Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

| A F | or the | 2022 calendar year, or tax year beginning and | ending | | | | |
|---------------------------|---------------------------------------|---|---------------|-----------------------------------|-------------------------------|--|--|
| B c | heck if oplicable | C Name of organization TANENBAUM CENTER FOR | | D Employer identific | cation number | | |
| X | Addres | | | | | | |
| | Name change | | | 13-36954 | | | |
| | Initial return Final return/ | Number and street (or P.O. box if mail is not delivered to street address) 200 BROADWAY, 3RD FL | Room/suite | E Telephone number (212) 967-7707 | | | |
| | termin ated | | | G Gross receipts \$ | 2,512,266. | | |
| | Ameno | | | H(a) Is this a group re | eturn | | |
| | Application | F Name and address of principal officer: MARK FOWLER | | for subordinates | ? Yes X No | | |
| | pendin | 9 SAME AS C ABOVE | | H(b) Are all subordinates in | | | |
| <u> </u> | ax-exe | empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) (| or 527 | If "No," attach a | list. See instructions | | |
| | Vebsit | | | H(c) Group exemptio | n number | | |
| K F | orm of | organization: X Corporation Trust Association Other | L Year | of formation: 1992 n | N State of legal domicile: NY | | |
| Pa | rt I | Summary | | | | | |
| • | 1 | Briefly describe the organization's mission or most significant activities: SEE \$ | SCHEDU | LE O | | | |
| Governance | | | | | | | |
| rna | 2 | Check this box if the organization discontinued its operations or dispos | sed of more | than 25% of its net ass | | | |
| ove | 3 | Number of voting members of the governing body (Part VI, line 1a) | | 3 | 15 | | |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | | 14 | | |
| es & | 5 | Total number of individuals employed in calendar year 2022 (Part V, line 2a) | | 5 | 30 | | |
| Vitie | 6 | Total number of volunteers (estimate if necessary) | | 6 | 53 | | |
| Activities & | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | | 7a | 0. | | |
| _ | b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | 7b | 0. | | |
| | | | | Prior Year | Current Year | | |
| Ð | 8 | Contributions and grants (Part VIII, line 1h) | | 844,306. | 1,533,352. | | |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) | | 639,600. | 836,157. | | |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 228,510. | 86,113. | | |
| ~ | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0. | 0. | | |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 1,712,416. | 2,455,622. | | |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. | | |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. | | |
| S | | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 1,330,434. | 1,696,384. | | |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 59,120. | 68,498. | | |
| xbe | | Total fundraising expenses (Part IX, column (D), line 25) 485,60 | | | | | |
| ш | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 536,519. | 664,117. | | |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 1,926,073. | 2,428,999. | | |
| | | Revenue less expenses. Subtract line 18 from line 12 | | -213,657. | 26,623. | | |
| s or | | | Ве | ginning of Current Year | End of Year | | |
| t Assets or d Balances | 20 | Total assets (Part X, line 16) | | 4,613,461. | 4,274,855. | | |
| t As | 21 | Total liabilities (Part X, line 26) | | 327,531. | 458,725. | | |
| Net | | Net assets or fund balances. Subtract line 21 from line 20 | | 4,285,930. | 3,816,130. | | |
| | rt II | Signature Block | | | | | |
| | | Ities of perjury, I declare that I have examined this return, including accompanying schedules | | | knowledge and belief, it is | | |
| true, | correc | t, and complete. Declaration of preparer (other than officer) is based on all information of wh | nich preparer | has any knowledge. | | | |
| | | Signature of officer | | Data | | | |
| Sigr | | | | Date | | | |
| Her | Э | MARK FOWLER, CEO Type or print name and title | | | | | |
| | | | 1 / 1 | Date Check | PTIN | | |
| B. 14 | | Print/Type preparer's name Preparer's signature | מאומרי יו | l if └ | | | |
| Paid | | MIKE SCHALL MIKE SCHAZL 9 | <u> </u> | 1/01/23 self-employ | | | |
| Prep | | Firm's name SAX LLP | | 1-2950760 | | | |
| Use | UNIY | Firm's address 1040 AVENUE OF THE AMERICAS, 16TH | I PLOOF | | 2 260 2004 | | |
| | | NEW YORK, NY 10018 | | Phone no. 21 | 2-268-2804 | | |
| May | the IF | RS discuss this return with the preparer shown above? See instructions | | | X Yes No | | |

| Pa | rt III Statement of Program Service Accomplishments |
|----|--|
| | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission: |
| | SEE SCHEDULE O |
| | |
| | |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? |
| | If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No |
| | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| | revenue, if any, for each program service reported. |
| 4a | (Code:) (Expenses \$1,632,220 . including grants of \$) (Revenue \$) (Revenue \$) |
| | TANENBAUM'S EDUCATION PROGRAM BUILDS BEHAVIORS OF RESPECT FOR |
| | DIFFERENCE, INCLUDING RELIGIOUS DIFFERENCE, IN STUDENTS, AND FOSTERS |
| | THEIR SOCIAL AND EMOTIONAL GROWTH THROUGH COLLABORATION WITH |
| | EDUCATIONAL INSTITUTIONS. WE PROVIDE TEACHERS AND EDUCATION |
| | PROFESSIONALS WITH INNOVATIVE RESOURCES INCLUDING CURRICULA, LESSON |
| | PLANS, AND HOLIDAY PLANNING GUIDES FOR CELEBRATING DIVERSITY IN ALL ITS FORMS WITHIN THE CLASSROOM. WE ALSO TRAIN SCHOOL COMMUNITIES IN OUR |
| | CURRICULA AND PEDAGOGY THROUGH WEBINARS AND TRAIN THE TRAINER SESSIONS. |
| | CURRICULA AND PEDAGOGI THROUGH WEBINARS AND TRAIN THE TRAINER SESSIONS. |
| | (SEE SCHEDULE O FOR CONTINUATION) |
| | THE DESIREDULE OF OR CONTINUATION) |
| | |
| 4b | (Code:) (Expenses \$ |
| | (Code |
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| | |
| | |
| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$ |
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| | |
| 4d | Other program services (Describe on Schedule O.) |
| | (Expenses \$ including grants of \$) (Revenue \$) |
| 4e | Total program service expenses 1,632,220. |

TANENBAUM CENTER FOR INTERRELIGIOUS UNDERSTANDING

Form 990 (2022)

Part IV Checklist of Required Schedules

| | · | | Yes | No |
|-----|--|--------------|-------------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | l |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | 37 |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | . v |
| _ | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | X |
| 10 | If "Yes," complete Schedule D, Part IV | 9 | | <u> </u> |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | 10 | Х | |
| 11 | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | 25 | |
| '' | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| u | Part VI | 11a | х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| _ | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | x |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | Х |
| | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | x |
| 45 | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | |
| 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 | 45 | | X |
| 16 | foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | 15 | | 1 |
| 16 | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | 10 | | 1 |
| 17 | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | х | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | - ''- | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | " | | |
| | complete Schedule G, Part III | 19 | | x |
| 20a | | 20a | | X |
| | 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? If "Yes " complete Schedule I, Parts I and II | 21 | | X |

TANENBAUM CENTER FOR INTERRELIGIOUS UNDERSTANDING

Form 990 (2022)

Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|-----|--|-----|-----|------------------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | v |
| 22 | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | 22 | | X |
| 23 | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | х | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | х |
| b | | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | X |
| 26 | 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% | | | \ _{3,7} |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 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 | 0.7 | | х |
| 20 | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> | | | |
| u | "Yes," complete Schedule L, Part IV | 28a | | Х |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i> | | | |
| | "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 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | X |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| 00 | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | 26 | | х |
| 27 | If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 36 | | |
| 37 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | х |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | 31 | | |
| 55 | Note: All Form 990 filers are required to complete Schedule O | 38 | х | |
| Pa | | , | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 21 | | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | X | |

