Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Do not enter Social Security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Α	For t	he 2013 calen	dar year, or tax year begin	ning		, 2013,	and endin	ıg		,				
В	Check	if applicable:	С						D Employ	er Identif	fication Number			
	A	ddress change	Tanenbaum Center	for					13-	36954	175			
		ame change	Interreligious U		nα				E Telepho					
		-	254 West 31st St						(01	2) 04	77.77			
	\mathbf{H}	nitial return	New York, NY 100						(21.	Z) 96	57-7707			
	T€	erminated		-										
	X A	mended return							G Gross r					
	A	pplication pending	F Name and address of principa	officer: Joyc	e Dube	nsky		H(a) Is this			103	X _{No}		
			Same As C Above	_		_		H(b) Are all If 'No,'	subordinates	included	? Yes	No		
ī	Tax-	-exempt status	X 501(c)(3) 501(c) ()◀ (insert	t no.)	4947(a)(1) or	527	ii ino,	allacii a iist.	(see mst	ructions)			
J		<u>'</u>	w.tanenbaum.org	, (,			H(c) Group	evemntion n	ımber ►				
K		n of organization:	X Corporation Trust	Association	Other ►	l v	ear of format				gal domicile: N	7		
_		3		ASSOCIATION	Juler	- 1	ear or format	1011: 1992	<u>Z</u> IVI 3	state of le	gar domicile: [N]	-		
Pa	art I	Summar Briefly deseri	y ibo the exacnization's missi	ion or most sign	ificant oc	tivition. m ı			~ .	-				
	1		be the organization's missi											
9			<u>igious Understanc</u>											
Governance			<u>l programs that l</u>							<u>ejudi</u>	<u>ce in ar</u>	<u>eas_</u> _		
err	_		<u>l conflict, schoo</u>											
્ર્	2		ox ► if the organizatio								sets.	10		
e No	3		oting members of the gover							3		18		
S	4		dependent voting members							4		17		
ŧ	5		r of individuals employed in							5 6		30		
Activities &	0		r of volunteers (estimate if									10		
⋖			ed business revenue from I	•						7 a		0.		
	d	inet unrelated	d business taxable income	from Form 990-	· I , line 34					7 b		0.		
		0 t: t	and marks (Doubl) (III lines	11-3					rior Year		Current Y			
<u>o</u>	8		and grants (Part VIII, line						,648,6			,838.		
Jue Du	9		vice revenue (Part VIII, line						120,2			,241.		
Revenue	10		ncome (Part VIII, column (A	•	-				67,3	315.	51	,241.		
Œ	11		e (Part VIII, column (A), lir											
	12		e - add lines 8 through 11						,836,1	.20.	1,818	,320.		
	13		imilar amounts paid (Part I		-									
	14	Benefits paid	I to or for members (Part I)	K, column (A), I	ine 4)									
	15	Salaries, other	er compensation, employee	e benefits (Part	IX, colum	nn (A), lines	5-10)	1,183,205.			1,343	,362.		
Expenses	16 a	Professional	fundraising fees (Part IX, o	column (A), line	11e)				56,1	96.	51	,561.		
ĕ	h		sing expenses (Part IX, col				9,889.					, 0 0 2 1		
ă	1_"										=			
			ses (Part IX, column (A), li						647,2			,607.		
	18		es. Add lines 13-17 (must	•		-			,886,6			,530.		
	19	Revenue less	s expenses. Subtract line 1	8 from line 12.					-50,5	26.	-368	,210.		
0 5								Beginnin	g of Currer	t Year	End of Yo	ear		
996d	20	Total assets	(Part X, line 16)					. 2	,816,4	40.	2,425	,371.		
Net Assets of	21	Total liabilitie	es (Part X, line 26)						90,9	98.	92	,521.		
ž	22	Net assets or	r fund balances. Subtract li	ne 21 from line	20			. 2	,725,4	42.	2.332	,850.		
P	art II	Signatur	re Block						, , .			,		
				ırn including accomr	nanving sched	dules and staten	nents and to	the hest of m	v knowledae	and helie	of it is true correc	t and		
com	plete. D	eclaration of prepa	eclare that I have examined this retu arer (other than officer) is based on	all information of whi	ich preparer l	has any knowled	ige.	2001 01 111	, imiorriougo	ana bone	,, ,, ,, ,,	t, and		
Sig	an	Signatu	ure of officer					Da	te					
He	ere	Toy	ce Dubensky					Fvac	VP & 0	TF()				
		Type or	ce Dubensky r print name and title.					EXEC	VE & C	<u> </u>				
			oreparer's name	Preparer's signatur	re .		Date		Olasada	1:z F	PTIN			
_			•			:l-	20.0		Check	」"				
Pa			C. Ashenfarb	David C.		arp			self-employ	ed]	P00535436)		
۲r	epar													
US	e Or	ily Firm's addre							Firm's EIN	1 3-	4036703			
			NEW YORK, NY						Phone no.	(212	,	00		
Ма	y the	IRS discuss th	nis return with the preparer	shown above?	(see instr	uctions)					X Yes	No		

