	, or 17b, chec	k this box and s	_	
	instructions						▶ □	

Part	III Support Schedule for Organiz	ations Descr	ibed in Sect	ion 509(a)(2)			Λ
	(Complete only if you checked t						nder Part II
	If the organization fails to qualify	/ under the te	sts listed bel	ow, please co	omplete Part	II)	+
	ion A. Public Support		(h) 2015	(-) 2016	(4) 2017	(a) 2019	/ (f) Total
Caler	idar year (or fiscal year beginning in) Figure Gifts, grants, contributions, and membership fees	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
'	received (Do not include any "unusual grants")				,	/	
2	Gross receipts from admissions, merchandise					· /	
	sold or services performed, or facilities furnished in any activity that is related to the					/	1
	organization's tax-exempt purpose					' /	
3	Gross receipts from activities that are not an			,			,
	unrelated trade or business under section 513						
. 4	Tax revenues levied for the					/	
	organization's benefit and either paid to					/	
_	or expended on its behalf			•			
5	The value of services or facilities furnished by a governmental unit to the				/		
	organization without charge				/		
6	Total. Add lines 1 through 5.				/		
7a	Amounts included on lines 1, 2, and 3						-
	received from disqualified persons				/		
b	Amounts included on lines 2 and 3				/		
	received from other than disqualified				/		
	persons that exceed the greater of \$5,000				/		
	or 1% of the amount on line 13 for the year			<i></i>			<u> </u>
C	Add lines 7a and 7b	7781 398 3788 778 177 177 177 1	St. 30 48 18 18 18 18	1382 NR 42-15-15	**** E > ** 35 \$	C 8'77 X 1	2
8	Public support. (Subtract line 7c from			* * * / *			
Secti	on B. Total Support			Like & Skylind	The state of the s	[40] A. C.	<u></u>
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	(4) 20	(-)	7	(4/2311	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1
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			F			
	acquired after June 30, 1975		- /				
С 11	Add lines 10a and 10b Net income from unrelated business						
''	activities not included in line 10b, whether	1	/				
	or not the business is regularly carried on						
12	Other income Do not include gain or		ĺ				
	loss from the sale of capital assets		/				
	(Explain in Part VI) .						
13	Total support. (Add lines 9, 10c, 11,		/				
	and 12)	<u> </u>			561		504(-)(2)
14	First five years. If the Form 990 is for the organization, check this box and stop he		r's first, secon	a, thira, fourtr	i, or tiπn tax y	ear as a secti	on 501(c)(3) ► □
Sacti	on C. Computation of Public Suppo		<u>/</u>				·
15	Public support percentage for 2018 (line			13 column (f))		15	%
16	Public support percentage from 2017 Sc				•	16	%
	on D. Computation of Investment In			<u></u>			
17	Investment income percentage for 2018			y line 13, colu	ımn (f)) .	17	%
18	Investment income percentage from 201					18	%
19a	331/3% support tests—2018. If the organ						
	17 is not more than 331/3%, check this box	- 1					
b	331/3% support tests—2017. If the organization 18 is not more than 331/3%, check this						
20	Private foundation If the organization d	•	-	•	· ·		_

V-- N-

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)

Section A	. All	Supporting	Organizations
------------------	-------	------------	----------------------

Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain

1 .

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **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
- c 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
- 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
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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)
- 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)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
 - 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 Part VI.
- c 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.
- 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
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

