Form <b>990</b>
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(Rev. January 2020)

Department of the Treasury

# **EXTENSION ATTACHED**

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OMB No. 1545-0047

20

Return o	of Organization	<b>Exempt From</b>	Income Tax
1. 5017			

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.

Open to Public Inspection

19

		venue Service			.irs.gov/Forms	an ior inst				m.			-
Α	For t	he 2019 calen	dar year, or tax	year begir	nning		, 201	9, and endi	ng		,		
В	Check	if applicable:	С							D Employ	er identifi	cation number	
	A	ddress change	Tanenbaum							13-	36954	75	
	N	lame change	Interrelig	gious U	Inderstan	lding				E Telepho	one numbe	er	
	In	nitial return	55 Broad S	Street,	17th Fl	.oor				(21)	2) 96	7-7707	
	Fi	nal return/terminated	New York,	NY 100	04					(==)	_,		
		mended return								G Gross r	eceints \$	3 916	,600.
		pplication pending	F Name and addre	ess of princing	al officer:				H(a) Is this	a group retur			
	A	pplication pending			Mar	K FOWT	er			Il subordinates		103	
-	т		Same As C				4047(-)(1)	F07	If "No	," attach a list	. (see inst	ructions)	
<u> </u>		-exempt status:	X 501(c)(3)	501(c) (	)¶ (Ir	isert no.)	4947(a)(1)	or 527	_				
J	We	ebsite: ► 🗤	w.tanenbau	um.org	1					exemption nu			
ĸ		n of organization:	X Corporation	Trust	Association	Other ►		L Year of forma	tion: 199	92 M/s	State of leg	gal domicile: N	ζ
Pa	rt I	Summar	У										
	1	Briefly descri	be the organizat	tion's miss	ion or most s	significant	activities: c	See Sche	dule O	)			
е													
Governance													
rn:													
ove	2		ox ► if the o								net ass	ets.	
Ğ	3		oting members o								3		16
s 8	4		dependent votin								4		15
itie	5		of individuals e								5		20
Activities &	6		of volunteers (								6		60
Ă			ed business reve								7a		0.
	b	Net unrelated	l business taxab	ole income	from Form 9	90-T, line	39				7b		0.
										Prior Year		Current Y	
e	8		and grants (Pa		•					931,5			2,519.
Revenue	9	-	vice revenue (Pa		÷.					443,8			8,854.
eve	10		ncome (Part VIII							114,9	909.	151	.,033.
æ	11		e (Part VIII, colu										
	12		e – add lines 8	-						1,490,2	233.	1,397	,406.
	13	Grants and s	imilar amounts p	oaid (Part	IX, column (/	A), lines 1	-3)						
	14	Benefits paid	to or for memb	ers (Part I	X, column (A	.), line 4).							
	15	Salaries, oth	er compensatior	n, employe	e benefits (P	art IX, col	umn (A), lin	es 5-10)		1,132,5	60.	1,181	,648.
ses	16a	Professional	fundraising fees	(Part IX.	column (A). I	ine 11e).				67,8			5,000.
Expenses	h		sing expenses (F	•		,				0170	/		70001
Ä	4-1							300,534.	-				
	17	•	ses (Part IX, colu			-				621,6			6,854.
	18		es. Add lines 13							1,822,0		1	2,502.
	19	Revenue less	s expenses. Sub	tract line 1	8 from line 1	2				-331,7	/89.	-495	5,096.
r o Ces										ing of Curren	nt Year	End of Y	
Net Assets or Fund Balances	20		(Part X, line 16)							5,165,2	200.	4,935	5,106.
As	21	Total liabilitie	es (Part X, line 2	26)						243,6	535.	217	,029.
Pun	22	Net assets or	fund balances.	Subtract I	ine 21 from I	ine 20				4,921,5	65.	4,718	8,077.
	rt II	Signatur	e Block							_, , _		-,	/
				mined this ret	urn including acc	omnanving s	chedules and sta	atements and to	the hest of r	my knowledge	and helie	f it is true correc	rt and
comp	olete. D	Declaration of prepa	eclare that I have example arer (other than office	r) is based on	all information of	f which prepa	rer has any know	vledge.		ing knowledge	und bene		it, and
Sic		Signatu	re of officer						D	ate			
Sig He	jii ro	Mam							CEO				
IIC			k Fowler						CEO				
		21:	preparer's name		Preparer's size	ature		Data				PTIN	
					Preparer's sign		1.511	Date 11/7	/2020	Check			
Pai			el Schall		Michael	SCHAL	1000	11///	2020	self-employe	ed E	02024184	ł
Pre	epar	er Firm's name			<u>ENFARB</u> C	PAS	`			_			
Us	e Or	Ily Firm's addr	ess ▶ <u>307 5</u> t	<u>h Ave</u> ,	15th Fl	oor				Firm's EIN	► <u>1</u> 3-	4036703	
					10016-6					Phone no.	(212	) 268-28	00
May	/ the	IRS discuss th	nis return with th				structions).					X Yes	No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2019)

Form	8868	
Form	0000	

(Rev. January 2020) Department of the Treasury Internal Revenue Service

instructions.

# Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

01

► File a separate application for each return.

### Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

# Automatic 6-Month Extension of Time. Only submit original (no copies needed).

		,
	ons required to file an income tax return other than Form 990-T (including 1120-C file 04 to request an extension of time to file income tax returns.	ers), partnerships, REMICs, and trusts must
	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
Type or print	Tanenbaum Center for Interreligious Understanding	13-3695475
File by the	Number, street, and room or suite number. If a P.O. box, see instructions.	
due date for filing your	55 Broad Street, 17th Floor	
return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

New York, NY 10004

Enter the Return Code for the return that this application is for (file a separate application for each return) .....

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

•	The books are in the care of ►	Mark Fowler	
---	--------------------------------	-------------	--

	Telephone No. ► (212) 967-7707 Fax No. ►	
•	If the organization does not have an office or place of business in the United States, check this box	►
•	If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole gr	roup,
	check this box ► . If it is for part of the group, check this box ► and attach a list with the names and TINs of all me	embers
	the extension is for.	