Part V

Page 5

| | | | Yes | No |
|------------|---|------------------|-----|----|
| 2 a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 30 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2 b | Х | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | ,, |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country | | | |
| _ | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | _ | | v |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| C | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| ба | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | 0- | | х |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | |
| D | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | 6h | | |
| 7 | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | 7- | Х | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a_ | X | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | 7b | Λ | |
| С | to file Form 8282? | 70 | | х |
| ٨ | | 7c | | 21 |
| d e | | 7e | | Х |
| f | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of qualified intellectual property, and the organization file a Form 1098-C? | 7 <u>9</u> 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| • | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders | | | |
| | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| 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 | | | |
| | Enter the amount of reserves on hand | 4.5 | | v |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | 45 | | x |
| | excess parachute payment(s) during the year? | 15 | | ^ |
| 16 | If "Yes," see the instructions and file Form 4720, Schedule N. | 46 | | Х |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | |
| 17 | If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities. | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | |
| | If "Yes," complete Form 6069. | ./ | | |
| | ii 100, complete i umi coco. | | | |

ERRELIGIOUS UNDERSTANDING 13-3695475

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 15 **1a** Enter the number of voting members of the governing body at the end of the tax year 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. 14 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed **NY** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website X Upon request Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records MARK FOWLER - (212) 967-7707

200 BROADWAY, 3RD FL, NEW YORK,

13-3695475

Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

| Check this box if neither the organization ne | or any related | orga | niza | tion | con | npen | sate | ed any current officer, d | rector, or trustee. | |
|---|---------------------|-------------------------------|--|---------|--------------|---------------------------------|--------------|---------------------------|---|-----------------------|
| (A) | (B) | | | | C) | | | (D) | (E) | (F) |
| Name and title | Average | (do | | Posi | | l than d | one | Reportable | Reportable | Estimated |
| | hours per | box | box, unless person is be officer and a director/tr | | s both | n an | compensation | compensation | amount of | |
| | week | | | u a u | | 1711 43 | | from | from related | other |
| | (list any hours for | directo | | | | _ | | the organization | organizations (W-2/1099-MISC/ | compensation from the |
| | related | 9e or (| stee | | | nsated | | (W-2/1099-MISC/ | 1099-NEC) | organization |
| | organizations | truste | al tru | | oyee | n be | | 1099-NEC) | , | and related |
| | below | ndividual trustee or director | Institutional trustee | er | Key employee | Highest compensated employee | Jer. | | | organizations |
| | line) | Indi | Insti | Officer | Key | High | Former | | | |
| (1) REV. MARK FOWLER | 60.00 | 1 | | | | | | | | |
| CEO | <u> </u> | Х | | Х | | | | 153,213. | 0. | 6,972. |
| (2) NANCY WOLFE | 40.00 | - | | | | | | | | |
| DIRECTOR OF DEVELOPMENT | 1 0- | | | | | X | | 101,815. | 0. | 1,926. |
| (3) DR. GEORGETTE BENNETT | 1.25 | | | | | | | | | |
| PRESIDENT | 1 05 | Х | | Х | | | | 0. | 0. | 0. |
| (4) JUDITH THOMPSON | 1.25 | | | | | | | | • | • |
| TREASURER | 1 05 | Х | | Х | | | | 0. | 0. | 0. |
| (5) JUSTIN FOA | 1.25 | | | | | | | | • | • |
| CHAIR OF BOARD | 1 05 | Х | | X | | | | 0. | 0. | 0. |
| (6) JEFFREY BECKER ESQ. | 1.25 | ., | | 7.7 | | | | | | 0 |
| SECRETARY | 1 25 | Х | | Х | | | | 0. | 0. | 0. |
| (7) LLOYD CONSTANTINE | 1.25 | 3,7 | | | | | | | 0 | 0 |
| DIRECTOR - STEP DOWN IN 22 | 1.25 | Х | | | | | | 0. | 0. | 0. |
| (8) DR. KIM MACQUEEN DIRECTOR | 1.45 | Х | | | | | | 0. | 0. | 0 |
| (9) ROBERT HELLER ESQ. | 1.25 | Λ | | | | | | 0. | 0. | 0. |
| DIRECTOR | 1.25 | Х | | | | | | 0. | 0. | 0. |
| (10) MELINDA COLLINS | 1.25 | Δ | | | | | | 0. | 0. | · · |
| DIRECTOR - STEP DOWN IN 22 | 1.25 | Х | | | | | | 0. | 0. | 0. |
| (11) JACOB BENZAQUEN | 1.25 | 77 | | | | | | | 0. | <u></u> |
| DIRECTOR | 1.23 | х | | | | | | 0. | 0. | 0. |
| (12) MONIKA MACHON | 1.25 | | | | | | | • | | |
| DIRECTOR | | х | | | | | | 0. | 0. | 0. |
| (13) NAIMAH ALLIE | 1.25 | | | | | | | | • | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (14) JEN OPHEIM ESQ. | 1.25 | | | | | | | | - | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (15) HOLLY WEISS ESQ. | 1.25 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (16) CHRISTINA HIOUREAS ESQ. | 1.25 | | | | | | | | | |
| DIRECTOR | | Х | | | | | L | 0. | 0. | 0. |
| (17) SARA PANDOLFI | 1.25 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |

| Part VII Section A. Officers, Directors, Trus | tees, Key Emp | oloy | ees, | and | l Hig | ghes | t C | ompensated Employee | s (continued) | | | | |
|---|-------------------|--|-----------------------|--------------|--------------|------------------------------|----------|-------------------------------------|-------------------|--------|----------|---------------------|----------|
| (A) | (B) | (C) | | | | | (D) | (E) | | | (F) | | |
| Name and title | Average | erage Position (do not check more than one | | | | | one | Reportable | Reportable | | Es | timate | d |
| | hours per | box | , unle | ss per | son i | is both | n an | compensation | compensation | n | am | ount o | of |
| | week | _ | cer an | ia a a | recto | or/trus | tee) | from | from related | - 1 | | other | |
| | (list any | recto | | | | | | the | organizations | | | pensat | |
| | hours for related | or di | ee ee | | | ated | | organization | (W-2/1099-MIS | ·C/ | l . | om the | |
| | organizations | ustee | trust | | 96 | ubeus | | (W-2/1099-MISC/ 1099-NEC) | 1099-NEC) | | | anizati d relate | |
| | below | dual t | tiona | | yoldr | st cor | _ | 100011420) | | | l | nizatio | |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Forme | | | | 5.95 | | |
| (18) TARAZETA HAYNES-MORGAN | 1.25 | | | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | | 0. | | | 0. |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | <u> </u> | | |
| 1b Subtotal | | | | | | | | 255,028. | | 0. | | 3,89 | |
| c Total from continuation sheets to Part VI | l, Section A | | | | | | | 0. | | 0. | <u> </u> | | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 255,028. | | 0. | { | 3,89 | <u> </u> |
| 2 Total number of individuals (including but n | ot limited to th | ose | liste | d ab | ove |) wh | o re | eceived more than \$100, | 000 of reportable |) | | | _ |
| compensation from the organization | | | | | | | | | | | | · I | 2 |
| | | | | | | | | | | 1 | | Yes | No |
| 3 Did the organization list any former officer, | - | | • | • | • | | • | | • | | | | v |
| line 1a? If "Yes," complete Schedule J for s | | | | | | | | | | | 3 | | X |
| 4 For any individual listed on line 1a, is the su | | | | | | | | | | | | х | |
| and related organizations greater than \$150 | | | | | | | | | | | 4 | | |
| 5 Did any person listed on line 1a receive or a | • | | | | - | | elate | ed organization or individ | lual for services | | | | Х |
| rendered to the organization? f "Yes," com | plete Schedul | e J f | or st | ıch <u>r</u> | oers | on . | | | | | 5 | | |
| Complete this table for your five highest contactors | mneneated inc | lena | nda | nt cc | ntr | acto | re +h | nat received more than [©] | 100 000 of comp | enset | tion fro | m | |
| the organization. Report compensation for | • | | | | | | | | | UIISAI | | 7111 | |
| (A) | ine calcindar y | Jai C | , I I GII | ig w | ICIT | JI VVI | <u> </u> | (B) | cai. | | (C | <u> </u> | |
| Name and business address NONE Description of services | | | | | | | | | ervices | С | comper | | 1 |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| Total number of independent contractors (ii \$100,000 of compensation from the organize | | ot lir | nited | to t | thos (| | ted | above) who received mo | ore than | | | | |
| | | | | | | | | | | | - 1 | ^^ | |

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 549,505. c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 983,847. 1f g Noncash contributions included in lines 1a-1f 1,533,352. h Total. Add lines 1a-1f **Business Code** 677,363. 900099 677,363. 2 a PROGRAM FEES Program Service b CORPORATE FEES 900099 158,794. 158,794. Revenue С f All other program service revenue 836,157. g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 86,113. 86,113. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) 6c d Net rental income or (loss) (ii) Other (i) Securities 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$549,505. of contributions reported on line 1c). See 8a 56,644. Part IV, line 18 вь 56,644. **b** Less: direct expenses 0. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d

2,455,622. 836,157.