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Part	IV Supporting Organizations (continued)		
		Yes	s No
11	Has the organization accepted a gift or contribution from any of the following persons?	生態。	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		
	below, the governing body of a supported organization?	11a	Х
b	A family member of a person described in (a) above?	11b	X
С	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
	on B. Type I Supporting Organizations		
	•	Yes	s No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	李	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year		
	•	1 X	1 1 7. 10000-198
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		- No
		Yes	s No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported organization(s)	1	
Secti	on D. All Type III Supporting Organizations	1 - 1	<u> </u>
0000	on B. An Type in Supporting Organizations	Yes	s No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	24.2	£ 4.0046
•	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	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	
3	By reason of the relationship described in (2), did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's	3.54	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
•	supported organizations played in this regard	3	
Secti	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	instructio	ns)
а	☐ The organization satisfied the Activities Test Complete line 2 below		
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below	/	
C	☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (
2	Activities Test Answer (a) and (b) below,	Yes	s No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,		10.0
	how the organization was responsive to those supported organizations, and how the organization determined		
	that these activities constituted substantially all of its activities	2a	2 122213
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	A	
D	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		
	reasons for the organization's position that its supported organization(s) would have engaged in these		
	activities but for the organization's involvement	2b	
3	Parent of Supported Organizations Answer (a) and (b) below.	** C C:	<u> </u>
э a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
a	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	الاستناد
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		7 32 3
b	of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	3b	الاقتعلاندات

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	g tru nizat	st on Nov 20, 1970 (explai ions must complete Sectio	n in Part VI) See ns A through E
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	S	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)		and and an analysis of	
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	5.60°25°65°23°4°2°2°2°3°3°3°3°4°3°3°3°3°3°3°3°3°3°	
2 Enter 85% of line 1	2	54. ASS 1423 VANS	
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	23.364	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional			organization (see
instructions)	•	- · · · · · · ·	

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)	
Sect	ion D—Distributions			Current Year
	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets	•		•
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to whic (provide details in Part VI) See instructions	th the organization is res	sponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		<u> </u>	
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014 .			
	From 2015			Carlo
d	From 2016			A saint to the saint of the sai
е	From 2017		是在1000年100日	(4) (4) (4) (4)
f	Total of lines 3a through e			YMARAMETA
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)		を発展の対象を対象	
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from	Un no. Tanto Jamino, diamini,	of other and Capability of the state of the	Annual Africa Salaman Bounds 44
	Section D, line 7 \$			
а	Applied to underdistributions of prior years			(A) (E) (B) (B) (B) (B) (B) (B)
b	Applied to 2018 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions		0	
6	Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions		e de la companya de l	0
7	Excess distributions carryover to 2019. Add lines 3j and 4c	O CONTRACTOR OF THE PROPERTY CONTRACTOR OF THE PROPERTY OF THE		
8	Breakdown of line 7			
<u>_</u> а	Excess from 2014			
<u></u>	Excess from 2015			
	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018	Z:2427.19:32.24.34		

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, 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, 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 B, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)	ion a, 2b,
Part IV, Section A, Line 6 -	
The Supported Organization works to preserve and enhance Jewish Life. It addresses charitable, educational, religious, humanitarian,	,
health, cultural and social service needs of the Jewish community locally, nationally, in Israel and throughout the world	
In furtherance of that mission, the Supported Organization encourages families to establish supporting organizations in	
partnership with it, in order to engage interested donors and succeeding generations in philanthropic pursuits and	
enhance both the Jewish and general communities in keeping with the Jewish tradition of repairing the world	
All grants are made to tax-exempt charitable organizations registered with the Internal Revenue Service	
Part IV, Section B, Line 2 -	
Grants to organizations, other than the Supported Organization, are made at the discretion of the Board of the Supporting	
Organization and are made in furtherance of the mission of the Supported Organization to support Jewish, cultural, educational	
and social justice work	
	

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.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization The Fund for Change, Inc 31-1662222 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 \$___ (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990. Part VIII, line 1 Assets included in Form 990, Part X