1	I request an automatic 6-month extension of time until	11/15	, 20 <u>20</u>	, to file the exempt organization return
	for the organization named above. The extension is	for the organi	zation's return	for:

X calendar year 20 19 or

	► tax year beginning	, 20	, and ending	, 20		
2	If the tax year entered in line 1 is for Change in accounting period	less than 12 mo	onths, check reason:	Initial return	Final return	

3 a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$ 0.
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	3b	\$ 0.
С	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$ 0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

Form	n 990 (2019)	Tanenbaum Cente	r for	13-	3695475 Page <b>2</b>
Par	t III State	ement of Program Se	rvice Accomplishments		
				Part III	X
1	Briefly descri	be the organization's mis	sion:		
	See Sche	dule_O			
2	Did the organi	zation undertake any signifi	cant program services during the year	which were not listed on the prior	
	Form 990 or	990-EZ?			Yes X No
	If "Yes," desc	ribe these new services on a	Schedule O.		
3	Did the organ	nization cease conducting	or make significant changes in how	w it conducts, any program services?.	··· Yes X No
	If "Yes," desc	ribe these changes on Sche	dule O.		
4	Section 501(	organization's program se c)(3) and 501(c)(4) organi , if any, for each program	zations are required to report the a	its three largest program services, as mount of grants and allocations to oth	measured by expenses. ers, the total expenses,
4 a	(Code:	) (Expenses \$	1,395,273. including grants of	of \$ ) (Revenue	\$ 67,571.)
	See Sche	dule 0			
					<u>^</u>
4 t	(Code:	) (Expenses \$	including grants of	of \$) (Revenue	\$)
4 c	: (Code:	) (Expenses \$	including grants of	of \$ ) (Revenue	\$)
		, ( ) ] ] ] ] ] ] ] ] ] ] ] ] ] ] ] ] ] ]		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·/
					<b></b>
				·	
				·	
4 c		m services (Describe on S			,
	(Expenses	\$	including grants of \$	) (Revenue \$	)
46	e i otal progran	m service expenses 🕨	1,395,273.		Form <b>000</b> (2010)

Form 990 (2019) Tanenbaum Center for

Par	t IV Checklist of Required Schedules			<u> </u>
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	Yes X	No
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? <i>If 'Yes,' complete Schedule C, Part l</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? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i>	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? <i>If 'Yes,' complete Schedule D, Part I</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? <i>If 'Yes,' complete Schedule D, Part IV</i>	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>	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.			
а	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	
t	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? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
c	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	Х	
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)? <i>If 'Yes,' complete Schedule D, Part X</i>	11 f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
t	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? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I</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? <i>If 'Yes,' complete Schedule G, Part II.</i>	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	21		Х
BAA			990	(2019)

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Form 990 (2019) Tanenbaum Center for

Part IV Checklist of Required Schedules (continued)

				-
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		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
	<b>b</b> 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		
	d 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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
	<b>b</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? <i>If 'Yes,' complete Schedule L, Part I</i> .	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	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, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' <i>complete Schedule L, Part IV</i>	28a		Х
	<b>b</b> A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		Х
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31		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? If 'Yes,' complete Schedule R, Part I	33		Х
34	and Part V, line 1	34		х
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	<b>b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	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	Note: All Form 990 filer's are required to complete Schedule O.	38	Х	
Pa	Int 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			
			Yes	No
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 a			
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1.	v	
BA	(gambling) winnings to prize winners?	1 c Form	X 1 <b>990</b> (	(2019
			(	

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Yes

No

Form 990 (2019) Tanenbaum Center for	13-3695475	F	Page 5
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		1	
		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return <b>2a</b>	20		
b If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns? 2k	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	I	Х
<b>b</b> If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3t	)	
<b>4 a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority financial account in a foreign country (such as a bank account, securities account, or other financial ac	over, a count)? <b>4</b> a	ı	х
<b>b</b> If 'Yes,' enter the name of the foreign country►			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (I			v
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			Λ
<b>c</b> If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		;	
<b>6 a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the solicit any contributions that were not tax deductible as charitable contributions?	6a	1	Х
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts not tax deductible?	6 were 6 t	<b>)</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 partly for go	bods and	X	
<ul><li>services provided to the payor?</li><li>b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?</li></ul>			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
Form 8282?		:	Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con	ntract? 7 e	2	Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct? 7 f		Х
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		1	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizati Form 1098-C?	ion file a <b>7</b> 1		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the spon	nsoring		
organization have excess business holdings at any time during the year?			
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?			
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		>	
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12 10a			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders.			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104	11? <b>12</b> a	1	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
13 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	1	
Note: See the instructions for additional information the organization must report on Schedule O.			
<ul> <li>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.</li> <li>13b</li> </ul>			
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	Х
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule	0 14k	<b>b</b>	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera excess parachute payment(s) during the year?	4 -		х
	noomo2		Х
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment in If 'Yes,' complete Form 4720, Schedule O.	ncome? 16		^

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 on
	Schedule O. See instructions.
	Check if Schedule O contains a response or note to any line in this Part VI.

Sec	tion 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		1 a	16			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad						
	authority to an executive committee or similar committee, explain on Schedule O.						
	Enter the number of voting members included on line 1a, above, who are independent			15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under th				_		
	of officers, directors, trustees, or key employees to a management company or other person	n?.			3		Х
4	Did the organization make any significant changes to its governing documents						
	since the prior Form 990 was filed?	• • •			4		Х
	Did the organization become aware during the year of a significant diversion of the organization				5		Х
	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 a members of the governing body?				7 a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) me stockholders, or persons other than the governing body?				7 b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken the following:						
а	The governing body?				8a	Х	
	Each committee with authority to act on behalf of the governing body?				8b	X	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who can	not	be	reached at the			
	organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q				9		Х
Sec	tion B. Policies (This Section B requests information about policies not req	qui	rec	by the Internal Re	eveni		ode.)
						Yes	No
	Did the organization have local chapters, branches, or affiliates?				10 a		Х
b	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, a operations are consistent with the organization's exempt purposes?				10 b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the				11 a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	90.	S	ee Schedule O			
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13				12 a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that to conflicts?	t co	uld	give rise	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Schedule O how this was done</i> SeeSchedule.Q	'Yes	5,' d	escribe in	12 c	Х	
13	Did the organization have a written whistleblower policy?				13	X	
	Did the organization have a written document retention and destruction policy?				14	X	
	Did the process for determining compensation of the following persons include a review and approv	val I	by ir	ndependent	14		
	persons, comparability data, and contemporaneous substantiation of the deliberation and de					37	
	The organization's CEO, Executive Director, or top management official. See Schedule				15a	X	
b	Other officers or key employees of the organizationSee .Schedule. 0		• • • •		15b	Х	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).						
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar taxable entity during the year?			0	16 a		Х
b	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evalua participation in joint venture arrangements under applicable federal tax law, and take steps	to :	safe				
~	organization's exempt status with respect to such arrangements?				16b		
	tion C. Disclosure						
	List the states with which a copy of this Form 990 is required to be filed ► <u>NY</u>						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable available for public inspection. Indicate how you made these available. Check all that apply.	e), 9	990	, and 990-T (Section 5	01(c)(	3)s or	ıly)
		her	(exp	olain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest p the public during the tax year.	polic	cy, ar	nd financial statements availa	able to		

 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►

 Mark Fowler 55 Broad Street, 17th Floor New York NY 10004 (212) 967-7707

Ma	irk	Fowler	55	Broad	Street,	1/th Fl	Loor New	York	NY	10004	(212)	967-	- / /(	J

Form 990 (2019) Tanenbaum Center for	13-3695475	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest C Independent Contractors	Compensated Employe	es, and
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 Compensate	d Employees	
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending wi organization's tax year.	th or within the	
• List all of the organization's <b>current</b> officers, directors, trustees (whether individuals or organization compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.	ns), regardless of amount of	

• 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.