Par	t III	Statement of Program Service Accomplishments	37
	D : (1	Check if Schedule O contains a response or note to any line in this Part III	X
1	-	y describe the organization's mission:	
	See_	Schedule 0	
2	Did th	e organization undertake any significant program services during the year which were not listed on the prior	
_			No
		s,' describe these new services on Schedule O.	10
3		·	No
·		s,' describe these changes on Schedule O.	••
4	Descr	tibe the organization's program service accomplishments for each of its three largest program services, as measured by expense	24
-	Sectio	on 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to s, the total expenses, and revenue, if any, for each program service reported.	
	otners	s, the total expenses, and revenue, if any, for each program service reported.	
		\(\tau_{\text{\tint{\text{\tint{\text{\tin}\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin}\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tinit}\\ \tint{\text{\text{\tinit}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tinit}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tinit}\\ \tint{\text{\text{\tinit}\text{\text{\text{\text{\text{\text{\text{\text{\texi}\tint{\text{\texi}\tint{\text{\ti}\tint{\tinit}\tint{\text{\tinitht}\\ \tint{\tint{\text{\tinit}\ti	
4 a	(Code	<u></u>	_
		<u>Conflict Resolution program identifies and coordinates a network of religiously</u>	
		ivated_peacemakers_worldwide,_who_support_and_cooperate_with_each_other_to_count	<u>er</u>
		<u>lence and war. The Organization also studies their work in order for their</u>	
		cialized techniques to be shared and replicated by others, so that diplomats	
		ome familiar with their efforts and identify ways to work with them in overcoming	g
		flict and building stable, peaceful societies. The program is also committed to	
	adv	ancing the institutionalization of the vocation of religious peacemaking.	
	(Ol -) (Farance C 200 700 including month of C) (Parance C 20 400	
4 D	(Code		
		Health Care program provides targeted training and hands-on materials for healt	
		e providers at all levels on how to offer religiously competent health care and	
	Liie.	reby prevent disparities in treatment.	
4.0	(Code	e:) (Expenses \$ 364,312. including grants of \$) (Revenue \$ 9,707	,)
70		Education program trains teachers to run multicultural and multi-religious	<u>·</u> '
		ssrooms that proactively address bullying and to use the Organization's pedagogy	
		curricular materials, which prepare primary and middle school children to put	
		pect into practice and high school students to utilize concrete skills in confli	
			<u> </u>
	103	olution.	
Δ d	Other	program services. (Describe in Schedule O.) See Schedule O	
- u	(Expe		
4 e		program service expenses ► 1,641,047.	

Form 990 (2013) Tanenbaum Center for Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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		Х
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? <i>If 'Yes,' complete Schedule C, Part II</i>	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		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? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
á	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
ŀ	a 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.	11 b		Х
(c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII</i>	11 c		Х
(d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	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	11 f	Х	
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.	12a	Х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ŀ	o Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		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? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	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	
	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		Х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
ŀ	a If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		<u></u>

Form 990 (2013) Tanenbaum Center for Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24 a	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
Ł	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.	25a		Х
k	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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28b		Х
C	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		Х
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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
k	olf '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		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? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
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	

BAA Form **990** (2013)

Form 990 (2013) Tanenbaum Center for Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V....

	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 11			
Ł	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
c	: Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming			
	(gambling) winnings to prize winners?	· · · · · · · · · · · · · · · · · · ·	1 c	Х	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-	2			
	ments, filed for the calendar year ending with or within the year covered by this return	2a 30	0.1	Χ	
r	If at least one is reported on line 2a, did the organization file all required federal employmen Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see ins		2b	Λ	
2 -		•	2-		X
	Did the organization have unrelated business gross income of \$1,000 or more during the yea of 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O		3 a		Λ
			3 D		
4 8	At any time during the calendar year, did the organization have an interest in, or a signature or othe financial account in a foreign country (such as a bank account, securities account, or other fi	r authority over, a nancial account)?	4 a		Χ
	olf 'Yes,' enter the name of the foreign country: ►	, ,			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and F	inancial Accounts.			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	v year?	5 a		Х
Ł	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt	er transaction?	5 b		X
c	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
6 :	Does the organization have annual gross receipts that are normally greater than \$100,000 a	nd did the organization			
0 6	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?		6 a		X
Ł	olf 'Yes,' did the organization include with every solicitation an express statement that such contribution not tax deductible?	ons or gifts were	6 b		
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and p	artly for goods and	_	37	
	services provided to the payor?		7 a	X	
	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b	Λ	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was property for which it was a second self-up to the		7 c		X
	If 'Yes,' indicate the number of Forms 8282 filed during the year				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal		7 e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ben		7 f		X
ç	If the organization received a contribution of qualified intellectual property, did the organization file F as required?	form 8899	7 g		
ŀ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	organization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, haldings at any time during the year?	ng organizations. Did the ave excess business			Х
9	holdings at any time during the year?		8		Λ
	Did the organization make any taxable distributions under section 4966?		9 a		
	Did the organization make a distribution to a donor, donor advisor, or related person?		9 b		
	Section 501(c)(7) organizations. Enter:		75		
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders.	11 a			
Ł	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)	11 b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu or	f Form 1041?	12a		
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year [12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedul	e O.			
t	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?. \dot{L}		14a		X
Ł	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in S	Schedule O	14b		

Form 990 (2013) Tanenbaum Center for 13-3695475 Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. **Section A. Governing Body and Management**