12 Total revenue. See instructions

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

| Check if Schedule O contains a respons Do not include amounts reported on lines 6b, 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 | | | J 1 | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| Grants and other assistance to foreign organizations, foreign governments, and foreign 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 | 189,146. | 152,008. | 29,872. | 7,266 |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| persons described in section 4958(c)(3)(B) 7 Other salaries and wages | 1,307,904. | 1,032,158. | 40,082. | 235,664 |
| 8 Pension plan accruals and contributions (include | ±1001100±0 | ±,002,±00• | 10,002 | 200,001 |
| section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 91,429. | 72,185. | 3,542. | 15,702 |
| 10 Payroll taxes | 107,905. | 85,344. | 4,993. | 17,568 |
| 11 Fees for services (nonemployees): | , | , | , | • |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 28,750. | | 28,750. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | 68,498. | | | 68,498 |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| column (A), amount, list line 11g expenses on Sch O.) | 199,768. | 94,479. | 102,476. | 2,813 |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | | | | |
| 14 Information technology | | | | |
| 15 Royalties | 106 626 | 04 210 | 0 506 | 02 720 |
| 16 Occupancy | 126,636. | 94,318. | 8,586. | 23,732 |
| 17 Travel | 34,053. | 6,979. | 27,074. | |
| 18 Payments of travel or entertainment expenses | | | | |
| for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 4,750. | | 4,750. | |
| 23 Insurance | 13,909. | 10,359. | 943. | 2,607 |
| 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.) | | ==,,,,,,,, | 220 | =, |
| a PROGRAM EVENTS | 99,862. | 4,002. | 0. | 95,860 |
| b TELEPHONE | 68,496. | 46,040. | 15,144. | 7,312 |
| c OTHER | 30,941. | 10,891. | 16,745. | 3,305 |
| d PRINTING | 17,480. | 57. | 17,423. | - |
| e All other expenses | 39,472. | 23,400. | 10,795. | 5,277 |
| 25 Total functional expenses. Add lines 1 through 24e | 2,428,999. | 1,632,220. | 311,175. | 485,604 |
| 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) | lia Diagla | | | Form 990 (2022 |

Form 990 (2022)

Part X | Balance Sheet

| Par | t X | Balance Sheet | | | | | |
|-----------------------------|-----|--|------------------|-----------------------|---------------------------------|---------------------|---------------------------|
| | | Check if Schedule O contains a response or r | ote to an | y line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 107,903. | 1 | 167,852. | | |
| | 2 | Savings and temporary cash investments | | | 109,150. | 2 | 201,831. |
| | 3 | Pledges and grants receivable, net | 414,519. | 3 | 798,895. | | |
| | 4 | Accounts receivable, net | 90,560. | 4 | 24,739. | | |
| | 5 | Loans and other receivables from any current | | | | | |
| | | trustee, key employee, creator or founder, sub | | | | | |
| | | controlled entity or family member of any of the | | 5 | | | |
| | 6 | Loans and other receivables from other disqu | sons (as defined | | | | |
| | | under section 4958(f)(1)), and persons describ | ed in sec | tion 4958(c)(3)(B) | | 6 | |
| 2 | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| ₹ | 9 | Prepaid expenses and deferred charges | | | 124,417. | 9 | 51,429 |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 331,282. | | | |
| | b | Less: accumulated depreciation | 304,627. | 19,417. | | 26,655 2,974,508 | |
| | 11 | Investments - publicly traded securities | | 3,720,534. | 11 | 2,974,508 | |
| | 12 | Investments - other securities. See Part IV, line | | 12 | | | |
| | 13 | Investments - program-related. See Part IV, lin | | 13 | | | |
| | 14 | Intangible assets | | 14 | | | |
| | 15 | Other assets. See Part IV, line 11 | 26,961. | 15 | 28,946 | | |
| _ | 16 | Total assets. Add lines 1 through 15 (must ed | | | 4,613,461. | 16 | 4,274,855 |
| | 17 | Accounts payable and accrued expenses | | 1 | 58,109. | 17 | 120,600 |
| | 18 | Grants payable | 061 415 | 18 | 220 105 | | |
| | 19 | Deferred revenue | 261,417. | 19 | 338,125 | | |
| | 20 | Tax-exempt bond liabilities | | 1 | | 20 | |
| | 21 | Escrow or custodial account liability. Complet | | | | 21 | |
| es | 22 | Loans and other payables to any current or fo | | | | | |
| ≣ | | trustee, key employee, creator or founder, sub | | | | | |
| Liabilities | | controlled entity or family member of any of the | | | | 22 | |
| - | 23 | Secured mortgages and notes payable to unr | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrela | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, | | | | | |
| | | parties, and other liabilities not included on lin | • | • | 0 005 | | _ |
| | 00 | of Schedule D | | | 8,005. 327,531. | | 0. 458,725. |
| - | 26 | Total liabilities. Add lines 17 through 25 | | | 341,331. | 26 | 430,723 |
| ွှ | | Organizations that follow FASB ASC 958, c and complete lines 27, 28, 32, and 33. | neck ner | | | | |
| ا <u>څ</u> | 27 | Net assets without donor restrictions | | | 3,551,206. | 27 | 2,757,516. |
| 39 | 28 | Net assets with donor restrictions | | | 734,724. | 28 | 1,058,614. |
| 힐 | 20 | Organizations that do not follow FASB ASC | | | ,01,,11 | | 2,000,021 |
| ᆵ | | and complete lines 29 through 33. | , 000, 0110 | | | | |
| ō | 29 | Capital stock or trust principal, or current fund | | | 29 | | |
| ets | 30 | Paid-in or capital surplus, or land, building, or | | | | 30 | |
| Ass | 31 | Retained earnings, endowment, accumulated | | | | 31 | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | | | 4,285,930. | 32 | 3,816,130. |
| 2 | 33 | Total liabilities and net assets/fund balances | 1 | 4,613,461. | 33 | 4,274,855. | |

Form **990** (2022)

| Form | 990 (2022) INTERRELIGIOUS UNDERSTANDING | <u> 13</u> - | <u>-3695</u> | <u>475</u> | Pa | ge 1 2 |
|------|--|--------------|--------------|------------|-----|---------------|
| Pa | T XI Reconciliation of Net Assets | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | <u></u> | | | | |
| | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 2,45 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2 | 2,428 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 20 | 5,6 | 23. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | 1,28 | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | -49 | 5,4 | 23. |
| 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, | | | | | |
| | column (B)) | 10 | | 3,81 | 5,1 | 30. |
| Pa | t XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | <u></u> | | | | |
| | | | | | 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 on Schedule | Ο. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | | |
| | separate basis, consolidated basis, or both: | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | | 2b | 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 | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit, | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | | За | | Х |
| | | | | | | |

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Employer identification number Name of the organization TANENBAUM CENTER FOR INTERRELIGIOUS UNDERSTANDING 13-3695475 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