See instructions for the order in which to list the persons above.

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

		(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)								
(A) Name and title	(B) Average hours			<b>(D)</b> Reportable compensation from the organization	(E) Reportable compensation from	<b>(F)</b> Estimated amount of other				
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	relatéd organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Joyce Dubensky	60									
CEO	0	Х		Х				135,000.	0.	63.
(2) Mark Fowler	60									
Deputy CEO	0			Х				119,807.	0.	6,063.
(3) Georgette Bennett	1.25									
President	0	Х		Х				0.	0.	0.
(4) Jeffrey Becker	1.25									
Secretary	0	Х		Х				0.	0.	0.
(5) Judith Thompson	1.25									
Treasurer	0	Х		Х				0.	0.	0.
<u>(6)</u> Justin Foa	1.25									
Chair of Board	0	Х		Х				0.	0.	0.
<b>(7)</b> TJ Haynes-Morgan	1.25									
Director	0	Х						0.	0.	0.
(8) Sara Pandolfi	1.25									
Director	0	Х						0.	0.	0.
(9) Christina Hioureas	1.25									
Director	0	Х						0.	0.	0.
(10) Marni Selman	1.25									
Director	0	Х						0.	0.	0.
(11) Ron Ries	1.25									
Director	0	Х						0.	0.	0.
(12) Holly Weiss	1.25									
Director	0	Х						0.	0.	0.
(13) Jen Opheim	1.25									
Director	0	Х						0.	0.	0.
(14) Monika Machon	1.25									
Director	0	Х						0.	0.	0.
BAA	TEEA0	107L	07/31/	/19						Form <b>990</b> (2019)

Form 990	(2019) Tanenbaum Center for Section A. Officers, Directors, Tru	ustees	Kev	Fm	nlo		PC 2	nc	l Highest Com	13-369547		Page	
i art vii		(B)		<u> </u>	01 <u>0</u> (0)	-			i nighest oon		loyees	(continue	;u)
	<b>(A)</b> Name and title	Average hours per week	box	, unles cer and	ieck i is per d a di	rson lirecto	than o is both pr/truste	an ee)	(D) Reportable compensation from the organization	<b>(E)</b> Reportable compensation from related organizations	Estima of	(F) ited amour	
		(list any hours for related organiza - tions below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	the or and	nsation from ganization I related nizations	
		dotted line)	ee	stee			isated						
	crick Grace	1.25	X						0	0			0
	ector inda Collins	0	Λ						0.	0.			0.
	cector	0	Х						0.	0.			0.
	ecca Baker	1.25											
	rector	0	Х						0.	0.			0.
Dir	pert Heller rector	<u>1.25</u> 0	х						0.	0.			0.
	ter Crystal	<u>1.25</u> 0	X						0.	0.			0.
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1 b Subt	otal						•	>	254,807.	0.		6,12	6.
c Tota	I from continuation sheets to Part VII, Secti	on A					•	► -	0.	0.			0.
	l (add lines 1b and 1c)								254,807.	0.		6,12	6.
	number of individuals (including but not limited the organization $\blacktriangleright$ 2	to those I	isted	abov	e) w	vho i	receiv	ed	more than \$100,00	0 of reportable comp	ensatior	1	
<b>3</b> Did t	he organization list any <b>former</b> officer, direc	tor, truste	e. ke	ev en	าทโด	vee	or h	niah	est compensated	employee		Yes	No
on li	ne 1a? If 'Yes,' complete Schedule J for suc	ch individu	al								. 3		Х
the c	any individual listed on line 1a, is the sum o rganization and related organizations greate individual	er than \$1	50,00	) ?'OC	f 'Y	΄es,'	com	blei	te Schedule J for	from	4		X
	any person listed on line 1a receive or accru ervices rendered to the organization? If 'Yes									individual	·		X
	B. Independent Contractors	o, compie		neat		0 101	546	1 / 2					<u> </u>
1 Com comp	plete this table for your five highest compenensation from the organization. Report comper	nsated indensation for	epen the c	dent alend	con lar y	ntrac /ear	ctors endin	tha <sup>:</sup> Ig w	t received more th vith or within the or	nan \$100,000 of ganization's tax year			
	(A) Name and business add	ress							<b>(B)</b> Description of		<b>(C</b> Compe	<b>;)</b> nsation	
	number of independent contractors (including l		ited to	o thos	se li	sted	l abov	re) v	who received more	than			
\$100	,000 of compensation from the organization	► 0											

# Form 990 (2019) Tanenbaum Center for Part VIII Statement of Revenue

13-3695475

Page 9

Par	t VIII Statement of Revenu Check if Schedule O conta		to any line in this Part V	(11)		П
			(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1 a Federated campaigns	1a				
Contributions, Gifts, Grants and Other Similar Amounts	<b>b</b> Membership dues					
S, C	<b>c</b> Fundraising events	000/5	26.			
Gift	<b>d</b> Related organizations					
ls,	e Government grants (contributions)					
er S	f All other contributions, gifts, grants, similar amounts not included above		33			
ie f	g Noncash contributions included in		<u>,,,,,</u>			
ontio D	lines 1a-1f.		▶ 972 510			
	h Total. Add lines 1a-1f	Business Co	072,319.			
Program Service Revenue	2a Corporato food			206 202		
Seve	2a <u>Corporate fees</u> b <u>Program Fees</u>		<u> </u>	<u>306,283.</u> 67,571.		
e			07,571.	07,371.		
evi	d					
s n	e					
grai	f All other program service rev	venue				
Pro	g Total. Add lines 2a-2f	·····	▶ 373,854.			
	3 Investment income (including of	dividends, interest, and				
	other similar amounts)		100,100.			139,405.
	4 Income from investment of t					
	5 Royalties					
	6 a Gross rents	(i) Real (ii) Person	iai			
	6a Gross rents 6a b Less: rental expenses 6b					
	c Rental income or (loss) 6c					
	<b>d</b> Net rental income or (loss) .		•			
	()	Securities (ii) Other				
	7 a Gross amount from sales of assets					
	other than inventory <b>/a</b> 2,4 <b>b</b> Less: cost or other basis	36,163.				
	and sales expenses 7b 2, 4	24,535.				
		11,628.				
	<b>d</b> Net gain or (loss)	· · · · · · · · · · · · · · · · · · ·	▶ 11,628.			11,628.
e	8 a Gross income from fundraising even	ts				
ent	(not including \$ <u>336</u> ,					
ev.	of contributions reported on line 1c).					
Other Revenue	See Part IV, line 18 b Less: direct expenses	51/0				
the	c Net income or (loss) from fu	J4,0				
0			····			
	9 a Gross income from gaming activities See Part IV, line 19.	9a				
	<b>b</b> Less: direct expenses	9b				
	c Net income or (loss) from ga	ming activities	►			
	<b>10a</b> Gross sales of inventory, less					
	returns and allowances	10a				
	<b>b</b> Less: cost of goods sold	10b				
	c Net income or (loss) from sa					
S	14	Business Co	de			
Miscellaneous Revenue	11a 					
ê la	ů					
scellaneo Revenue	d All other revenue					
Mis	e Total. Add lines 11a-11d		•			
	12 Total revenue. See instruction			272 054	0.	151 022
			<u>▶ 1,397,406.</u>	373,854.	υ.	151,033.