			Yes	No				
1	a Enter the number of voting members of the governing body at the end of the tax year							
	b Enter the number of voting members included in line 1a, above, who are independent 1b							
2		2	X					
_			21					
3	of officers, directors or trustees, or key employees to a management company or other person?	3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х				
5		5		X				
6	Did the organization have members or stockholders?	6		Х				
7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?								
b Are any governance decisions of the organization reserved to (or subject to approval by) members,								
	stockholders, or other persons other than the governing body?	7 b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
	a The governing body?	8 a	Χ					
	b Each committee with authority to act on behalf of the governing body?	8 b	Χ					
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? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	9		Х				
Sac	ction B. Policies (This Section B requests information about policies not required by the Internal Re	_	10 C					
<u> </u>	ction B. I oncies (This occitor B requests information about policies not required by the internal ric	VCIIC	Yes	No				
10	a Did the organization have local chapters, branches, or affiliates?	10 a		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?	101						
		เบบเ						
11		10 b 11 a	Χ					
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10 b	X					
			X					
12	 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 	11 a						
12	 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 	11 a 12 a 12 b	X					
12	 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 	11 a 12 a	X					
12	 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. See Schedule O Did the organization have a written whistleblower policy? 	11 a 12 a 12 b	X X X					
12	 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. See Schedule O. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent 	11 a 12 a 12 b 12 c 13	X X X					
12 13 14 15	 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. See Schedule O. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? 	11 a 12 a 12 b 12 c 13 14	X X X X					
12 13 14 15	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. See Schedule O Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official. See Schedule. O	11 a 12 a 12 b 12 c 13	X X X X X					
12 13 14 15	 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. See Schedule O. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official. See Schedule. O. b Other officers of key employees of the organization. 	11 a 12 a 12 b 12 c 13 14	X X X X					
13 14 15	 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. See Schedule O. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official. See Schedule O. b Other officers of key employees of the organization. If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 	11a 12a 12b 12c 13 14 15a 15b	X X X X X	×				
13 14 15	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. See Schedule.Q Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official. See Schedule.Q b Other officers of key employees of the organization. If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	11 a 12 a 12 b 12 c 13 14	X X X X X	X				
13 14 15	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. See Schedule O. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official. See Schedule. O. b Other officers of key employees of the organization. If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	11a 12a 12b 12c 13 14 15a 15b	X X X X X	X				
12 13 14 15	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. See. Schedule. O Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official. See Schedule. O b Other officers of key employees of the organization. If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? ction C. Disclosure	11 a 12 a 12 b 12 c 13 14 15 a 15 b 16 a	X X X X X	X				
12 13 14 15	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done See Schedule . 0 Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official See Schedule . 0 b Other officers of key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? ction C. Disclosure	11 a 12 a 12 b 12 c 13 14 15 a 15 b 16 a	X X X X X	X				
13 14 15	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done See. Schedule . O. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official. See. ScheduleO. b Other officers of key employees of the organization. If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed NY	11a 12a 12b 12c 13 14 15a 15b 16a 16b	X X X X X					

Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O

State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

254 West 31st Street, #7 New York NY 10001 (212) 967-7707

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

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

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

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

		(C)								
(A) Name and Title	(B) Average hours per	one bo	x, un	less p	perso	more to n is botor/truste	h an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Georgette Bennett	15									_
President	0	X		Χ				33,000.	0.	0.
(2) Robert Heller Director	1	X						0.	0.	0.
(3) Judith Thompson	1	21						0.	0.	<u> </u>
Treasurer	0	Х		Х				0.	0.	0.
(4) John Hart	5									
Chairman	0	Χ		Χ				0.	0.	0.
(5) Tarazeta Huntley	1									
Director	0	Χ						0.	0.	0.
(6) Jeffrey Becker	1									
Director	0	Χ						0.	0.	0.
(7) Lester Crystal	1									
Director	0	X						0.	0.	0.
(8) Keith Bloomfield	1									
Director	0	Χ						0.	0.	0.
_(9)_Justin_Foa	1									
Director	0	X						0.	0.	0.
(10) Patrick Grace	1									
Director	0	X						0.	0.	0.
(11) Henry Humphreys Director	10	X						0.	0.	0.
(12) Allison Walker	1	Λ						0.	0.	<u> </u>
Director	0	Х						0.	0.	0.
(13) Jack Lund	1							<u> </u>	· ·	<u> </u>
Director	0	Х						0.	0.	0.
(14) Linda Marcelli	1									
Director	0	Χ						0.	0.	0.

Part VII Section A. Officers, Directors, Trus		Key	Em			es,	and	d Highest Com	pensated Emp	loyees	5 (continued)
	(B)	(B) (C) Position									
(A) Name and title	Average hours per week	box	, unles	heck ss pe	more erson	than is both or/trus	h an tee)	(D) Reportable compensation from	(E) Reportable compensation from	amo	(F) stimated unt of other
	(list any hours for related organiza tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	f org an	npensation from the janization nd related anizations
(15) Leonard Polonsky Director	$-\frac{1}{0}$	Х						0.	0.		0.
(16) Mark Wagar Director	$-\frac{1}{0}$	X						0.	0.		0.
(17) Richard Aborn Director	$-\frac{1}{0}$	Х						0.	0.		0.
(18) Mark Sisk Director	$-\frac{1}{0}$	Х						0.	0.		0.
(19) Alex Stanton Secretary	$-\frac{1}{0}$	Х		Х				0.	0.		0.
(20) Faisal Hassan Director	$-\frac{1}{0}$	Х						0.	0.		0.
C21) Robert Lewis Director	$-\frac{1}{0}$	Х						0.	0.		0.
(22) Joyce Dubensky CEO	_ <u>40</u> 0			Х				147,776.	0.		231.
(23)		-									
(24)		-									
(25)		-									
1 b Sub-total							>	180,776.	0.		231.
c Total from continuation sheets to Part VII, Section							>	0.	0.		0.
d Total (add lines 1b and 1c)							vod	180,776.	0.	oncatio	231.
from the organization \(\bullet \)	0 11056 1	isieu	ароч	/e) v	WIIO	recer	veu	more than \$100,00	o of reportable comp		T., T.,
3 Did the organization list any former officer, director on line 1a? <i>If 'Yes,' complete Schedule J for such</i>	or, or tru <i>individu</i>	stee, al	key	em	ıploy	/ee,	or h	nighest compensa	ted employee	. 3	Yes No
4 For any individual listed on line 1a, is the sum of rithe organization and related organizations greater such individual	than \$1	50,00	00?	lf 'Υ	′es'	com	plet	e Schedule J for		. 4	X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,'	compen	satio	n fro	om a	anv	unre	late	ed organization or	individual		Х
Section B. Independent Contractors	atod inde	anon	dont	cor	atrac	otors	tha	t received more th	han \$100 000 of		
Complete this table for your five highest compensation from the organization. Report compensation.	ation for	the c	alend	dar y	year	endi	ng v	with or within the or	ganization's tax year		
(A) Name and business address							(B) Description of services		(C) Compensation		
2 Total number of independent contractors (including bu	t not limi	ited to	o tho	se I	isten	abo	ve)	who received more	than		
\$100,000 of compensation from the organization					.,		/				