| Sec | tion A. Public Support | | | | | | |
|---------|---|--------------------|-------------------------|-------------------------|-----------------------|---------------------|-----------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 931,515. | 872,519. | 968,956. | 830,067. | 1533352. | 5136409. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 931,515. | 872,519. | 968,956. | 830,067. | 1533352. | 5136409. |
| 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) | | | | | | 124,740. |
| | Public support. Subtract line 5 from line 4. | | | | | | 5011669. |
| | tion B. Total Support | | | | T | | |
| | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | Amounts from line 4 | 931,515. | 872,519. | 968,956. | 830,067. | 1533352. | 5136409. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | 150 040 | 454 000 | 104 650 | 460 000 | 06 440 | 604 168 |
| | and income from similar sources | 150,043. | 151,033. | 134,670. | 162,308. | 86,113. | 684,167. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | 442 000 | 272 054 | 256 047 | 620 600 | 006 157 | 0640467 |
| | assets (Explain in Part VI.) | 443,809. | 373,854. | 356,047. | 639,600. | 836,157. | 2649467. |
| | Total support. Add lines 7 through 10 | | | | | | 8470043. |
| | Gross receipts from related activities, | | | | | 12 | |
| 13 | First 5 years. If the Form 990 is for the | - | | • | | | |
| 800 | organization, check this box and stop | | | | | | |
| | Public support percentage for 2022 (| | | volume (f)\ | | 14 | 59.17 % |
| | Public support percentage for 2022 (I | | | | | 14 | 60.00 |
| | Public support percentage from 2021 | | | | | 15 | - |
| Ioa | 33 1/3% support test - 2022. If the c | · · | | • | | • | T |
| h | stop here. The organization qualifies 33 1/3% support test - 2021. If the o | | ~ | | | or more, check thi | |
| D | | | | | | | |
| 170 | and stop here. The organization qual 10% -facts-and-circumstances test | | | | | | |
| 17 d | and if the organization meets the fact | | | | | | |
| | meets the facts-and-circumstances te | | • | - | | · · | |
| h | 10% -facts-and-circumstances test | · · | • | | | 7a and line 15 is: | |
| D | more, and if the organization meets the | - | | | | | 10/0 01 |
| | organization meets the facts-and-circu | | | | - | | |
| 12 | Private foundation. If the organization | | - | • | | | |
| <u></u> | | and the critical a | 55.K 511 III 10 10, 100 | ., . o.o., . ra, or 170 | , or look allo box al | 14 500 H 15H 40H0H3 | · ···· |

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.)

| Calendary set (of ficial year beginning in 0a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total | Sec | ction A. Public Support | | • | | | | | | | | |
|---|------------|---|---------------|-----------------|-------------------|----------|----------|-----------|--|--|--|--|
| membership fees neceived. (Do not included any runsual grants.") 2 Gross receipts from admissions, mechanises sold or services performed, or facilities fundated to the organization's tax-exempt purpose of Gross receipts from admissions that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's break and the services are section 530. 5 The value or services or scalities furnished on a several purpose or several services and the services or scalities furnished by a governmental unit to the organization without change of Total. Add lines 1 through 5. 7 A Amounts included on lines 1, 2, and 3 received from disqualified persons between contact and services or scalities furnished by a governmental unit to the organization without change of Total. Add lines 7 and 7 by a governmental unit to the organization without change of Total. Add lines 7 and 7 by a governmental unit to the organization without change of Total. Add lines 7 and 7 by a governmental with the services of the se | Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total | | | | |
| Include any 'unusual grants') Corsus receipts from admissions, newchandles sold or services per formed, or facilities furnished in any activity that is related to the organization's travexempt purpose and activities that are not an unrelated trade or business under section 513 1 Tax revenues levela for the organization of services per formed to the paid to or expended on its behalf or expended on its be | 1 | Gifts, grants, contributions, and | | | | | | | | | | |
| 2 Gross receipts from admissions, merchandises add 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 and related to the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 | | membership fees received. (Do not | | | | | | | | | | |
| merchandise soli or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose and activities that are not an unrelated trade or business under section 513. 4 Tax review selved 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's benefit and either paid to or expended on its behalf. 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 Total Services are performed to the organization without charge 6 Total. Add lines 1 through 5 Total Services 1 total add lines 1 through 5 Total Services 1 total add lines 1 through 5 Total Services 1 total add lines 1 through 5 Total | | include any "unusual grants.") | | | | | | | | | | |
| formed, 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 6 Total. Add lines 1 through 5 7a Announts included on lines 1, 2, and 3 received from dispusified persons b Announts included on lines 1, 2, and 3 received from dispusified persons b Announts included on lines 1, 2, and 3 received from dispusified persons b Announts included on lines 1, 2, and 4 received from dispusified persons in the service the grasse of \$5,000 or 1% of the senance in line 18 of the year c Add lines 7a and 7b 3 Public support, dispute line 6, figurities 1 3 Public support, dispute line 6, figurities 1 3 Public support (subset line 6, figurities) 5 Section B. Total Support Clerefact year of fiscal year beginning in 1 9 Amounts from line 6 10a Gross income from in line 6 10a Gross income from in line 6 10b Il mislate business bazable income (less section 511 taxes) from businesses acquired after flue and 9, 1975 c Add lines 16a and 10b 11 Nel income Do not include gain assets (Explain in 1975) 15 The line of the common flue of the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage from 2021 Schedule A, Part III, line 17 19 A 33 173% support percentage from 2022 (line 1987, column (line 115), and line 115 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization cial line 16 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization cial line 16 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and | 2 | Gross receipts from admissions, | | | | | | | | | | |
| any activity that is related to the organization's tax exempt purpose | | • | | | | | | | | | | |
| organization's tax exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section \$13 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf or or expended on the behalf or organization without charge from the paid to or expended on the behalf of the paid to or expended on the behalf of the paid to the organization without charge from the paid to the organization without charge expended from the paid to the organization without charge expended from the paid to the | | * | | | | | | | | | | |
| are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 A Amounts included on lines 1, 2, and 3 received from disqualified persons be an exceed the grade of the sea and stocked on the sea of screwed non-other than disqualified persons be an exceed the grade of the sea and stocked on the sea of screwed non-other than disqualified persons be an exceed the grade of the sea of the sea of the end of the end of the sea of the end of t | | | | | | | | | | | | |
| Inises under section 513 4 Tax reverues level doff or the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total, Add lines 1 through 5 | 3 | Gross receipts from activities that | | | | | | | | | | |
| 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 of Total. Add lines 1 through 5. 7a Amounts included on lines 1, 2, and 3 received from disqualified persons but an expected from disqualified persons but an expected from disqualified persons but an expected from disqualified persons but an exceed the greated of lines 2 and 3 received from disqualified persons but an exceed the greated of 100 for 1 | | are not an unrelated trade or bus- | | | | | | | | | | |
| ization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Announts included on lines 1, 2, and 3 received from disqualifed persons b Announts included on lines 2 and 3 received from other than disqualifed persons between the disqualified persons between th | | iness under section 513 | | | | | | | | | | |
| or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 12, and 3 received from disqualified persons b Amounts included on lines 12, and a revened som other tran disqualified persons b b Amounts included on lines 2 and revened som other tran disqualified persons b b Amounts included on lines 2 and revened som other tran disqualified persons that exceed the great of 55,000 or the of the amount on life 13 for the year c Add lines 7 and 7 b S Public support. [Spitcht In 7 (form line)] Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10 Gross income from interest, dividends, payments received on securities lans, rents, royalthes, and income from similar sources b Unrelated business stable income (less section 5 11 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business sacquired after June 30, 1975 c Add lines 10a and 10b 17 Net income from unrelated business sacquired after June 30, 1975 c Add lines 10a and 10b 18 Total support. June 10a June 1 | 4 | Tax revenues levied for the organ- | | | | | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons but exceed the greater of \$5.00 or the off the amount on line disqualified persons but exceed the greater of \$5.00 or the off the amount on line 13 for the year of several than the sev | | ization's benefit and either paid to | | | | | | | | | | |
| turnished by a governmental unit to the organization without charge of Total. Add lines 1 through 5 | | or expended on its behalf | | | | | | | | | | |
| the organization without charge 6 Total. Add lines 1 through 5 | 5 | The value of services or facilities | | | | | | | | | | |
| 6 Total. Add lines 1 through 5 | | furnished by a governmental unit to | | | | | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included on lines 2 and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year of \$5,000 or 1% of the amount on line 13 for the year of \$5,000 or 1% of the amount on line 13 for the year of \$5,000 or 1% of the amount on line 13 for the year of \$5,000 or 1% of the amount on line 13 for the year of \$5,000 or 1% of the amount on line 13 for the year of \$5,000 or 1% of the year of \$5,000 | | the organization without charge | | | | | | | | | | |
| 3 received from disqualified persons b Amourts included on lines 2 and 3 received from other than obligation descapilated persons that exceed the greater of \$5.000 or 1% of the amount or line 15 th the year of 20 th of the amount or line 15 th the year of 20 th of the amount or line 15 th the year of 20 th of 1% of 20 th of 2 | 6 | Total. Add lines 1 through 5 | | | | | | | | | | |
| b Amounts included on times 2 and 3 received from other than disqualified persons that secret the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. Spikes liter 7 (roll line 8) 8 Public support (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royaltes, and income from similar sources b Unrelated business taxable income (less section 5 11 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business acquired after June 30, 1975 c Add lines 10a and 10b 12 Other income, Do not included on line 10b, whether or not the business is regularly carried on 10s from the sale of capital asseste (Explain in Part VI.) 13 Total support. Add lines 9, 10c, 11, and 12) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 % 8 Public support tests - 2022. If the organization id not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2022. If the organization id not check box on line 14 or line 19a, and line 16 is more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | 7 <i>a</i> | Amounts included on lines 1, 2, and | | | | | | | | | | |
| to ched then disqualified persons that exceed the greater of \$5,000 or 15% of the amount on line 13 for the year or Add lines 7 a and 7 b 8 Public support. (Submid line 7 from line 6) 8 Public support. (Submid line 7 from line 6) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 5.11 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 1 Net income from unrelated business are activities not included on line 10b, whether or not the business is regularly carried on 10a Gross income, Look this box and stop here 10a Gross income from unrelated business are activities not included on line 10b, whether or not the business is regularly carried on 10b whether or not the business is regularly carried on 10b whether or not the business is regularly carried on 10b whether or not the business is 10b whether or not 10b whether or not the 10b whether 10b whether 10b whether 10b wheth | | 3 received from disqualified persons | | | | | | | | | | |
| exceed the greater of \$6.000 or 1% of the amount on time 13 for the year c Add lines 7 a and 7 b | b | | | | | | | | | | | |
| a nacount on tine 13 for the year c Add lines 7a and 7b 8 Public support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business sable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business sable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business sable income (less section 511 taxes) from businesses activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. Acad lines 9, 10c, 11, and 12) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage from 2021 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2021 Schedule A, Part III, line 17 18 % 19 a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization more than 33 1/3%, and line 16 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization more than 33 1/3%, and line 16 is more than 33 1/3%, and line 16 is more than 33 1/3%, and line 16 is more than 33 1/3%, and line 17 is not more than | | · | | | | | | | | | | |
| 8 Public support. Geterative 7s from lare 8) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 93, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2021 Schedule A, Part III, line 15 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2021 Schedule A, Part III, line 17 19 a3 31/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 10 b3 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | | | | | | | | | | | | |
| Section B. Total Support Calendar year (or fiscal year beginning in) 9. Amounts from line 6 109. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11. Net income from unrelated business attivities not included on line 10b, whether or not the business is regularly carried on 12. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13. Total support, (Apd lines 9, to, 11, and 12.) 14. First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 15. Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 16. Public support percentage from 2021 Schedule A, Part III, line 15 17. Investment income percentage from 2021 Schedule A, Part III, line 17 18. Investment income percentage from 2021 Schedule A, Part III, line 17 19. Again 19 | c | Add lines 7a and 7b | | | | | | | | | | |
| Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 13 Total support, (add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2021 Schedule A, Part III, line 15 16 % 17 Investment income percentage from 2021 Schedule A, Part III, line 17 18 Investment income percentage from 2021 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | | | | | | | | | | | | |
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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