, Par	Organizations Waintaining	Collections of	Aπ, HIS	torical	i reasures	, or U	iner Similar <i>i</i>	assets (cor	nnuea <u>)</u>
3	Using the organization's acquisition, collection items (check all that apply)	accession, and ot	her reco	ords, chec	k any of th	ne follo	wing that are a	significant	use of its
а	☐ Public exhibition		d	☐ Loan	or exchang	ge prog	rams		
b	☐ Scholarly research		е	☐ Othe	r				
С	☐ Preservation for future generations								
4	Provide a description of the organiza XIII	tion's collections a	and expl	aın how t	hey further	the org	ganization's ex	empt purpos	se in Part
5	During the year, did the organization assets to be sold to raise funds rather	than to be mainta						nılar <u> </u>	s □ No
Par	Complete if the organization 990, Part X, line 21		on Fo	rm 990, I	Part IV, line	e 9, or	reported an a	amount on	Form
1a	Is the organization an agent, trustee included on Form 990, Part X?	, custodian or oth	er interr	nediary fo	or contribut	tions o	r other assets		s 🗌 No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	ollowing to	able			Amount	-
С	Beginning balance	•			•	10	:		
ď	Additions during the year					10	1		
е	Distributions during the year					16			
f	Ending balance	•				11			
2a	Did the organization include an amoun							ity? ∐ Yes	s ∐ No
	If "Yes," explain the arrangement in P	art XIII Check her	e if the e	xplanatio	n has been	provid	ed on Part XIII		
Par	t V Endowment Funds.	annuared "Vee"	, on Lo	· 000 I	Dort IV line	- 10			
	Complete if the organization	(a) Current year		ior year	(c) Two yea		(d) Three years ba	ack (e) Four v	ears back
10	Beginning of year balance	(a) content year	(6)11	ioi yeai	(c) two year		(a) Theo years be	(0)1001)	-
1a b	Contributions .	-							
C	Net investment earnings, gains, and losses								
d	Grants or scholarships					_			
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of t	he current year en	d baland	ce (line 1g	ı, column (a	ı)) held	as		
а	Board designated or quasi-endowmen	nt ▶	%						
b	Permanent endowment ▶	%							
С	Temporarily restricted endowment ▶								
_	The percentages on lines 2a, 2b, and							41	
3a	Are there endowment funds not in the organization by	e possession of th	e organ	ization th	at are neid	and ad	ministered for		'es No
	•								es No
	(i) unrelated organizations(ii) related organizations	•			•			3a(i) 3a(ii)	-
, p	If "Yes" on line 3a(ii), are the related o	raanizations listed	as requ	ired on Sc	chedule R2			3b	
4	Describe in Part XIII the intended uses	_						<u> </u>	<u> </u>
Pari									
	Complete if the organization		on Fo	rm 990. F	Part IV. line	e 11a	See Form 990	0. Part X. lıı	ne 10
	Description of property	(a) Cost or oti	her basis	(b) Cost of	or other basis other)	(c)	Accumulated epreciation	(d) Book	
	Land		,					_	
b	Buildings								
С	Leasehold improvements								
d	Equipment								
e	Other			L					
Total	Add lines 1a through 1e (Column (d) n	nust equal Form 0	00 Part	Y column	1/R) line 1/	2c 1	.		