0

,241

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... (A) Total revenue (B) (D) Related or Unrelated Revenue exempt excluded from tax business under sections 512-514 function revenue revenue 1 a Federated campaigns CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS **b** Membership dues..... 1 b c Fundraising events..... 1 c 378,517 **d** Related organizations..... 1 d e Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above . . . 1,235,321 g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f 1,613,838 PROGRAM SERVICE REVENUE **Business Code** 2a Program Fees 900099 153,241 153,241 f All other program service revenue. . . g Total. Add lines 2a-2f 153,241 Investment income (including dividends, interest and other similar amounts) 74,822 74,822. Income from investment of tax-exempt bond proceeds... Royalties..... (i) Real (ii) Personal 6a Gross rents..... **b** Less: rental expenses c Rental income or (loss) . . . **d** Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory.. 085,252 **b** Less: cost or other basis and sales expenses | 1,108,833 c Gain or (loss)..... -23,581.d Net gain or (loss)..... -23.581-23,5818 a Gross income from fundraising events OTHER REVENUE 378<u>,517.</u> (not including..\$_ of contributions reported on line 1c). See Part IV, line 18..... a 127,597 **b** Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19..... a **b** Less: direct expenses b c Net income or (loss) from gaming activities..... 10a Gross sales of inventory, less returns and allowances a **b** Less: cost of goods sold..... **b** c Net income or (loss) from sales of inventory..... Miscellaneous Revenue **Business Code** 11 a **d** All other revenue e Total. Add lines 11a-11d

1,818,320

153,241

Total revenue. See instructions.....

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21		·		·
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	180,776.	160,087.	5,911.	14,778.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	1,034,232.	837,321.	22,725.	174,186.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	=, 00 =, =0=1	00.,022.	22, 220	
9	Other employee benefits	42,027.	34,290.	1,018.	6,719.
10	Payroll taxes	86,327.	70,435.	2,092.	13,800.
11	Fees for services (non-employees):				
á	a Management				
ŀ) Legal				
(Accounting	35,866.		35,866.	
(d Lobbying				
•	Professional fundraising services. See Part IV, line 17	51,561.			51,561.
	Investment management fees				
	Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)Sch. OAdvertising and promotion.	254,924.	154,638.	100,286.	
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	203,047.	166,498.	4,061.	32,488.
17	Travel	68,654.	63,848.	1,374.	3,432.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	,	,	,	,
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	16,751.	13,667.	406.	2,678.
23	Insurance	4,995.	4,096.	100.	799.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
á	Program events	44,210.	40,446.		3,764.
	Printing and Publications	36,275.	20,675.	1,090.	14,510.
	Equipment and rental	27,278.	18,489.	4,860.	3,929.
(Telephone	25,974.	21,818.	1,818.	2,338.
	All other expenses	73,633.	34,739.	23,987.	14,907.
25	Total functional expenses. Add lines 1 through 24e	2,186,530.	1,641,047.	205,594.	339,889.
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).				

1 6	irt X	Balance Sheet						
		Check if Schedule O contains a response or note to	any line	in this Part X		<u>.</u>		
					(A) Beginning of year		(B) End of year	
	1	Cash - non-interest-bearing			138,565.	1	94,910.	
	2	Savings and temporary cash investments			331,141.	2	53,022.	
	3	Pledges and grants receivable, net			377,190.	3	342,643.	
	4	Accounts receivable, net			28,087.	4	22,817.	
	5	Loans and other receivables from current and former trustees, key employees, and highest compensated e Part II of Schedule L	mploveés.	. Compléte		5		
	6	Loans and other receivables from other disqualified p section 4958(f)(1)), persons described in section 4958(c)(employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete	s defined under contributing ary employees' Schedule L		6			
A S	7	Notes and loans receivable, net			7			
A S S E T S	8	Inventories for sale or use				8		
T S	9	Prepaid expenses and deferred charges			31,587.	9	60,360.	
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10 a	275,305.	ŕ		·	
	b	Less: accumulated depreciation	10 b	258,522.	33,534.	10 c	16,783.	
		Investments – publicly traded securities			1,785,948.	11	1,744,448.	
	12	Investments – other securities. See Part IV, line 11	-	1,700,310.	12	1,,11,110.		
	13	Investments – program-related. See Part IV, line 11.				13		
	14	Intangible assets	<u> </u>		14			
	15	Other assets. See Part IV, line 11	90,388.	15	90,388.			
	16	Total assets. Add lines 1 through 15 (must equal line			2,816,440.	16	2,425,371.	
	17	Accounts payable and accrued expenses			34,764.	17	31,425.	
	18	Grants payable	0 2 / 1 0 2 1	18	02/1201			
	19	Deferred revenue	erred revenue					
L	20	Tax-exempt bond liabilities				20		
I A	21	Escrow or custodial account liability. Complete Part	V of Sche	dule D		21		
A B I L I T	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	ers, directo d disqualif	ors, trustees, ied persons.		22		
Ļ	23	Secured mortgages and notes payable to unrelated the		<u> </u>		23		
I E S		Unsecured notes and loans payable to unrelated third		L		24		
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	•	L	34,323.	25	26,696.	
	26	Total liabilities. Add lines 17 through 25			90,998.	26	92,521.	
N E T		Organizations that follow SFAS 117 (ASC 958), check he	re ► X	and complete			·	
	27	lines 27 through 29, and lines 33 and 34.			222 122	27	200 246	
Ş	27	Unrestricted net assets		L	339,106.	27	228,346.	
ASSETS	28	Temporarily restricted net assets.		<u> </u>	712,370.	28	417,512.	
O R	29	Permanently restricted net assets			1,673,966.	29	1,686,992.	
		Organizations that do not follow SFAS 117 (ASC 958), chand complete lines 30 through 34.						
F U N D	30	Capital stock or trust principal, or current funds				30		
	31	Paid-in or capital surplus, or land, building, or equipn		<u> </u>		31		
A L A	32	Retained earnings, endowment, accumulated income	or other	funds		32		
BALANCES	33	Total net assets or fund balances			2,725,442.	33	2,332,850.	
Ē	34	Total liabilities and net assets/fund balances			2,816,440.	34	2,425,371.	