| | | Yes | No |
|------|---------|--------|------|
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| lule | A (Forn | n 990) | 2022 |

| гаі | Supporting Organizations (continued) | | | |
|--------|---|---------------|-----|-----|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| С | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sect | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | | |
| | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, | | | |
| | 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| | 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. | 2 | | |
| Sect | tion 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 Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sect | tion 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 | | | 110 |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| | 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 on line 2, above, 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 in this regard. | 3 | | |
| Sect | supported organizations played in this regard. Ition 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 instruction | ns). | | |
| · a | The organization satisfied the Activities Test. Complete line 2 below. | · | | |
| b | The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> . | | | |
| c | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see | instruction | 16) | |
| 2 | Activities Test. Answer lines 2a and 2b below. | , mistraction | Yes | No |
| | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | 100 | 110 |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | | 24 | | |
| | 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 | | | |
| | | 2b | | |
| 3 | these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below. | 20 | | |
| | • | | | |
| | | 3a | | |
| | trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | Ja | | |
| D | of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. | 3b | | |
| | or its supported organizations: If "yes," gescribe in Fait VI the role played by the organization in this regard | JD | 1 | ı |

| Pa | rt v Type III Non-Functionally Integrated 509(a)(3) Support | ing Organi | zations | |
|------|--|-----------------|----------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualify | ring trust on N | lov. 20, 1970 (explain in | Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations mu | | • | |
| Sect | ion 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 | | |
| Sect | ion 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): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 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 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 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 | | |
| 7 | Check here if the current year is the organization's first as a non-function | ally integrated | d Type III supporting orga | nization (see |

Schedule A (Form 990) 2022

instructions).

| Par | t v Type III Non-Functionally integrated 509 | (a)(3) Supporting Orga | nizations _{(continu} | <u>ied) </u> | |
|---------------------|---|-------------------------------|---------------------------------------|---|---|
| Secti | on D - Distributions | | • | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | empt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exemp | ot purposes of supported | | | |
| | organizations, in excess of income from activity | | 2 | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | : | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pri | ovide details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | he organization is responsive | | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2022 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistribution Pre-2022 | ıs | (iii) Distributable Amount for 2022 |
| 1 | Distributable amount for 2022 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2022 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2022 | | | | |
| a | From 2017 | | | | |
| <u>b</u> | From 2018 | | | | |
| с | From 2019 | | | | |
| d | From 2020 | | | | |
| е | From 2021 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| <u>h</u> | Applied to 2022 distributable amount | | | | |
| <u>i</u> | Carryover from 2017 not applied (see instructions) | | | | |
| j_ | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2022 from Section D, | | | | |
| | line 7: \$ | | | | |
| <u>a</u> | Applied to underdistributions of prior years | | | | |
| <u> b </u> | Applied to 2022 distributable amount | | | | |
| <u>C</u> | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2022, if | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | |
| | than zero, explain in Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2022. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2023. Add lines 3j | | | | |
| | and 4c. | | | | |
| _8_ | Breakdown of line 7: | | | | |
| | Excess from 2018 | | | | |
| | Excess from 2019 | | | | |
| | Excess from 2020 | | | | |
| | Excess from 2021 | | | | |
| е | Excess from 2022 | | | | |

Schedule A (Form 990) 2022

TANENBAUM CENTER FOR INTERRELIGIOUS UNDERSTANDING

13-3695475 Page 8

| Schedule A | (Form 990) 2022 | INTER | RELIGIOUS. | UNDERST | ANDING | 13-3695475 | Page 8 |
|------------|---|--|---|---|--|--|--------|
| Part VI | Supplemental Part IV, Section A, line 1; Part IV, Sect Section D, lines 5, | Information. Information. Information. Information Information Information Information Information Information Information Information. | Provide the explan 4b, 4c, 5a, 6, 9a, 9 3: Part IV. Section | ations required b b, 9c, 11a, 11b, E. lines 1c. 2a, | oy Part II, line 10; P and 11c; Part IV, S 2b. 3a. and 3b: Par | art II, line 17a or 17b; Part III, line 12; ection B, lines 1 and 2; Part IV, Section t V, line 1; Part V, Section B, line 1e; Pa t for any additional information. | ı C, |
| | (See instructions.) | | | | | | |
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Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2022

Name of the organization

Organization type (check one):

TANENBAUM CENTER FOR INTERRELIGIOUS UNDERSTANDING

Employer identification number

13-3695475

| Filers of: | ; | Section: | | | |
|------------------------|---|--|--|--|--|
| Form 990 or 9 | 990-EZ [| X 501(c)(3) (enter number) organization | | | |
| | [| 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | |
| | [| 527 political organization | | | |
| Form 990-PF | [| 501(c)(3) exempt private foundation | | | |
| | [| 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | |
| | [| 501(c)(3) taxable private foundation | | | |
| Check if your | organization is c | covered by the General Rule or a Special Rule . | | | |
| • | - | , (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. | | | |
| General Rule | | | | | |
| | - | iling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or ne contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. | | | |
| Special Rules | 6 | | | | |
| secti conti | ons 509(a)(1) an ributor, during th | described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under d 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one ne year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; ne 1. Complete Parts I and II. | | | |
| contr litera | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. | | | | |
| year, is ch purp | contributions _{e.} ecked, enter her ose. Don't comp | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the <i>xclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box re the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., olete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> etc., contributions totaling \$5,000 or more during the year\$ | | | |
| answer "No" o | on Part IV, line 2 | isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must , of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990). | | | |

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Name of organization Employer identification number