Do 1 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 domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	268,626.	221,259.	37,998.	9,369.
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	763,154.	607,567.	633.	154,954.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	81,332.	64,831.	2,753.	13,748.
10	Payroll taxes	68,536.	55,024.	2,548.	10,964.
	Fees for services (nonemployees):				
	Management				
	Legal				
	Professional fundraising services. See Part IV, line 17	55,000.			55,000.
	Investment management fees	4,480.		4,480.	
	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0. Sch. ( Advertising and promotion		129,397.	100,573.	3,394.
12	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	114,913.	90,137.	5,849.	18,927.
17	Travel	105,870.	98,655.	4,067.	3,148.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				<u> </u>
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,994.	7 207	3,994.	1 504
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.).	9,316.	7,307.	475.	1,534.
a	Program_events	55,655.	49,890.	150.	5,615.
ł	PTelephone	35,198.	31,063.	2,045.	2,090.
C	<sup>C</sup> Other	23,401.	11,189.	11,224.	988.
	Bad_debt_expense	18,167.		18,167.	
	All other expenses.	51,496.	28,954.	1,739.	20,803.
	Total functional expenses. Add lines 1 through 24e	1,892,502.	1,395,273.	196,695.	300,534.
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)				

# Form 990 (2019)Tanenbaum Center forPart IXStatement of Functional Expenses

# Form 990 (2019) Tanenbaum Center for

13-3695475

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Part X Balance Sheet

Га	art X	Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash – non-interest-bearing	105,928.	1	69,230.
	2	Savings and temporary cash investments.	250,788.	2	87,534.
	3	Pledges and grants receivable, net	780,737.	3	630,779.
	4	Accounts receivable, net	64,469.	4	39,521.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net.		7	
	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges	30,942.	9	85,142.
As	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
		Less: accumulated depreciation <b>10b</b> 289, 462.	8,929.	10 c	7,832.
		Investments – publicly traded securities.	3,896,446.	11	3,988,107.
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets.		14	
	15	Other assets. See Part IV, line 11	26,961.	15	26,961.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	5,165,200.	16	4,935,106.
	17	Accounts payable and accrued expenses	70,546.	17	44,379.
	18	Grants payable		18	•
	19	Deferred revenue	153,499.	19	154,700.
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.	19,590.	25	17,950.
	26	Total liabilities. Add lines 17 through 25	243,635.	26	217,029.
lces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
lar	27	Net assets without donor restrictions	1,694,763.	27	1,314,492.
ñ	28	Net assets with donor restrictions	3,226,802.	28	3,403,585.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
2	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
it.A	32	Total net assets or fund balances	4,921,565.	32	4,718,077.
Š	33	Total liabilities and net assets/fund balances.	5,165,200.	33	4,935,106.

BAA

Form 990 (2019)

Forn	1990 (2019) Tanenbaum Center for 13-3	695475		Pa	ge <b>12</b>
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,39	97,4	106.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,89	92,5	502.
3	Revenue less expenses. Subtract line 2 from line 1	3			96.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,92	21,5	65.
5	Net unrealized gains (losses) on investments.	5			508.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_		10	4,71	18,0	)77.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash 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: Separate basis Consolidated basis Both consolidated and separate basis	l on a			
ł	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis	e			
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?		2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
	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?		3a		Х
k	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b		
BAA	TEEA0112L 01/21/20		Form	990 (	(2019)

		Public Charity Status and Public Support					OMB No. 1545-0047
SCHEDULE A (Form 990 or 990-EZ)	Con	plete if the organizat 4947(a	2019				
Department of the Treesury		Attach to Form 990 or Form 990-EZ.					Open to Public
Department of the Treasury Internal Revenue Service	► (	Go to www.irs.gov/Fo	rm990 for instructions	and the	latest i	nformation.	Inspection
Name of the organization	Tanenbaum (					Employer identifica	
Part I Reason		ious Understar	rganizations must o	omole	to this	13-369547	-
			For lines 1 through 12,				
<u> </u>	•		nurches described in sect		2	,	
			Schedule E (Form 990 or			()	
3 A hospital of	or a cooperative h	ospital service organ	ization described in sec	tion 17	0(b)(1)(A	A)(iii).	
4 A medical r name, city,	-	tion operated in conju	unction with a hospital o	lescribe	d in sec	ction 1 <b>70(b)(1)(A)(iii)</b> . E	nter the hospital's
5 An organiza	ation operated for ( <b>b)(1)(A)(iv).</b> (Co	the benefit of a colle mplete Part II.)	ge or university owned	or oper	ated by	a governmental unit de	escribed in
· · ·	tate, or local gov	ernment or governme	ntal unit described in <b>s</b>	ection 1	<b>70(b)(</b> 1)	)(A)(v).	
7 X An organiza in section 1	ion that normally ( <b>70(b)(1)(A)(vi).</b> (	eceives a substantial p Complete Part II.)	art of its support from a	governm	ental un	it or from the general put	blic described
	-		A)(vi). (Complete Part I	-			
			tion 170(b)(1)(A)(ix) operative (see instructions). Enter				
from activit	es related to its e income and unre	exempt functions-sub	33-1/3% of its support fr oject to certain exceptio e income (less section Part III.)	ns, and	(2) no I	more than 33-1/3% of i	ts support from gross
11 An organiza	tion organized a	nd operated exclusive	ly to test for public safe	ety. See	sectior	n 509(a)(4).	
or more pul	plicly supported o	rganizations describe	ely for the benefit of, to d in <b>section 509(a)(1)</b> of upporting organization a	r sectio	n 509(a	)(2). See section 509(a)	ut the purposes of one <b>)(3).</b> Check the box in
a Type I. A sup organization	porting organizati	on operated, supervise gularly appoint or elect	d, or controlled by its sup a majority of the director	ported o	Irganizat	ion(s), typically by giving	the supported on. <b>You must</b>
managemen	upporting organiz t of the supporting lete Part IV, Sect	organization vested in	ontrolled in connection the same persons that co	with its ontrol or	support manage	ted organization(s), by the supported organizat	having control or ion(s). <b>You</b>
			ion operated in connection plete Part IV, Sections	n with, ai	nd functio	onally integrated with, its	supported
d <b>Type III non</b> functionally	functionally integ integrated. The o	rated. A supporting org	anization operated in cor must satisfy a distribu s A and D, and Part V.	nection	with its s	supported organization(s)	) that is not
e Check this	, pox if the organiz	<ul> <li>ation received a writt</li> </ul>	en determination from t supporting organization	he IRS	that it is	s a Type I, Type II, Type	e III functionally
f Enter the num	per of supported	organizations					
		n about the supported					
(i) Name of supported	organization	<b>(ii)</b> EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))			(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							