BAA Form **990** (2013)

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI.								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,8	18,3	320.				
2	Total expenses (must equal Part IX, column (A), line 25).	2	2,1	86,5	530.				
3	Revenue less expenses. Subtract line 2 from line 1	3	-3	68,2	210.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,7	2,725,44					
5	Net unrealized gains (losses) on investments	5		-24,3					
6	6 Donated services and use of facilities								
7	7 Investment expenses								
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain in Schedule O).	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,3	32,8	350.				
Pa	Part XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				. П				
				Yes					
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_						
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.								
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х				
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	ed on a							
	Separate basis Consolidated basis Both consolidated and separate basis								
	b Were the organization's financial statements audited by an independent accountant?		2b	Χ					
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both:	te							
	X Separate basis Consolidated basis Both consolidated and separate basis								
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х					
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.								
3	3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?								
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit								
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b						
BAA	1		Form	990	(2013)				

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

at www.irs.gov/form990.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is

2013

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Total

Tanenbaum Center for Interreligious Understanding

Employer identification number

13-3695475

Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.) 7 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after q June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h. 11 Type III - Functionally integrated Type III — Non-functionally integrated Type II С d By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box . . Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) 11 g (i) below, the governing body of the supported organization?..... A family member of a person described in (i) above?..... 11 g (ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above?..... 11 g (iii) Provide the following information about the supported organization(s) h (v) Did you notify the organization in column (i) of your (i) Name of supported (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (vii) Amount of monetary (iv) Is the (vi) Is the organization in column (i) organized in the U.S.? organization organization in column (i) listed in your governing document? support Yes Yes No Yes No No (A) (B) (C) (D) (E)

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

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

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

Sec	tion A. Public Support			I	I	· · · · · · · · · · · · · · · · · · ·	
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.').	901,516.	1,328,678.	1,164,217.	1,648,604.	1,613,838.	6,656,853.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	901,516.	1,328,678.	1,164,217.	1,648,604.	1,613,838.	6,656,853.
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)						2,436,200.
6	Public support. Subtract line 5 from line 4						4,220,653.
Sec	tion B. Total Support			1	1		
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	901,516.	1,328,678.	1,164,217.	1,648,604.	1,613,838.	6,656,853.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	72,930.	30,152.	36,183.	67,315.	74,822.	281,402.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).						0.
11	Total support. Add lines 7 through 10						6,938,255.
12	Gross receipts from related activ	ities, etc (see ins	tructions)			12	537,890.
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	ird, fourth, or fifth	tax year as a section	on 501(c)(3)	▶
Sec	tion C. Computation of Bul	blic Support B	orcontago				
	Public support percentage for 20						60.83%
	Public support percentage from 2						64.49 %
16 a	33-1/3% support test $-$ 2013. If and stop here. The organization	the organization qualifies as a pul	did not check the olicly supported o	box on line 13, a rganization	nd the line 14 is 3	33-1/3% or more, (check this box
b	33-1/3% support test — 2012. If t and stop here. The organization						
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	e. Explain in Part	IV how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	and-circumstance test. The organiza	s' test, check this ation qualifies as	box and stop he r a publicly support	re. Explain in Part ed organization	IV how the □
18	Private foundation. If the organize	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions >

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Calen	dar year (or fiscal yr beginning in) >	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5						
ŀ	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.						
c	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
10 a	Amounts from line 6						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total Support. (Add Ins 9,10c, 11 and 12.)						
14	First five years. If the Form 990 organization, check this box and			nd, third, fourth, o	r fifth tax year as	a section 501(c)(3)
	tion C. Computation of Pul				•		
	Public support percentage for 20	•	• •				%
	Public support percentage from 2					16	%
	tion D. Computation of Inv						
17	Investment income percentage for	or 2013 (line 10c,	column (f) divide	ed by line 13, colu	mn (f))	17	%
	Investment income percentage f						%
	33-1/3% support tests — 2013. If is not more than 33-1/3%, check	this box and sto	p here. The orgar	nization qualifies a	s a publicly supp	orted organizatior	۱ ト
t	33-1/3% support tests – 2012. If line 18 is not more than 33-1/3%	the organization, check this box a	did not check a b and stop here. Th	oox on line 14 or li le organization qu	ne 19a, and line alifies as a public	16 is more than 33 ly supported orga	3-1/3%, and nization ▶
20	Private foundation. If the organize	zation did not che	ck a box on line	14, 19a, or 19b, c	heck this box and	see instructions.	▶ 📋