TANENBAUM CENTER FOR INTERRELIGIOUS UNDERSTANDING

13-3695475

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | I space is needed. | |
|------------|---|----------------------------|--|
| (a) | (b) | (c) | (d) |
| No1 | Name, address, and ZIP + 4 | \$ 92,594. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$35,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$114,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | Name, address, and ZIP + 4 | \$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | | \$\$ | Person X Payroll |

Name of organization

TANENBAUM CENTER FOR

TANENBAUM CENTER FOR INTERRELIGIOUS UNDERSTANDING

13-3695475

| Part I | Contributors (see instructions). Use duplicate copies of Part I if addition | al space is needed. | |
|------------|---|----------------------------|--|
| (a) | (b) | (c) | (d) |
| No. 13 | Name, address, and ZIP + 4 | \$ 40,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 14 | | \$35,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization
TANENBAUM CENTER FOR
INTERRELIGIOUS UNDERSTANDING

Employer identification number

13-3695475

| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. | | | | | |
|------------------------------|---|---|----------------------|--|--|--|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | \$ | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | \$ | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | \$ | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | \$ | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | \$ | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | \$ | | | | |

Employer identification number Name of organization TANENBAUM CENTER FOR INTERRELIGIOUS UNDERSTANDING 13-3695475 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Inspection

TANENBAUM CENTER FOR Name of the organization

INTERRELIGIOUS UNDERSTANDING

Employer identification number 13-3695475

| | | (a) Donor advised funds | (b) Funds and other accounts |
|-----|---|---|---------------------------------------|
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| | Did the organization inform all donors and donor advisors in wr | _ | |
| | are the organization's property, subject to the organization's ex | | |
| 6 | Did the organization inform all grantees, donors, and donor adv | risors in writing that grant funds can be | e used only |
| | for charitable purposes and not for the benefit of the donor or c | | |
| | impermissible private benefit? | | Yes No |
| Par | | | , Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | ` | |
| | Preservation of land for public use (for example, recreation | · — | of a historically important land area |
| | Protection of natural habitat | Preservation of | of a certified historic structure |
| | Preservation of open space | | |
| | Complete lines 2a through 2d if the organization held a qualified | d conservation contribution in the form | |
| | day of the tax year. | | Held at the End of the Tax Yea |
| | | | |
| | • | | |
| | Number of conservation easements on a certified historic struc | | 2c |
| | Number of conservation easements included in (c) acquired after | | |
| | | | |
| | Number of conservation easements modified, transferred, relea | sed, extinguished, or terminated by th | e organization during the tax |
| | year | | |
| | Number of states where property subject to conservation easer | | - |
| | Does the organization have a written policy regarding the perior | | |
| | violations, and enforcement of the conservation easements it h | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, ha | andling of violations, and enforcing cor | nservation easements during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, handlin | ng of violations, and enforcing conserv | ation easements during the year |
| | | | 7 () () () () |
| | Does each conservation easement reported on line 2(d) above : | | |
| | | | |
| | In Part XIII, describe how the organization reports conservation | • | |
| | balance sheet, and include, if applicable, the text of the footnot | te to the organization's financial staten | nents that describes the |
| | organization's accounting for conservation easements. III Organizations Maintaining Collections of A | Art. Historical Treasures. or O | ther Similar Assets. |
| | Complete if the organization answered "Yes" on Form 9 | · | |
| 1a | If the organization elected, as permitted under FASB ASC 958, | not to report in its revenue statement | and balance sheet works |
| | of art, historical treasures, or other similar assets held for public | exhibition, education, or research in f | furtherance of public |
| | service, provide in Part XIII the text of the footnote to its financi | al statements that describes these iter | ms. |
| b | If the organization elected, as permitted under FASB ASC 958, | to report in its revenue statement and | balance sheet works of |
| | art, historical treasures, or other similar assets held for public e | xhibition, education, or research in fur | therance of public service, |
| | provide the following amounts relating to these items: | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | \$ <u></u> |
| | | | |
| | If the organization received or held works of art, historical treas | | al gain, provide |
| | the following amounts required to be reported under FASB ASC | | |
| | Revenue included on Form 990, Part VIII, line 1 | _ | 4 |
| а | | | |

INTERRELIGIOUS UNDERSTANDING

| Pai | rt III Organizations Maintaining C | ollections of Art | , Historical Tre | asures, or Othe | r Simila | r Assets | (continu | ed) |
|-----|--|-------------------------|------------------------|------------------------|---------------|---------------|------------|-----------|
| 3 | Using the organization's acquisition, accession | on, and other records | s, check any of the f | ollowing that make s | significant u | use of its | | |
| | collection items (check all that apply): | | | | | | | |
| а | Public exhibition | d | Loan or excl | hange program | | | | |
| b | Scholarly research | е | Other | | | | | |
| С | Preservation for future generations | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explain | how they further th | e organization's exe | mpt purpo | se in Part | XIII. | |
| 5 | During the year, did the organization solicit o | | | | | | | |
| | to be sold to raise funds rather than to be ma | aintained as part of th | e organization's col | lection? | | | Yes | ☐ No |
| Pai | rt IV Escrow and Custodial Arran | | | | n Form 990 |), Part IV, I | ine 9, or | |
| | reported an amount on Form 990, Pai | | - | | | | | |
| 1a | Is the organization an agent, trustee, custodi | an or other intermedi | ary for contributions | or other assets not | included | | | |
| | on Form 990, Part X? | | • | | | | Yes | ☐ No |
| b | If "Yes," explain the arrangement in Part XIII | | | | | | _ | |
| | , , | · | · · | | | | Amount | |
| С | Beginning balance | | | | 1c | | | |
| d | Additions during the year | | | | | | | |
| е | Distributions during the year | | | | | | | |
| f | Ending balance | | | | 1f | | | |
| 2a | Did the organization include an amount on Fe | | | | | | Yes | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | _ | |
| | rt V Endowment Funds. Complete i | | | | | | | |
| | · | (a) Current year | (b) Prior year | (c) Two years back | | ears back | (e) Four y | ears back |
| 1a | Beginning of year balance | 457,467. | 438,533. | 2,830,264. | 2,6 | 00,458. | 2,8 | 391,586. |
| b | Contributions | , | · | -2,284,314. | | 19,578. | | 50,010. |
| С | Net investment earnings, gains, and losses | 3,015. | 4,919. | -120,861. | 3 | 36,488. | -1 | 53,488. |
| d | Grants or scholarships | · | | - | | | | |
| e | Other expenditures for facilities | | | | | | | |
| • | and programs | -14,611. | -14,015. | -13,444. | _ | 12,896. | _ | 12,370. |
| f | Administrative expenses | , | , | , | | , | | |
| a | End of year balance | 475,093. | 457,467. | 438,533. | 2,8 | 30,264. | 2,6 | 00,458. |
| 2 | Provide the estimated percentage of the curr | ent vear end balance | (line 1g. column (a) | | | , | | |
| а | Board designated or quasi-endowment | , | % | , | | | | |
| b | Permanent endowment 100 | % | | | | | | |
| C | | , - % | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | | | | | | | |
| За | Are there endowment funds not in the posse | • | tion that are held an | d administered for the | he | | | |
| | organization by: | 3 | | | | | Y | es No |
| | (i) Unrelated organizations | | | | | | 3a(i) | Х |
| | (ii) Related organizations | | | | | | 3a(ii) | Х |
| b | If "Yes" on line 3a(ii), are the related organiza | | | | | | 3b | \neg |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | |
| Pai | rt VI Land, Buildings, and Equipm | | | | | | | |
| | Complete if the organization answered | d "Yes" on Form 990 | , Part IV, line 11a. S | ee Form 990, Part X | , line 10. | | | |
| | Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation | | | | | value | | |
| 1a | Land | | | | | | | |
| b | Buildings | | | | | | | |
| c | Leasehold improvements | | 119. | | 46,4 | 19. | | 0. |
| d | Equipment | | | | 180,6 | | 26 | ,655. |
| | Other | 77 6 | | | 77,5 | | | 0. |
| | I. Add lines 1a through 1e. (Column (d) must e | | • | Oc.) | | | 26 | ,655. |