Part VII	Investments—Other Securities Complete if the organization ans		m 990. Part IV. line	e 11b See Form	990, Part X, line 12
	(a) Description of security or categor (including name of security)		(b) Book value	(c) Met	hod of valuation -of-year market value
(1) Financial	derivatives				
(2) Closely-I	neld equity interests				
(3) Other					
(A) Invest	ment - Jewish Community Investment	Funds	23,127	End-of-year marl	ket value
(B)				,	
(C)				_	
(D)					
(E)					
(F)			1		
(G)					
· (H)					,
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		23,127	24 化水杨酸苯	******
Part VIII	Investments—Program Relate				
	Complete if the organization ans	wered "Yes" on For	m 990, Part IV, line	e 11c See Form	990, Part X, line 13
	(a) Description of investment		(b) Book value	1 ' '	thod of valuation -of-year market value
(1)				`	
(2)					
(3)					
(4)					<u></u>
(5)	-	_		-	
(6)					· -
(7)					
(8)					· • • • • • • • • • • • • • • • • • • •
(9)					
	b) must equal Form 990, Part X, col (B) line 13)				Lucia de Albanda
Part IX	Other Assets.		,		
	Complete if the organization ans	wered "Yes" on For	m 990, Part IV, line	e 11d See Form	990, Part X, line 15
-	(a) Description			(b) Book value
(1)		1			
(2)					
(3)					
(4)					
(5)				·	
(6)		<u>-</u>			-
(7)		<u> </u>			-
(8)					
(9)			•		
Total. (Colu	mn (b) must equal Form 990, Part X, c	ol (B) line 15)	·	<u> </u>	
Part X	Other Liabilities.			<u> </u>	<u> </u>
	Complete if the organization ans	wered "Yes" on For	m 990, Part IV, line	e 11e or 11f See	e Form 990, Part X,
	line 25				
1.	(a) Description of liability	(b) Book value		***	6.4.14.14.1 2.14.14.14.14.14.14.14.14.14.14.14.14.14.
(1) Federal ır	come taxes				*****
(2)		<u>-</u>		Art was a few	
(3)				ad artes in	********
(4)					*******
(5)				******	*******
(6)			4	化多性积末净	*****
(7)			13424700000000000000000000000000000000000		4.分字的表示 化邻苯
(8)			4.556	*****	*****
(9)			****	在在課 發表 計	
	b) must equal Form 990, Part X, col (B) line 25)				
	uncertain tax positions In Part XIII, prov	ide the text of the footn	ote to the organization	n's financial stateme	ents that reports the

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

‡Part				•
	Complete if the organization answered "Yes" on Form 99	0, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statemen	ts .	1	
^2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		# % S	
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII) .	2d		
е	Add lines 2a through 2d		. 2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		※	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	•
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, I		5	
Part			enses per Return.	
	Complete if the organization answered "Yes" on Form 99	0, Part IV, line <u>12a</u>		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a ·	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		•
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
è	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		
C	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I,	line 18)	4c 5	
5 Part	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, Supplemental Information.		5	,
5 Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	and 4, Part IV, lines	5 1b and 2b, Part V, line 4, Par	t X, line
5 Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, Supplemental Information.	and 4, Part IV, lines	5 1b and 2b, Part V, line 4, Par	t X, line
5 Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	and 4, Part IV, lines	5 1b and 2b, Part V, line 4, Par	t X, line
5 Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	and 4, Part IV, lines	5 1b and 2b, Part V, line 4, Par	t X, line
5 Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	and 4, Part IV, lines	5 1b and 2b, Part V, line 4, Par	t X, line
5 Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	and 4, Part IV, lines	5 1b and 2b, Part V, line 4, Par	t X, line
5 Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	and 4, Part IV, lines	5 1b and 2b, Part V, line 4, Par	t X, line
5 Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	and 4, Part IV, lines	5 1b and 2b, Part V, line 4, Par	t X, line
5 Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	and 4, Part IV, lines	5 1b and 2b, Part V, line 4, Par	t X, line
5 Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	and 4, Part IV, lines	5 1b and 2b, Part V, line 4, Par	t X, line
5 Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	and 4, Part IV, lines	5 1b and 2b, Part V, line 4, Par	t X, line
5 Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	and 4, Part IV, lines	5 1b and 2b, Part V, line 4, Par	t X, line
5 Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	and 4, Part IV, lines	5 1b and 2b, Part V, line 4, Par	t X, line
5 Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	and 4, Part IV, lines	5 1b and 2b, Part V, line 4, Par	t X, line
5 Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	and 4, Part IV, lines	5 1b and 2b, Part V, line 4, Par	t X, line
5 Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	and 4, Part IV, lines	5 1b and 2b, Part V, line 4, Par	t X, line
5 Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	and 4, Part IV, lines	5 1b and 2b, Part V, line 4, Par	t X, line
5 Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	and 4, Part IV, lines	5 1b and 2b, Part V, line 4, Par	t X, line
5 Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	and 4, Part IV, lines	5 1b and 2b, Part V, line 4, Par	t X, line
5 Part Provid 2, Part	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part XII, lines 2d and 4b Also complete this part XIII and XIII are XIII and XIII are XIII and XIII are	and 4, Part IV, lines art to provide any ac	1b and 2b, Part V, line 4, Par ditional information	t X, line
5 Part Provid 2, Part	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part XII, lines 2d and 4b Also complete this part XIII and XIII are XIII and XIII are XIII and XIII are	and 4, Part IV, lines art to provide any ac	1b and 2b, Part V, line 4, Par ditional information	t X, line
5 Part Provid 2, Part	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	and 4, Part IV, lines art to provide any ac	1b and 2b, Part V, line 4, Par ditional information	t X, line
5 Part Provid 2, Part	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part XII, lines 2d and 4b Also complete this part XIII and XIII are XIII and XIII are XIII and XIII are	and 4, Part IV, lines art to provide any ac	1b and 2b, Part V, line 4, Par ditional information	t X, line
5 Part Provid 2, Part	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part XII, lines 2d and 4b Also complete this part XIII and XIII are XIII and XIII are XIII and XIII are	and 4, Part IV, lines art to provide any ac	1b and 2b, Part V, line 4, Par ditional information	t X, line
5 Part Provid 2, Part	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part XII, lines 2d and 4b Also complete this part XIII and XIII are XIII and XIII are XIII and XIII are	and 4, Part IV, lines art to provide any ac	1b and 2b, Part V, line 4, Par ditional information	t X, line