Schedule A	(Form 990 or 990-EZ) 2013 'I'a	nenbaum Center for	13-3695475	Page 4
Part IV	Supplemental Information. or 17b; and Part III, line 12 (See instructions).	Provide the explanations required by Part Also complete this part for any additional	II, line 10; Part II, line 17a information.	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Tanenbaum Center for Interreligious Understanding 13-3695475 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... 1 Aggregate contributions to (during year). . . . Aggregate grants from (during year) Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control?... Yes 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 No impermissible private benefit? Yes **Conservation Easements.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an 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 easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2 a **b** Total acreage restricted by conservation easements. 2 b c Number of conservation easements on a certified historic structure included in (a)..... d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds?..... Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... 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. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1 a 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. **b** 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) Revenues included in 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: a Revenues included in Form 990, Part VIII, line 1..... **b** Assets included in Form 990, Part X.....

Part III Organizations Mainta	aining Collection	s of Art, Historica	al Treasures, or C	Other Similar Ass	ets (continued)			
3 Using the organization's acquisitio items (check all that apply):	n, accession, and othe	r records, check any of	the following that are	a significant use of its	collection			
a Public exhibition		d Loan or ex	change programs					
b Scholarly research		e Other						
c Preservation for future gene	erations							
4 Provide a description of the organi Part XIII.								
	to be sold to raise funds rather than to be maintained as part of the organization's collection?							
line 9, or reported an				vered 'Yes' to For	m 990, Part IV,			
1 a Is the organization an agent, tru	ıstee, custodian, or o	ther intermediary for	contributions or other	assets not included	¬, ¬,			
on Form 990, Part X? b If 'Yes,' explain the arrangemen					Yes No			
b it res, explain the arrangement	it iii Fart Aiii anu coi	iplete the following to	ible.		Amount			
c Beginning balance					Amount			
d Additions during the year								
e Distributions during the year								
f Ending balance								
2a Did the organization include an					Yes No			
b If 'Yes,' explain the arrangemen				L				
2 11, 1 , 1			,					
Part V Endowment Funds.	Complete if the or	ganization answe	ered 'Yes' to Form	n 990, Part IV, lin	e 10.			
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back			
1 a Beginning of year balance	1,673,966.	1,750,455.	1,759,897.	1,735,841.	0.			
b Contributions	10,076.	9,697.	9,332.	18,156.	27,600.			
c Net investment earnings, gains,								
and losses		-86,186.	-18,774.	5,900.				
d Grants or scholarships								
e Other expenditures for facilities				0	100 170			
and programs				0.	100,179.			
f Administrative expenses		1 (72 066	1 750 455	1 750 007	1,735,841.			
g End of year balance2 Provide the estimated percentage					1,735,841.			
· ·	,	end balance (line rg	, column (a)) nelu as	•				
a Board designated or quasi-endowr		°						
b Permanent endowment	100.00 %	Q.						
c Temporarily restricted endowned								
The percentages in lines 2a, 2b	, and 20 Should equa	100%.						
3 a Are there endowment funds not in	the possession of the	organization that are he	eld and administered fo	or the	Vac. No.			
organization by:					Yes No			
(i) unrelated organizations					3a(i) X			
(ii) related organizations					3a(ii) X			
b If 'Yes' to 3a(ii), are the related	-	•			3b			
4 Describe in Part XIII the intende		ation's endowment it	inds. See Part	XIII				
Part VI Land, Buildings, and Complete if the organ		l 'Yes' to Form 99	0, Part IV, line 1	1a. See Form 990), Part X, line 10.			
Description of property		st or other basis (I	Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value			
1 a Land		·						
b Buildings								
c Leasehold improvements			44,069.	30,374.	13,695.			
d Equipment			159,651.	156,563.	3,088.			
e Other			71,585.	71,585.	0.			
Total. Add lines 1a through 1e. (Colui		rm 990, Part X. colur			16,783.			
ВАА		, , , , , , , , , , , , , , , , , , , ,			ule D (Form 990) 2013			

Part VII Investments – Other Securities.		N/A	00 5 1 1/1 10
Complete if the organization answered			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
<u>(l)</u>			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) •			
Part VIII Investments – Program Related. Complete if the organization answered	'Vas' to Form 990	N/A Nart IV line 11c See Form 9	90 Part Y line 13
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end	Hof-vear market value
	(b) Book Value	(c) Method of Valadation. Cost of Che	Tor year market value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) >			
Part IX Other Assets.	N/A	1	
Complete if the organization answered	'Yes' to Form 990), Part IV, line 11d. See Form 9	
	scription		(b) Book value
(1)			
<u>(2)</u> (3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (E	3), line 15.)		-
Part X Other Liabilities.			
Complete if the organization answered 'Yes' to Fo			
(a) Description of liability	(b) Book value		
(1) Federal income taxes	26.60	06	
(2) Deferred rent (3)	26,69	96.	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	26,69	96.	
2 Continue for consequent and positions to Deat VIII consider 0 10 10 10 10	and the first control of the first	to a contrating a section of the sec	15 1 210 C 1 1 2 2