Schedule D (Form 990) 2022

| TANENBAUM C | ENTER FOR | | |
|---|----------------------------|---------------------------------------|----------------------------|
| | OUS UNDERSTANI | DING | 13-3695475 Page |
| Part VII Investments - Other Securities. | | | |
| Complete if the organization answered "Yes" | 1 | _ | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost o | r end-of-year market value |
| (1) Financial derivatives | | | |
| (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII Investments - Program Related. | F 000 P+ IV I' | 14 - O Farra 000 Bart V. Fara 10 | |
| Complete if the organization answered "Yes" | | | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost o | r end-of-year market value |
| <u>(1)</u> | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) Total (Col. (h) must equal Form 000, Part V, col. (P) line 12.) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. | | | |
| Complete if the organization answered "Yes" | on Form 990. Part IV. line | 11d. See Form 990. Part X. line 15. | |
| | Description | | (b) Book value |
| (1) | <u> </u> | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | e 15.) | | |
| Part X Other Liabilities. | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, lin | e 25. |
| 1. (a) Description of liability | | | (b) Book value |
| (1) Federal income taxes | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |

(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

INTERRELIGIOUS UNDERSTANDING

| Part XI | Reconciliation of Revenue per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | nts With | Revenue per Re | turn. | |
|---------------|--|-------------|-------------------------|----------|-----------------------|
| 1 Total | | | | 1 | 2,012,334. |
| | ounts included on line 1 but not on Form 990, Part VIII, line 12: | | | - | 2,012,554. |
| | · · · · · · · · · · · · · · · · · · · | 2a | -496 423 | | |
| | unrealized gains (losses) on investments nated services and use of facilities | | -496,423. 53,135. | | |
| | coveries of prior year grants | | 3372331 | | |
| | per (Describe in Part XIII.) | | | | |
| | d lines 2a through 2d | | | 2e | -443,288. |
| | otract line 2e from line 1 | | | 3 | 2,455,622. |
| | ounts included on Form 990. Part VIII. line 12. but not on line 1: | | | | |
| | estment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| | ner (Describe in Part XIII.) | | | | |
| | d lines 4a and 4b | | | 4c | 0. |
| 5 Tota | al revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 2,455,622. |
| Part X | II Reconciliation of Expenses per Audited Financial Stateme | nts With | Expenses per F | Returr | ١. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | |
| 1 Tota | al expenses and losses per audited financial statements | | | 1 | 2,482,134. |
| 2 Am | ounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| a Dor | nated services and use of facilities | 2a | 53,135. | | |
| b Pric | or year adjustments | 2b | | | |
| c Oth | ner losses | 2c | | | |
| d Oth | er (Describe in Part XIII.) | 2d | | | |
| | d lines 2a through 2d | | | 2e | 53,135. 2,428,999. |
| 3 Sub | otract line 2e from line 1 | | | 3 | 2,428,999. |
| | ounts included on Form 990, Part IX, line 25, but not on line 1: | 1 1 | | | |
| | estment expenses not included on Form 990, Part VIII, line 7b | | | | |
| | er (Describe in Part XIII.) | 4b | | | 0 |
| | d lines 4a and 4b | | | 4c | 2,428,999. |
| 5 Tota | al expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) III Supplemental Information. | | | 5 | 2,428,999. |
| | | \ | and Oh. Dart V. line. 4 | . Dart V | / line Or Dest VI |
| | ne descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit | | | ; Part X | K, line 2; Part XI, |
| iiiles zu a | ind 4b, and Part Air, lines 2d and 4b. Also complete this part to provide any addi- | lionai imon | nation. | | |
| | | | | | |
| PART | V, LINE 4: | | | | |
| | ., | | | | |
| THE O | RGANIZATION'S ENDOWMENT CONSISTS OF REST | RICTE | D GIFTS. ON | E OF | THE |
| | | | | | |
| RESTR | ICTED GIFTS IS REQUIRED TO BE HELD IN PE | RPETU: | ITY WITH TH | E II | ICOME |
| | | | | | |
| RESTR | ICTED TO THE PEACEBUILDING AND CONFLICT | RESOL | JTION PROGR | AM. | THE |
| | | | | | |
| SECON | D GIFT IS AN OUTSTANDING PLEDGE. THE THI | RD GI | FT IS A TER | M EI | NDOWMENT, |
| | | | | | |
| WHICH | EXPIRED IN 2020. | | | | |
| | | | | | |
| | | | | | |
| PART | X, LINE 2: | | | | |
| | | | | AT 111 | NT 3377 |
| THE O | RGANIZATION DOES NOT BELIEVE ITS FINANCI | AL ST | ATEMENTS IN | СППТ | JE ANY |
| MATER | IAL, UNCERTAIN TAX POSITIONS. TAX FILING | S FOR | PERIODS EN | DINC | G DECEMBER |
| 31, 2 | 019 AND LATER ARE SUBJECT TO EXAMINATION | BY A | PPLICABLE T | IIXA | 1G |
| | | | | | |

AUTHORITIES.

TANENBAUM CENTER FOR INTERRELIGIOUS UNDERSTANDING 13-3695475 Page 5 Schedule D (Form 990) 2022 Part XIII Supplemental Information (continued)

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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.

Attach to Form 990 or Form 990-EZ.

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

TANENBAUM CENTER FOR

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

INTERRELIGIOUS UNDERSTANDING 13-3695475 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations Solicitation of government grants X Phone solicitations g X Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) BEE SEASON CONSULTING - 304 Yes No PARK AVE S, NEW YORK, NY Х FUNDRAISER 606,149 68,498 537,651. 606,149, 68 498 537 651 Total

or licensing.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration

TANENBAUM CENTER FOR

Schedule G (Form 990) 2022

Part II Fundraising Events INTERRELIGIOUS UNDERSTANDING

13-3695475 Page 2

| | וונו | of fundraising event contributions and gro | • | · · | | • | | |
|-----------------|---|--|--------------------------|--|--------------------|--|--|--|
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through | | |
| | | | GALA | COMEDY SHOW | 2 | col. (c) | | |
| Φ | | | (event type) | (event type) | (total number) | 33(3)/ | | |
| Revenue | 1 | Gross receipts | 524,206. | 26,420. | 55,523. | 606,149. | | |
| | 2 | Less: Contributions | 467,562. | 26,420. | 55,523. | 549,505. | | |
| | 3 | Gross income (line 1 minus line 2) | 56,644. | | | 56,644. | | |
| | 4 | Cash prizes | | | | | | |
| S | 5 | Noncash prizes | | | | | | |
| bense | 6 | Rent/facility costs | 55,000. | | | 55,000. | | |
| Direct Expenses | 7 | Food and beverages | | | | | | |
| | 8 | Entertainment | | | | | | |
| | 9 | Other direct expenses | 1 | | | 1,644. | | |
| | 10 | | 0: 1 (1) | | | 56,644. | | |
| _ | 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | | | | |
| Pa | ırt I | | answered "Yes" on Form | 990, Part IV, line 19, or i | reported more than | | | |
| | | \$15,000 on Form 990-EZ, line 6a. | T | (1.) Dull take (in atom) | Γ | (N Tabal manahan (a alal | | |
| Revenue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) | | |
| Be | 1 | Gross revenue | | | | | | |
| ses | 2 | Cash prizes | | | | | | |
| Expens | 3 | Noncash prizes | | | | | | |
| Direct Expenses | 4 | Rent/facility costs | | | | | | |
| | 5 | Other direct expenses | | | | | | |
| | 6 | Volunteer labor | Yes % No | Yes % No | Yes % No | | | |
| | 7 | Direct expense summary. Add lines 2 through | n 5 in column (d) | | | | | |
| | 8 | Net gaming income summary. Subtract line 7 | from line 1, column (d) | | | | | |
| 9 | En | ter the state(s) in which the organization condu | ucts gaming activities: | | | | | |
| | | the organization licensed to conduct gaming a | _ | states? | | Yes No | | |
| | | No," explain: | | | | | | |
| | | | | | | | | |
| | | ere any of the organization's gaming licenses re Yes," explain: | evoked, suspended, or te | rminated during the tax y | /ear? | Yes No | | |
| | _ | - | | | | | | |