Total

	Schedule A (Form 990 or 990-EZ) 2019	Tanenbaum Center for
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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

# Section A. Public Support

				-					
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	2,528,289.	964,375.	4,197,737.	931,515.	872,519.	9,494,435.		
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	2,528,289.	964,375.	4,197,737.	931,515.	872,519.	9,494,435.		
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)						3,311,103.		
6	Public support. Subtract line 5 from line 4						6,183,332.		
Sec	tion B. Total Support			l	I				
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	<b>(f)</b> Total		
7	Amounts from line 4	2,528,289.	964,375.	4,197,737.	931,515.	872,519.	9,494,435.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	73,137.	66,566.	109,628.	150,043.	151,033.	550,407.		
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 VI.)						0.		
11	Total support. Add lines 7 through 10						10,044,842.		
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	1,727,021.		
13	First five years. If the Form 990 is organization, check this box and	for the organizatior stop here	n's first, second, th	ird, fourth, or fifth	tax year as a sectio	on 501(c)(3)	►		
Sec	tion C. Computation of Pu	blic Support P	ercentage						
	Public support percentage for 20						61.56%		
15	Public support percentage from	2018 Schedule A,	Part II, line 14			15	57.68%		
16a	<b>16a 33-1/3% support test–2019.</b> If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization►								
b	33-1/3% support test-2018. If the and stop here. The organization								
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the 'facts	est—2019. If the or meets the 'facts-a s-and-circumstanc	ganization did no and-circumstance es' test. The orga	ot check a box on s' test, check this anization qualifies	line 13, 16a, or 1 box and <b>stop her</b> as a publicly sup	6b, and line 14 is <b>e.</b> Explain in Part ported organizatio	10% VI how on►		
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance test. The organiza	s' test, check this ation qualifies as	box and <b>stop her</b> a publicly support	<b>e.</b> Explain in Parled organization.	t VI how the		
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions ►		
BAA					Scl	edule A (Form 9	90 or 990-EZ) 2019		

Schedule A (Form 990 or 990-EZ) 2019

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Tanenbaum Center for

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
	lar year (or fiscal year beginning in) ►	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	<b>(f)</b> 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.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support	T					
	dar year (or fiscal year beginning in) ►	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	<b>(f)</b> Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
с	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, c	or fifth tax year as	a section 501(c)(	3) ▶
	tion C. Computation of Pu			10 10 10	<u>,</u>		0
	Public support percentage for 20						00
-	Public support percentage from					16	010
	tion D. Computation of Inv						0
17	Investment income percentage f						00
18	Investment income percentage f						00
	<b>33-1/3% support tests—2019.</b> If is not more than 33-1/3%, check	<pre>&lt; this box and stop</pre>	<b>p here.</b> The orgar	nization qualifies a	as a publicly supp	orted organizatior	1 🕨
	<b>33-1/3% support tests</b> — <b>2018.</b> If f line 18 is not more than 33-1/3%	6, check this box a	and <b>stop here.</b> Th	e organization qu	alifies as a public	ly supported orga	nization 🕨
20	Private foundation. If the organi	zation did not che	ck a box on line	14, 19a, or 19b, c	check this box and	I see instructions.	▶

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 Part IV
 Supporting Organizations

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

# Section A. All Supporting Organizations

No Yes Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was 2 described in section 509(a)(1) or (2). 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below. 3a **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in **Part VI** when and how the organization made the determination. 3b c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in **Part VI** what controls the organization put in place to ensure such use. 3c 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. Δh **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes.' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a amendment to the organizing document). b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one 6 or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of 6 the filing organization's supported organizations? If 'Yes,' provide detail in Part VI. 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ). 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' 8 complete Part I of Schedule L (Form 990 or 990-EZ). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI. 9a **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If 'Yes,' provide detail in Part VI.* 9b c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If 'Yes,' provide detail in Part VI*. 9c 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below. 10a **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) 10b

Part IV Supporting Organizations (continued)	1	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		Tes	NO
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
<b>b</b> A family member of a person described in (a) above?	11b		
c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		

- Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint 1 or elect at least a majority of the organization's directors or trustees at all times during the tax year? If No, ' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

### Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			

# Section D. All Type III Supporting Organizations

Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the 1 organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played 3 in this regard.

# Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
  - The organization satisfied the Activities Test. Complete line 2 below. а
  - The organization is the parent of each of its supported organizations. Complete line 3 below. h
  - The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). С

#### 2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.

		,	
		Yes	No
	2a		
	2b		
	3a		
	3b		
1	l or 9	00.F7	2019

Yes

1

2

No

Page 6

1 Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organizati	st on Nov ons must	v. 20, 1970 (explain in complete Sections A	n Part VI). <b>See</b> A through E.
Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
<b>3</b> Subtract line 2 from line 1d.	3		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

BAA

7

temporary reduction (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

6

ection D – Distributions				Current Year
1 Amounts paid to supported organizations to accomplish	n exempt purp	oses		
2 Amounts paid to perform activity that directly furthers exemptine xcess of income from activity	pt purposes of	supported organizatior	ns,	
3 Administrative expenses paid to accomplish exempt put	rposes of sup	ported organizations		
4 Amounts paid to acquire exempt-use assets				
5 Qualified set-aside amounts (prior IRS approval require	d)			
6 Other distributions (describe in Part VI). See instruction	IS.			
7 Total annual distributions. Add lines 1 through 6.				
8 Distributions to attentive supported organizations to which the in <b>Part VI</b> ). See instructions.	he organizatior	n is responsive (provide	e details	
9 Distributable amount for 2019 from Section C, line 6				
10 Line 8 amount divided by line 9 amount				
Section E – Distribution Allocations (see instruc	tions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2019 (reaso cause required – explain in Part VI). See instructions.	onable			
<b>3</b> Excess distributions carryover, if any, to 2019				
<b>a</b> From 2014				
<b>b</b> From 2015				
<b>c</b> From 2016				
<b>d</b> From 2017				
e From 2018				
f Total of lines 3a through e				
<b>g</b> Applied to underdistributions of prior years				
h Applied to 2019 distributable amount				
i Carryover from 2014 not applied (see instructions)				
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4 Distributions for 2019 from Section D, line 7:\$				
a Applied to underdistributions of prior years				
<b>b</b> Applied to 2019 distributable amount				
c Remainder. Subtract lines 4a and 4b from 4.				
<b>5</b> Remaining underdistributions for years prior to 2019, if Subtract lines 3g and 4a from line 2. For result greater zero, explain in Part VI. See instructions.	-			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 34 from line 1. For result greater than zero, explain in Part instructions.				
7 Excess distributions carryover to 2020. Add lines 3j an	nd 4c.			
8 Breakdown of line 7:				
a Excess from 2015				
<b>b</b> Excess from 2016				
c Excess from 2017				
d Excess from 2018				
e Excess from 2019	T			