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements 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 XI Reconciliation of Revenue per Audited Financial Statements With Revenue per I	₹eturn.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	. 1	2,025,938.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments 24, 382		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.) 2d		
e Add lines 2a through 2d.	. 2e	207,618.
3 Subtract line 2e from line 1	. 3	1,818,320.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		, , , , , , , , , , , , , , , , , , , ,
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b	. 4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	-	1,818,320.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per		
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	· ·········	
1 Total expenses and losses per audited financial statements	. 1	2,418,530.
	· 	2,410,330.
252,000	<u>-</u>	
b Prior year adjustments	_	
c Other losses. 2c	_	
d Other (Describe in Part XIII.) 2d		
e Add lines 2a through 2d	2 e	232,000.
3 Subtract line 2e from line 1	. 3	2,186,530.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	_	
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b.		0.106.500
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	. 5	2,186,530.
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; P line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	art V, ny additior	nal information.
Part V, Line 4 - Intended Uses Of Endowment Fund		
The endowment fund is to provide capital for operations on a planner	<u>1, annı</u>	u <u>al basis</u>
and to provide for the longer term through the endowed gifts.		
Part X - FIN 48 Footnote		
The Organization does not believe its financial statements include	any mat	erial,
uncertain_tax_positions. Tax filings for periods ending December 31	<u>, 2009</u>	and later
are_subject_to_examination_by_applicable_taxing_authorities		

BAA Schedule **D** (Form 990) 2013

Schedule F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b, 15, or 16.
 ► Attach to Form 990.
 ► See separate instructions.
 ► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Tanenbaum Center for

Employer identification number

13-3695475

Part I	General Information on Activities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b.

1	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,		
	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	Yes	No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) Part V

3 Activities per Region. (The	following Part I, I	ine 3 table can b	e duplicated if additional space	e is needed.) Part V	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Central America					
(1) & Caribbean			Program Services	Travel	750.
				Travel &	
(2) South Asia			Program Services	Awards	17,015.
(3) Europe			Program Services	Travel	1,228.
(4) South America			Program Services	Travel	2,478.
East Asia &			30111005	110.01	
(5) Pacific			Program Services	Travel	2,403.
Sub-Saharan					, , , , , , , , , , , , , , , , , , ,
(6) Africa			Program Services	Travel	6,155.
Middle East &					
(7) North Africa			Program Services	Travel	6,936.
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					36,965.
b Total from continuation sheets to Part I					
C Totals (add lines 3a and 3b)	0	0			36,965.

13-3695475

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

BAA

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.

Schedule F (Form 990) 2013

Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
_(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18) BAA						Schedule F	(Form 990) 2013

Pa	rt IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865).	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Yes	X No

BAA TEEA3505L 06/26/13 Schedule **F** (Form 990) 2013

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).
Part I - Additional Supplemental Information
Activities were accounted for using the accrual menthod. Peacemakers attending
various events were reimbursed for travel on behalf on the Organization.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Information about Schedule G (Form 990 or 990-EZ) and its instructions is

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service at www.irs.gov/form990. Name of the organization Tanenbaum Center for Employer identification number 13-3695475 Interreligious Understanding Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e X Solicitation of non-government grants а b Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X Yes No **b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (vi) Amount paid to (or retained by) (ii) Activity (iv) Gross receipts (v) Amount paid to (iii) Did fundraiser (or retained by) fundraiser listed in or entity (fundraiser) have custody or control of contributions? from activity organization column (i) Yes No Elizabeth Rose Fundraiser Χ 48,000 506,114 458,114. 2 3 4 5 6 7 8 9 10 506,114 Total. 48,000 458,114. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule **G** (Form 990 or 990-EZ) 2013 Tanenbaum Center for 13-3695475 Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (d) Total events (a) Event #1 **(b)** Event #2 (c) Other events (add column (a) Special Event None through column (c) (event type) (event type) (total number) REVENUE 1 Gross receipts..... 506,114 506,114. 2 Less: Charitable contributions..... 378,517 378,517. **3** Gross income (line 1 minus line 2)..... 127,597 127,597. Cash prizes..... 6 Rent/facility costs..... 7 Food and beverages Other direct expenses..... 127,597. 127,597. 10 Direct expense summary. Add lines 4 through 9 in column (d)..... 127,597. Net income summary. Subtract line 10 from line 3, column (d)..... Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant (c) Other gaming (d) Total gaming (add column (a) through column (c)) REVENUE bingo/progressive bingo Gross revenue..... **2** Cash prizes..... D X P E N C T S Rent/facility costs..... **5** Other direct expenses..... Yes Yes Yes No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d)..... **9** Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? **b** If 'No,' explain:

b If 'Yes,' explain:

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?.....

Sche	edule G (Form 990 or 990-EZ) 2013 Tanenbaum Center for	3-36954	175	Page 3				
11	Does the organization operate gaming activities with nonmembers?		Yes	No				
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	[Yes	No				
13	Indicate the percentage of gaming activity operated in:							
	The organization's facility.	13a		%				
	An outside facility			જ				
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records							
			. – – – -					
	Address ►							
ŀ	a Does the organization have a contact with a third party from whom the organization receives gaming revenue of If 'Yes,' enter the amount of gaming revenue received by the organization and the of gaming revenue retained by the third party f 'Yes,' enter name and address of the third party:			No				
	Name ►			. – – – -				
	Address ►			; 				
16	Gaming manager information:							
	Name •			· — — — –				
	Gaming manager compensation ► \$							
	Description of services provided							
	Director/officer Employee Independent contractor							
17	Mandatory distributions							
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?							
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in organization's own exempt activities during the tax year ► \$							
Par	Supplemental Information. Provide the explanations required by Part I, line 2b, col and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide an information (see instructions).	umns (II / additic	ii) and (v onal	V),				