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990.

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OMB No 1545-0047

Open to Public

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, **%**□ (h) Purpose of grant 38 or assistance **Employer identification number** ⊠ Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 31-1662222 (g) Description of noncash assistance Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (e) Amount of non- (f) Method of valuation (book, FMV, appraisal, cash assistance other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 The Fund for Change, Inc (1) Attachment #1 Name of the organization Part I Part II (12) (2) ව 4 <u>@</u> 9 8 6 5 0

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

Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018)

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed	mestic Individual Space is needed	Is. Complete if the	organization answ	ered "Yes" on Form 990,	Part IV, line 22	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	•
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4							
5							
9					1		_
7	,						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column brant IV Supplemental Info 2, Part III, column brant requests are reviewed to ensure that they are permissible and in accordance with applicable laws and regulations.	the information remains in acco	equired in Part I, lir rdance with applicabl	required in Part I, line 2, Part III, column (b), ordance with applicable laws and regulations.	ı (b), and any other additional information	onal information	
he Foun	he Foundation will request and recive periodic reports and updates from the grantees regarding how grants are utilized, and takes such information	and updates from	the grantees regarding	how grants are utilize	d, and takes such information		
nto accou	nto account in considering future grant awards						
					,		
				,			
				1			
		`					
						Schedule I (Form 990) (2018)	

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 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

The Fund for Change, Inc.

Employer identification number 31-1662222

ran	Questions Regarding Compensation			
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 First-class or charter travel		Yes	No
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		***
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		V.m.c
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee. Written employment contract. Independent compensation consultant. Compensation survey or study. Form 990 of other organizations. Approval by the board or compensation committee.			
4	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	明を		
a b c	Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III	4a 4b 4c	X	X
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a b	The organization? Any related organization?	5a 5b	:R1'-46%	X
6	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			17.60° \$ 10.10°
a b	The organization? Any related organization? If "Yes" on line 6a or 6b, describe in Part III	6a 6b		X X
7	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		X
8	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 in Part III	8	mar in	х
ģ	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		***

Schedule J (Form 990) 2018

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)()-(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	for eac	th listed individual mu	st equal the total amo	ount of Form 990, Pa	rt VII, Section A, line 1	a, applicable colum	n (D) and (E) amounts	for that individual
		(B) Breakdown o	f W-2 and/or 1099-MIS	C compensation	(C) Retirement and	oldevetook (O)	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(II) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(E) (O)(O)(D)	in column (B) reported as deferred on prior Form 990
	€							
1 Marc B Terrill	(E)	484,590	75,000	96,062	161,000	28,831	845,483	63,719
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2	Ξ		1		111111111111111111111111111111111111111		1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
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7	(i)							
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15	Ξ							
	Ξ							
16	Ξ							

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018	
Part III Supplemental Information	•
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part	
for any additional information	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2018

Open to Public --Inspection

Department of the Treasury Internal Revenue Service

 \blacktriangleright 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 instructions and the latest information.