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Schedule A (Form 990 or 990-EZ) 2019

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Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b;Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) Part VI

SCHEDULE D	Sup	alamantal Financial Statam	ontc		OMB No.	1545-0047		
SCHEDULE D (Form 990) Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.						2019		
Department of the Treesury		Attach to Form 990.				o Public		
Department of the Treasury Internal Revenue Service	Internal Revenue Service							
Name of the organization				Employer io	lentification n	umber		
	n Center for			10 000	E 4 7 E			
	igious Understandi	ng or Advised Funds or Other Simila	r Funda ar Aca	13-369	54/5			
Part I Organizat	if the organization ans	wered 'Yes' on Form 990, Part IV	, line 6.	ounts.				
I	5	(a) Donor advised funds		unds and	other accou	unts		
1 Total number at e	end of year							
2 Aggregate value of co	ntributions to (during year)							
3 Aggregate value of gra	ants from (during year)							
4 Aggregate value	at end of year							
5 Did the organizat are the organizat	ion inform all donors and do ion's property, subject to the	nor advisors in writing that the assets he organization's exclusive legal control?	Id in donor advised	funds	Yes	No		
6 Did the organizat	ion inform all grantees, donc	rs, and donor advisors in writing that gra	ant funds can be use	ed only	_			
for charitable pur impermissible pri	poses and not for the benefive vate benefit?	t of the donor or donor advisor, or for any	y other purpose con	iferring	Yes	No		
	tion Easements.							
		wered 'Yes' on Form 990, Part IV	, line 7.					
		y the organization (check all that apply).	/ -					
Preservation of	of land for public use (for exam	ple, recreation or education)	servation of a histo	rically imp	ortant land	area		
Protection of	natural habitat	Pre	servation of a certif	ied histori	c structure			
Preservation	of open space							
2 Complete lines 2a last day of the ta		neld a qualified conservation contribution in						
				leld at the	End of the	Tax Year		
		·····						
Ũ		ments fied historic structure included in (a)						
structure listed in	the National Register	n (c) acquired after 7/25/06, and not on a	<b>2</b> d					
tax year ►		nsferred, released, extinguished, or terminat	ed by the organizatio	n during th	e			
	where property subject to conse		<u> </u>					
		garding the periodic monitoring, inspectints it holds?		ations,	Yes	No		
		inspecting, handling of violations, and enfor						
7 Amount of expense ►\$	es incurred in monitoring, inspe	ecting, handling of violations, and enforcing	conservation easeme	ents during	the year			
8 Does each conse	rvation easement reported o	n line 2(d) above satisfy the requirement	s of section 170(h)(	4)(B)(i)	_	_		
and section 170(h	n)(4)(B)(ii)?	ports conservation easements in its rever		· · · · · · · L	Yes	No		
include, if applica conservation eas	able, the text of the footnote ements.	to the organization's financial statements	s that describes the	organizati	on's accou	nting for		
Part III Organizat Complete	tions Maintaining Colle if the organization ans	<b>ctions of Art, Historical Treasur</b> wered 'Yes' on Form 990, Part IV	es, or Other Sin ′, line 8.	nilar Ass	ets.			
historical treasure	es, or other similar assets he	r FASB ASC 958, not to report in its reve ld for public exhibition, education, or res Il statements that describes these items.	earch in furtherance	balance s e of public	heet works service, pr	of art, ovide in		
historical treasures following amount	s, or other similar assets held f s relating to these items:	r FASB ASC 958, to report in its revenue or public exhibition, education, or research i	n furtherance of publ	ic service,	t works of a provide the	art,		
••		line 1						
••								
		historical treasures, or other similar assets for ASC 958 relating to these items:			lowing			
		1		-				
		e Instructions for Form 990.				n 990) 2019		
BAA FOF Paperwork H	culction Act Notice, see the		LASSUIL 8/22/19	Sched	ule D (FOľľ	11 JJU) 2019		

Schedule D (Form 990) 2019 Taner			al Treasures, or (	13-3695 Dther Similar Asse		Page <b>2</b> Ied)
3 Using the organization's acquisition items (check all that apply):	_					
<b>a</b> Public exhibition		d Loan or ex	change program			
b Scholarly research		e Other				
c Preservation for future gener						
4 Provide a description of the organiz Part XIII.						
5 During the year, did the organiza to be sold to raise funds rather the	tion solicit or receive	donations of art, his	storical treasures, or	other similar assets	Yes	No
Part IV Escrow and Custodia						-
line 9, or reported an a						,
<b>1 a</b> Is the organization an agent, trus	tee, custodian or oth	er intermediary for o	contributions or other	assets not included		
on Form 990, Part X? <b>b</b> If 'Yes,' explain the arrangement				· · · · · · · · · · · · · · · · · · ·	Yes	No
			able.		Amount	
<b>c</b> Beginning balance					anount	
<b>d</b> Additions during the year						
e Distributions during the year						
f Ending balance						
<b>2 a</b> Did the organization include an a					Yes	No
<b>b</b> If 'Yes,' explain the arrangement				-		
					· · · · · · · · · · · · · · · L	
Part V Endowment Funds. C	omplete if the ord	anization answe	ered 'Yes' on For	n 990 Part IV lin	e 10	
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four year	s back
<b>1 a</b> Beginning of year balance	2,600,458.	2,891,586				765.
<b>b</b> Contributions	-119,578.	-150,010				
	11070707	1007010				
c Net investment earnings, gains, and losses	336,488.	-153,488	-306	-21,520.	42.	540.
<b>d</b> Grants or scholarships				/	/	
e Other expenditures for facilities						
and programs	-12,896.	-12,370	-11,866	. 11,382.	-20,	141.
f Administrative expenses						
<b>g</b> End of year balance	2,830,264.	2,600,458	2,891,586	437,262.		250.
2 Provide the estimated percentage	e of the current year	end balance (line 1	, column (a)) held as			
a Board designated or quasi-endowm	ent 🕨	00				
<b>b</b> Permanent endowment ►	13.00 <sup>%</sup>					
c Term endowment	<u>13.00</u> % '.00%					
The percentages on lines 2a, 2b, ar	nd 2c should equal 100	%.				
<b>3a</b> Are there endowment funds not in t	he possession of the o	rganization that are h	eld and administered fo	or the		
organization by:					Yes	No
(i) Unrelated organizations					3a(i)	Х
(ii) Related organizations					3a(ii)	Х
<b>b</b> If 'Yes' on line 3a(ii), are the rela					3b	
4 Describe in Part XIII the intended		ation's endowment f	unds. See Part	XIII		
Part VI Land, Buildings, and						
Complete if the organi	zation answered	'Yes' on Form 9	90, Part IV, line 1	1a. See Form 990	), Part X, li	ne 10.
Description of property		or other basis (vestment)	<b>b)</b> Cost or other basis (other)	(c) Accumulated depreciation	<b>(d)</b> Book va	alue
<b>1 a</b> Land						
<b>b</b> Buildings						
c Leasehold improvements			46,419.	46,184.		235.
<b>d</b> Equipment			173,290.	168,693.	4	,597.
<b>e</b> Other			77,585.	74,585.		,000.
Total. Add lines 1a through 1e. (Column	n (d) must equal For	m 990, Part X, colui	mn (B), line 10c.)	· · · · · · · · · · · · · · · · · · •		,832.
BAA				Schedu	le D (Form 990	