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Tanenbaum Center for	Employer identification number
Interreligious Understanding	13-3695475
Form 990, Part III, Line 1 - Organization Mission	
The Tanenbaum Center for Interreligious Understanding promotes	mutual respect with
practical_programs_that_bridge_religious_difference_and_combat_	prejudice in areas of
armed conflict, schools, workplaces, and health care settings.	Tanenbaum is a
<u>not-for-profit, secular, non-sectarian organization that operat</u>	es in the United
States and abroad. For over two decades, Tanenbaum has trained	d educators to teach
about religious differences and combat bullying, helped medical	professionals
develop_skills_to_care_for_religiously_diverse_patients_and_pre	event disparities in
care, created inclusive work environments in some of the world's	largest companies to
counter religious harassment, and supported a network of courag	geous Peacemakers in
the world's most contentious conflict zones.	
Form 990, Part III, Line 4d - Other Program Services Description	
The Workplace program for business leaders, global employers, m	nanagers and human
resources professionals counters harassment and includes traini	ng and materials on
how to effectively work with an increasingly religiously divers	se workforce, thereby
creating a more productive and inclusive environment for all em	nployees.
Through its Interreligious understanding efforts (previously Sp	pecial Programs),
Tanenbaum_actively_pursues_the_sensitive_issue_of_religious_tea	achings and traditions
as a source of prejudice towards others.	
Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors	s, Etc
Georgette Bennett, President and founder, is paid a consulting	fee and married to
Leonard Polonsky, a member of the Board of Directors.	

Tanenbaum Center for Interreligious Understanding	13-3695475						
Form 990, Part VI, Line 11b - Form 990 Review Process							
Management reviewed a draft of the form 990 with the audit/fina	nce committee and						
provided edits to the tax preparer. After this process was perf	provided edits to the tax preparer. After this process was performed, the form 990						
was sent to the full board of directors prior to being filed with the IRS.							
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts							
The organization has a "board approved" conflicts of interest policy. Each board							
member must fill out an annual declaration stating he or she had no conflicts or							
identifying the nature of their interested party transactions							
Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO, Top	Management						
The compensation committee reviews comparable salaries based on	a recognized study						
and reviews the performance of the Executive VP and CEO to dete	rmine if the existing						
salary_falls_within_these_ranges. After a deliberation_of_this_	matter, a new						
proposed salary and benefit package is voted on. The minutes of	the board of						
directors reflect the nature of this process.							
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available							
Governing documents, conflict of interest statements and finance	ial statements are						
made available to the public upon written request.							

2013

11/11/14

Schedule O - Supplemental Information

Page 1

Client TANAMEND

Tanenbaum Center for Interreligious Understanding

13-3695475 01:42PM

Form 990, Part IX, Line 11g Other Fees For Services

Form 886 8	8 (Rev 1-2014)				Page 2		
• If you a	are filing for an Additional (Not Automatic) 3-Mo	nth Extension	, complete only Part II and check t	his box	> X		
	y complete Part II if you have already been grant			sly filed Form 8868.			
If you a	are filing for an Automatic 3-Month Extension, co	omplete only	Part I (on page 1).				
Part II	Additional (Not Automatic) 3-Month	Extension	of Time. Only file the origina	I (no copies needed)).		
	Enter filer's identifying number, see i						
	Name of exempt organization or other filer, see instructions.			Employer identification number	(EIN) or		
Type or	Tanenbaum Center for						
print	Interreligious Understanding 13-			13-3695475			
File by the	Number, street, and room or suite number. If a P.O. box, see i	instructions.		Social security number (SSN)			
extended due date for	SCHALL & ASHENFARB CPAS						
filing your return. See	307 5th Ave, 15th Floor						
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
	NEW YORK, NY 10016-6517						
		6 (6)					
Enter the	Return code for the return that this application is	for (file a sep	parate application for each return).		01		
		<u> </u>	I		Τ		
Application Is For	on	Return Code	Application Is For		Return Code		
	or Form 990-EZ	01					
Form 990		02	Form 1041-A		08		
	(individual)	03	Form 4720 (other than individual)		09		
Form 990-	· · · · · · · · · · · · · · · · · · ·	04	Form 5227		10		
	-T (section 401(a) or 408(a) trust)	05	Form 6069		11		
	-T (trust other than above)	06	Form 8870		12		
	o not complete Part II if you were not already gra						
If theIf thiswhole gro	ooks are in care of ► <u>Luke Bergamini</u> none No. ► <u>(212)</u> <u>967-7707</u> organization does not have an office or place of l is for a Group Return, enter the organization's foup, check this box ► If it is for part of the the extension is for.	business in th our digit Group	e United States, check this box Exemption Number (GEN)	. If this	is for the		
5 For 6 If the 7 State	quest an additional 3-month extension of time unicalendar year 2013 , or other tax year beging e tax year entered in line 5 is for less than 12 months Change in accounting period e in detail why you need the extension Tax ther information necessary to f	onths, check r	, 20, and ending _ eason:	Final return ditional time to	 		
nonr	is application is for Forms 990-BL, 990-PF, 990-T refundable credits. See instructions			8a \$			
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868							
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions							
	Signature and Verif	ication mus	st be completed for Part II or	nly.			
Under penalti correct, and o	ies of perjury, I declare that I have examined this form, including a complete, and that I am authorized to prepare this form.	accompanying sch	edules and statements, and to the best of my ki	nowledge and belief, it is true,			
Signature BAA				Date ► Form 8868 ((Day 1 2014)		
DAA		12/31/13	TOIM 8868 (.⊓ev 1-∠014`			