Name of the organization

The Fund for Change Inc.

Employer identification number

31-1662222

	und for Change, inc			31-10022	<u> </u>	
Par	Types of Property					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) of determining ntribution amounts
1	Art—Works of art		-			
2	Art—Historical treasures					
3	Art—Fractional interests		J			
4	Books and publications .					
5	Clothing and household goods					
6	Cars and other vehicles	-	S SOLO 2000 TARRY J. LINES S. C. L.			
7	Boats and planes					
8	Intellectual property					,
9	Securities—Publicly traded	X	14 securities	749.591	Fair marke	t value
10	Securities—Closely held stock		7.0000111100			
11	Securities—Partnership, LLC, 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			<u></u>		
17	Real estate—Other					
18	Collectibles .					
19	Food inventory					
20	Drugs and medical supplies			-		
21	Taxidermy .					
22	Historical artifacts			****		
23	Scientific specimens					
24	Archeological artifacts					
25	Other ► ()			,		
26	Other► ()					_
27	Other ► ()					
28	Other ► (
29	Number of Forms 8283 received	by the ord	ganization during the tax y	ear for contributions for		
-	which the organization completed				29	
	•					Yes No
30a	During the year, did the organizat 28, that it must hold for at least t	hree years	from the date of the initial	erty reported in Part I, lines contribution, and which isr	1 through n't required	
	to be used for exempt purposes to		e nolding period? .			30a X
b	If "Yes," describe the arrangemen					
31	Does the organization have a contributions?	gift accep	otance policy that require	es the review of any no	onstandard	31 X
32a	Does the organization hire or use contributions?	e third part	ies or related organization:	s to solicit, process, or se	ell noncash	32a X
b	If "Yes," describe in Part II					
33	If the organization didn't report an describe in Part II	amount in	column (c) for a type of pro	perty for which column (a)	s checked,	

Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
Part I, lin	e 9b Our policy is to liquidate upon receipt of the security
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

2018

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 Krieger 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 Baltimore, Inc. and	
Donor Members consisting of Betsy Krieger and David Kandel		
Line 7a - The Members appoint the Board of Directors The Public Member appoints the majority and the D		
Line 7b - Amendments to the Bylaws are subject to change or rescission by the Members before they are adop		
,		
Form 990 Part VI, Section B,		
Line 11a - The Form 990 and supporting schedules are distributed to the officers and directors upon complete	on for review and comments	
prior to filing	•	
Line 12c - The supported organization monitors and enforces the potential of any conflict of interests by regi	ılarly	
reviewing the Board of Directors, its actions and the investment of assets to ensure that it complies with the cor	ıflıct	
of interest policy of The Associated		
Line 15 - Marc B Terrill participates in a nonqualified deferred compensation plan. No amounts were paid or	ut during the year (2018)	
One hundred and fifty thousand dollars was deferred and is included on Form 990, Part VIII, Column F and Sc	hedule 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 upo	on request	
	•••••	
·····		

SCHEDULE R (Form 990)

Department of the Treasury internal Revenue Service

Name of the organization

OMB No 1545-0047

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

Related Organizations and Unrelated Partnerships

► Go to www.irs.gov/Form990 for instructions and the latest information. ▶ Attach to Form 990.