Schedule D (Form 990) 2019 Tanenbaum Center	for	13	3-3695475	Page 3
Part VII Investments – Other Securities.		N/A		
Complete if the organization answered				
(a) Description of security or category (including name of security) (1) Financial derivatives	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value	9
(1) Financial derivatives				
(3) Othor				
(A)				
(B)				
(B) (C)				
(D)				
(D) (E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) 🕨	•			
Part VIII Investments – Program Related.	Vac' on Form OOC	N/A	vrm 000 Part V	lina 12
Complete if the organization answered	(b) Book value	(c) Method of valuation: Cost of		
(1)		(c) method of Valuation. Cost of		( 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. Complete if the organization answered	N/A N/A 'Yes' on Form 990	Part IV line 11d See Ec	vrm 990 Part X	lina 15
	escription		(b) Book v	
(1)				
(2)				
(3)				
(4)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, column (	B) line 15.)		►	
Part X Other Liabilities. Complete if the organization answered 'Yes' on I	Form 990, Part IV, line 11	e or 11f. See Form 990, Part X, li	ine 25.	
	ription of liability		<b>(b)</b> Book va	alue
(1) Federal income taxes				
(2) Deferred rent			17	,950.
(3)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total (Column (h) must equal Form 990 Part X, column (R) line 25)			▶ 17	950

Тс 17,950. 25.).... 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 

Schedule D (Form 990) 2019 Tanenbaum Center for	13-3695475	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	1,815,004.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	3.	
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines <b>2a</b> through <b>2d</b>	2e	422,078.
3 Subtract line 2e from line 1	3	1,392,926.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		· · ·
a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4, 48	J.	
b Other (Describe in Part XIII.)		
c Add lines <b>4a</b> and <b>4b</b>	4c	4,480.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,397,406.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Return.	· · ·
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	2,018,492.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		<u> </u>
a Donated services and use of facilities	<b>b</b> .	
b Prior year adjustments	<u> </u>	
c Other losses.		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2e	130,470.
3 Subtract line 2e from line 1.	3	1,888,022.
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 4a 4, 48	J.	
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		4,480.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,892,502.
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; Part V, 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 any additional information.

# Part V. Line 4 - Intended Uses Of Endowment Fund

The endowment fund is comprised of permanently restricted and temporarily restricted

funds. The temporarily restricted funds are to provide income for operations on a

planned, annual basis, and are structured to provide funds for the longer-term.

# Part X - FASB ASC 740 Footnote

The Organization does not believe its financial statements include any material,

uncertain tax positions. Tax filings for periods ending December 31, 2016 and later

# are subject to examination by applicable taxing authorities.

BAA

Schedule D (Form 990) 2019

	Supplem	ental Informa	ition Reg	jarding F	undraising or Gami	ng Activities	OMB No. 1545-0047
SCHEDULE G (Form 990 or 990-EZ) Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.						2019	
Department of the Treasury Internal Revenue Service	<ul> <li>Attach to Form 990 or Form 990-EZ.</li> <li>Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul>						Open to Public Inspection
	Name of the organization Tanenbaum Center for Employer identificat Interreligious Understanding 13-3695475						
Fundraising A		te if the organiza	ation answe	ered 'Yes' o	on Form 990, Part IV, line		0
1 Indicate whether the	ne organization			of the follo	owing activities. Check		
a X Mail solicitation <b>b</b> X Internet and er		~		e f	X Solicitation of non- Solicitation of gove	с с	
c X Phone solicitat		5		ı q	X Special fundraising	5	
<b>d</b> X In-person solic	itations			-			
2 a Did the organization employees listed in	have a written o n Form 990, Pai	r oral agreement rt VII) or entity i	with any in connect	ndividual (i tion with pi	ncluding officers, directo rofessional fundraising	rs, trustees, or key services?	XYes No
<b>b</b> If 'Yes,' list the 10 compensated at le	highest paid ind ast \$5,000 by th	dividuals or entine organization.	ties (fund	raisers) pu	rsuant to agreements u	under which the fundrai	ser is to be
(i) Name and address or entity (fundra	of individual aiser)	(ii) Activity	have custo	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	<b>(vi)</b> Amount paid to (or retained by) organization
Bee Season Con	5		Yes	No			
1 304 Park Ave S New York NY 10		Fundraiser		Х	412,125.	55,000.	357,125.
	<u> </u>				<b>/</b>		
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total					412,125. ontributions or has been		
or licensing.	on the organizati					notined it is exempt from	

# Schedule G (Form 990 or 990-EZ) 2019 Tanenbaum Center for

13-3695475 Page **2** 

Part II Fundraising Events. Complete if the organization answered 'Yes' on 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.

		List events with gross receipts gre				
R			(a) Event #1 Gala (event type)	(b) Event #2 <u>Comedy Show</u> (event type)	(c) Other events None (total number)	(d) Total events (add column (a) through column (c))
REVENU	1	Gross receipts	412,125.	19,460.		431,585.
Ĕ	2	Less: Contributions	318,696.	18,230.		336,926.
	3	Gross income (line 1 minus line 2)	93,429.	1,230.		94,659.
	4	Cash prizes				
	5	Noncash prizes				
D I R F	6	Rent/facility costs	13,100.			13,100.
R E C T	7	Food and beverages	73,904.	1,230.		75,134.
E X P	8	Entertainment	6,425.			6,425.
EXPENSES	9	Other direct expenses				
ŝ	10 11	Direct expense summary. Add lines 4 thr Net income summary. Subtract line 10 fro				
Par		Gaming. Complete if the organiza	tion answered 'Yes			
		\$15,000 on Form 990-EZ, line 6a.				I
REVENUE			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Ŭ E	1	Gross revenue				
E	2	Cash prizes				
EXPENSES	3	Noncash prizes				
CS TE S	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes <sup>%</sup> No	Yes% No	Yes <sup>%</sup> No	
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)			
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	ın (d)		
	ls th	er the state(s) in which the organization contended of the organization licensed to conduct gaming to,' explain:	g activities in each of th	es: nese states?		
		e any of the organization's gaming license				