2018

Open to Public Employer identification number Inspection

Schedule R (Form 990) 2018 (g) Section 512(b)(13) controlled entity? (f)
Direct controlling entity ŝ × 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 dentity 31-1662222 (e) End-of-year assets N/A(e)
Public charity status
(if section 501(c)(3)) (d) Total income Identification of Disregarded Entities. Complete of the organization answered "Yes" on Form 990, Part IV, line 33 _ (d) Exempt Code section (c) Legal domicile (state or foreign country) 201(c)(3) (c)
Legal domicile (state
or foreign country) Maryland (b) Primary activity Exempt organization (b) Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN (if applicable) of disregarded entity (1) The Associated Jewish Community Federation of Baltimore, Inc 101 West Mount Royal Avenue Baltmore, MD 21201 (a) Name, address, and EiN of related organization The Fund for Change, Inc Part I Part II **(4**) (5) (9) 3 (9) 4 2 Ξ 2 3 9 E

SA

(I) Section 512(b)(13) controlled (k) Percentage ownership å Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, Inne 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 (I) General or managing partner? Yes No (h) Percentage ownership amount in box 20 of Schedule K-1 (Form 1065) Code V—UBI end-of-year assets (g) Share of (h)
Disproportionate
allocations? ž (f) Share of total Yes Income (g) Share of end-of-(e)
Type of entity
(C corp, S corp, or trust) (f) Share of total income (d)
| Direct controlling entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512—514) (c) Legal domicile (state or foreign country) (d)
I Direct controlling entity (b)
Primary activity (c)
Legal
domicile
(state or
foreign Primary activity (a)
Name, address, and EIN of related organization (a)
Name, address, and EIN of related organization N/A (1) N/A Part IV Part III (2) 3 Ð 4 9 9 (2) 3 4 9 9

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018

Lail V	I ransactions with Related Organizations. Complete if the organization answered "Yes"	ed "Yes" on Form	on Form 990, Part IV, line 34, 35b, or 36	4, 35b, or 36			
Note	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				_	Yes	No
- ,	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	more related organı	zations listed in Part	S II-IV?		_	- ;
	Green of (f) medes, (ii) annumes, (iii) of anos, (iii) of anos, or (iv) remines commoned eminy. Gift, grant, or capital contribution to related organization(s)	•		,	+-	×	4
U	Gift, grant, or capital contribution from related organization(s)			•	ဗ		×
p	Loans or loan guarantees to or for related organization(s)			43	19		×
O	Loans or loan guarantees by related organization(s)	•			1e		×
-	Dividends from related organization(s)				=	1	\rceil_{\bowtie}
ס	Sale of assets to related organization(s)		•	•	1g		×
ح	Purchase of assets from related organization(s)	٠			£		×
	Exchange of assets with related organization(s)	٠		•	=	-	×
-	Lease of facilities, equipment, or other assets to related organization(s)				:-		×
¥	Lease of facilities, equipment, or other assets from related organization(s)				 	1	\rceil ×
-	Performance of services or membership or fundraising solicitations for related organization(s)			-	=	7	×
_	Performance of services or membership or fundraising solicitations by related organization(s)				Ę	+	\times
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				+		\times
0	Sharing of paid employees with related organization(s)			•	9	×	
۵	Reimbursement paid to related organization(s) for expenses			,	100	+	\rceil ×
. o	Reimbursement paid by related organization(s) for expenses			•	19		
						.	
<u>.</u> u	Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s)			•	- 4	+	\bowtie
	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, inclu	ding covered relation	ships and transactio	n thres	shold	ر ا
			5	5			,
	(a) Name of related organization	(b) Transaction type (a—s)	(c) Amount involved	(d) Method of determining amount involved	g amount	ınvolve	pg -
£			:				
(2)							
(9)							
4							
(9)						,	
(6)							
-				Schedule R (Form 990) 2018	(Form	(066	2018

Schedule R (Form 990) 2018

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

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

(a) Name, address, and EIN of entity	(a) Primary activity	(c) Legal domicile	(a) Predominant	(e) Are all partners	(r) Share of	(g) Share of	(n) Disproportionate	(I) Code V—UBI		(k) Percentage
		(state or foreign country)	income (related, unrelated, excluded from tax under	section 501(c)(3)	total income		allocations?	of Schedule K-1	managing partner?	ownership
			sections 512—514)	Yes No			Yes		Yes	
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(2)	,									
(3)										
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