Schedule G (Form 990 or 990-EZ) 2019

Schedule G (Form 990 or 990-EZ) 2019 Tanenbaum Center for 13	3-3695475	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	No
<b>12</b> 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
<b>13</b> Indicate the percentage of gaming activity conducted in:		
a The organization's facility.		olo
<ul><li>b An outside facility.</li><li>14 Enter the name and address of the person who prepares the organization's gaming/special events books and records</li></ul>		olo
	•	
Name ►		
Address ►		
<ul> <li>15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue b If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the of gaming revenue retained by the third party \$ c If 'Yes,' enter name and address of the third party:</li> </ul>	ne amount	No
Name ►		
Address ►		   
16 Gaming manager information:		
Name ►		
Gaming manager compensation ► \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes	No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the	
organization's own exempt activities during the tax year ► \$	lumna (iii) and i	<u></u>
<b>Part IV</b> 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.		v);

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0047 2019 Open to Public Inspection

Name of the organization Tanenbaum Center for	Employer identification number
Interreligious Understanding 13-3695475	13-3695475

# Form 990, Part I, Line 1 - Organization Mission or Significant Activities

Tanenbaum promotes justice and builds respect for religious difference by raising awareness, building knowledge, and implementing strategies that reduce prejudice, hate, and violence in individuals and in institutions. Tanenbaum promotes long-term change in schools, workplaces, health care settings and areas of armed conflict.

# Form 990, Part III, Line 1 - Organization Mission

Tanenbaum promotes justice and builds respect for religious difference by raising awareness, building knowledge, and implementing strategies that reduce prejudice, hate, and violence in individuals and in institutions. Tanenbaum promotes long-term change in schools, workplaces, health care settings and areas of armed conflict.

# Form 990, Part III, Line 4a - Program Service Accomplishments

Tanenbaum's Workplace Program works directly with the world's leading multi-national and national companies to address religious diversity in the workplace and adopt policies and practices inclusive of people of all faiths and none. Tanenbaum does this by conducting policy reviews, leading training sessions, and providing clients with practical resources. With our 37 Corporate Members (employing over 4 million people worldwide), Tanenbaum helped change working environments in nearly 100 countries. In 2019, this program welcomed 6 new Corporate Members-Boehringer-Ingelheim, Cuna Mutual, KPMG, Lord Abbett, PGA, & T-Mobile.

Total Workplace Program expense: \$359,939

Tanenbaum's Health Care Program prepares doctors and nurses to provide patient-centered care that addresses religion (or the lack thereof) and the critical role it can play in health care decisions and outcomes. In 2019, the Tanenbaum Health

	3
Name of the organization Tanenbaum Center for	Employer identification number
Interreligious Understanding	13-3695475

# Form 990, Part III, Line 4a - Program Service Accomplishments

and conferences. Most notably, they hosted a Roundtable discussion on LGBTQ care in faith-based hospitals. Almost 20 leaders and stakeholders in the field gathered to discuss the nuances and next steps for better care in those environments. Additionally, the Health Care team launched their Hospital Membership Program with Penn State Health enrolling as the inaugural Member. Through this new partnership, the currently ensuing partnership with NYC Health+Hospitals, and expert training initiatives, the Health Care team have helped hospital staff to build communication skills and improve patient-centered care to ensure that patients of all religious backgrounds and none receive religio-culturally competent care. Further, Tanenbaum's Health Care Program presented on the intersection of LGBTQ and religious identities in health care at the annual Gay Lesbian Medical Association conference.

Total Health Care Program expense: \$315,807

In 2019, Tanenbaum continued to make copies of its standards-referenced elementary school curriculum, Religions in My Neighborhood, a free-resource for administrators and educators across the country. Since the launch of this effort, more than 600 educators and advocates who reach over 43,000 students annually received a free copy of Religions in My Neighborhood. The curriculum remains available for free download on Tanenbaum's website. Tanenbaum is also preparing additional curricula to make them more readily available and user friendly for teachers. Additionally, Tanenbaum's public education initiative, Combating Extremism, reached more than 2,700 people with its anti-bias fact sheets, resources to counter fake news and stereotyping and other materials for use in public and private conversations. We also held a Courageous Conversation addressing anti-Semitism in the U.S. and abroad.

Employer identification number 13-3695475

# Page 2

# Form 990, Part III, Line 4a - Program Service Accomplishments

Total Education Program expense: \$120,964

Tanenbaum's Peacebuilding and Conflict Resolution Program works with religiously motivated Peacemakers in Action dedicated to countering violence and extremism in 23 conflict and post-conflict zones worldwide including Syria, South Sudan, Colombia, Afghanistan, Nigeria, Indonesia and the Philippines. Our Peacemakers collaborate to conduct targeted interventions in some of the world's simmering conflicts and most violent hot spots. In 2019, Tanenbaum convened our Peacemakers in Action Network in Stony Point, NY for a Working Retreat. Seventeen Peacemakers from around the globe gathered for a week of capacity building, sharing, and collaboration. Four mentees joined the Working Retreat alongside their Peacemaker in Action mentors. In addition, Tanenbaum worked with diplomats, policy makers, practitioners, academics, and students on the value of working with religious peacebuilders in armed conflicts. Tanenbaum's activities included presentations and panels at: the Pontifical University of St. Thomas Aquinas (Angelicum) in Rome, a meeting with the U.N.'s Office on Genocide Prevention and the Responsibility to Protect, the AFS Global annual conference, a side event at the U.N.'s Commission on the Status of Women, the U.N. MultiFaith Advisory Council, and the U.N. Strategic Learning Exchange.

Total Peacebuilding and Conflict Resolution Program expense: \$341,896

### Other programs: \$256,667

## Form 990, Part VI, Line 11b - Form 990 Review Process

Management reviews a draft of the form 990 with the audit/finance committee and provides edits to the tax preparer. Thereafter, the form 990 is sent to the full Board of Directors prior to be being filled with the IRS.

Name of the organization Tanenbaum Center for	Employer identification number
Interreligious Understanding	13-3695475

## Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

The COI form is handed out annually at a Board meeting with followup by the Executive Office Coordinator to seek to ensure the forms have been signed and submitted by all members.

# Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

Periodically, the Executive Committee reviews comparable salaries based on a recognized study and reviews the performance of senior management to determine if the existing salary falls within these ranges. After a deliberation of this matter, a recommendation to the Board on a proposed salary and benefit package is considered and voted on.

# Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

The Executive Committee serves as the Compensation Committee. The committee is given a salary history of key employees at Tanenbaum, a number of different salary reports for comparble numbers in the market, an updated summary of employee benefits, and the committee deliberates on any changes, if any, that should be made to executive compensation. Their recommendations are then brought to the Board for consideration and authorization.

# Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Governing documents, conflict of interest statements and financial statements are made available to the public upon written request.

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

		(A)	(B)	(C)	(D)
		Total	Program Services	Management & General	Fund- raising
Professional Fees	Total <u>\$</u>	233,364. 233,364.	<u>129,397.</u> \$ 129,397.	100,573. \$ 100,573.	3,394. \$3,394.

Page 2