TANENBAUM CENTER FOR INTERRELIGIOUS UNDERSTANDING

| Sch | Schedule G (Form 990) 2022 INTERRELIGIOUS UNDERSTAN | DING 13-3 | 695475 | Page 3 | | | | | |
|-----|--|--|-----------------|----------|--|--|--|--|--|
| 11 | 11 Does the organization conduct gaming activities with nonmembers? | | Yes | No | | | | | |
| | 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partr | | | | | | | | |
| | to administer charitable gaming? | | Yes | ☐ No | | | | | |
| 13 | | | | | | | | | |
| | a The organization's facility | | 13a | % | | | | | |
| | b An outside facility | | 13b | % | | | | | |
| | 14 Enter the name and address of the person who prepares the organization's gaming/ | | | ,, | | | | | |
| • | The line hame and address of the person who propares the organization organization | special events beene and receive. | | | | | | | |
| | Name | | | | | | | | |
| | | | | | | | | | |
| | Address | | | | | | | | |
| | | | | | | | | | |
| 15a | 15a Does the organization have a contract with a third party from whom the organization | receives gaming revenue? | Yes | No | | | | | |
| | | | | | | | | | |
| ŀ | b If "Yes," enter the amount of gaming revenue received by the organization \$ | and the amount | | | | | | | |
| _ | of gaming revenue retained by the third party \$ | and the amount | | | | | | | |
| | c If "Yes," enter name and address of the third party: | | | | | | | | |
| | 0 11 105, 01101 hand and addition of the annu party. | | | | | | | | |
| | Name | | | | | | | | |
| | | | | | | | | | |
| | Address | | | | | | | | |
| | | | | | | | | | |
| 16 | 16 Gaming manager information: | | | | | | | | |
| | | | | | | | | | |
| | Name | | | | | | | | |
| | | | | | | | | | |
| | Gaming manager compensation \$ | | | | | | | | |
| | | | | | | | | | |
| | Description of services provided | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | Director/officer Employee Independent co | ntractor | | | | | | | |
| | | | | | | | | | |
| 17 | 17 Mandatory distributions: | | | | | | | | |
| | a Is the organization required under state law to make charitable distributions from the | a gaming proceeds to | | | | | | | |
| _ | retain the state gaming license? | | Yes | ☐ No | | | | | |
| b | b Enter the amount of distributions required under state law to be distributed to other | | | | | | | | |
| | organization's own exempt activities during the tax year \$ | | | | | | | | |
| Pa | Part IV Supplemental Information. Provide the explanations required by Pa | art I, line 2b, columns (iii) and (v); and Par | t III, lines 9, | 9b, 10b, | | | | | |
| | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information | | . , | | | | | | |
| | | | | | | | | | |
| SC | SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGH | EST PAID FUNDRAISERS | : | | | | | | |
| | · | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| (I | (I) NAME OF FUNDRAISER: BEE SEASON CONSULTING | <u>;</u> | | | | | | | |
| | | | | | | | | | |
| (I | (I) ADDRESS OF FUNDRAISER: 304 PARK AVE S, NE | EW YORK, NY 10010 | | | | | | | |
| | • | • | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |

TANENBAUM CENTER FOR Schedule G (Form 990) INTERRELIG Part IV Supplemental Information (continued) INTERRELIGIOUS UNDERSTANDING 13-3695475 Page 4

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information. TANENBAUM CENTER FOR INTERRELIGIOUS UNDERSTANDING

Employer identification number 13-3695475

OMB No. 1545-0047

Inspection

| Pa | art I Questions Regarding Compensation | | | | | |
|----|--|----|-----|----|--|--|
| | | | Yes | No | | |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | | | | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | | | |
| | First-class or charter travel | | | | | |
| | Travel for companions Payments for business use of personal residence | | | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | | | |
| | Discretionary spending account Personal services (such as maid, chauffeur, chef) | | | | | |
| | | | | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | | | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | | | | |
| | | | | | | |
| 3 | Indicate which, if any, of the following the organization used to establish the compensation of the organization's | | | | | |
| | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | | | | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | | | | |
| | X Compensation committee | | | | | |
| | Independent compensation consultant X Compensation survey or study | | | | | |
| | Form 990 of other organizations X Approval by the board or compensation committee | | | | | |
| | | | | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | | | |
| | organization or a related organization: | | | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | X | | |
| b | Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | | X | | |
| С | Participate in or receive payment from an equity-based compensation arrangement? | 4c | | X | | |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | | | |
| | | | | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | | | |
| | contingent on the revenues of: | | | | | |
| а | The organization? | 5a | | X | | |
| b | Any related organization? | 5b | | X | | |
| | If "Yes" on line 5a or 5b, describe in Part III. | | | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | | | |
| | contingent on the net earnings of: | | | | | |
| а | The organization? | 6a | | X | | |
| b | Any related organization? | 6b | | Х | | |
| | If "Yes" on line 6a or 6b, describe in Part III. | | | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | | | | |
| | not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | X | | |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | | | |
| | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | X | | |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | | | |

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

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2022

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | in column (B) |
|---------------------------|------|--|-------------------------------------|-------------------------------------|-----------------------------------|-------------------------|------------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 |
| (1) REV. MARK FOWLER | (i) | 153,213. | 0. | 0. | 0. | 6,972. | 160,185. | 0. |
| CEO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (ii) | | | | | | | |
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| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | <u> </u> |

Schedule J (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

TANENBAUM CENTER FOR INTERRELIGIOUS UNDERSTANDING

Employer identification number 13-3695475

FORM 990, PART I, LINE 1, DESCRIPTION OF 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 1, DESCRIPTION OF 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: IN 2022, WE TRAINED, AT TREVOR DAY SCHOOL IN NEW YORK CITY, OVER 170 TEACHERS AND OVER 500 STUDENTS AND PARENTS ON RESPECTING RELIGIOUS DIFFERENCES AND CONFLICT RESOLUTION. TANENBAUM'S EDUCATION ADVISORY BOARD ENGAGED 9 TEACHERS AND NOW REACHES OVER 400 STUDENTS IN NEW YORK METRO DETROIT, HOUSTON, AND RALEIGH. THE WORKPLACE PROGRAM ENGAGES BUSINESS LEADERS, GLOBAL EMPLOYERS, MANAGERS, AND DEI AND HUMAN RESOURCES PROFESSIONALS TO COUNTER HARASSMENT AND DISCRIMINATION. THROUGH TRAININGS AND MATERIALS ON HOW TO EFFECTIVELY WORK WITH A GLOBAL AND INCREASINGLY RELIGIOUSLY DIVERSE

COMPANIES IMPROVE THE BOTTOM LINE AND

WORKFORCE AND CUSTOMER BASE,

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

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization TANENBAUM CENTER FOR INTERRELIGIOUS UNDERSTANDING

Employer identification number 13-3695475

BECOME MORE PRODUCTIVE AND INCLUSIVE ENVIRONMENTS FOR THEIR NATIONAL

AND GLOBAL WORKFORCES. IN 2022, WE HOSTED 7TH ANNUAL SUMMIT, "IMAGINE.

CREATE. BUILD. EMBRACING RELIGIOUS DIVERSITY." WE HAD OVER 200

REGISTRANTS AND OVER 1800 VIEWS OF THE VIDEOS. HIGHLIGHTS INCLUDED

COMEDIAN AND AWARD-WINNING WRITER, ACTOR, AND DIRECTOR, RAMY YOUSSEF'S

CONVERSATION WITH TANENBAUM CEO MARK FOWLER AROUND RESPECTFUL

REPRESENTATION AND AUTHENTIC STORYTELLING.

THE HEALTH CARE PROGRAM BUILDS HEALTH CARE PROVIDERS' CAPACITY FOR

OFFERING RELIGIOUSLY COMPETENT HEALTH CARE AND THEREBY PREVENTING

DISPARITIES IN TREATMENT. TANENBAUM INVESTS IN THE FUTURE OF HEALTH

CARE WITH TARGETED TRAININGS, E-LEARNING AND BY DISSEMINATING

CURRICULUM TO MEDICAL SCHOOLS, RESIDENCY PROGRAMS, AND NURSING SCHOOLS

TO PREPARE THE NEXT GENERATION OF MEDICAL PROVIDERS FOR AN INCREASINGLY

RELIGIOUSLY DIVERSE PATIENT POPULATION. IN 2022, WE DEBUTED A WEBINAR

SERIES CONSCIENTIOUS CARE CONVERSATIONS, ENGAGING 100+ ATTENDEES AND

ATTRACTING 900+ VIEWS ON YOUTUBE.

THE PEACEBUILDING PROGRAM IDENTIFIES AND COORDINATES A NETWORK OF

RELIGIOUSLY MOTIVATED PEACEMAKERS WORLDWIDE, WHO SUPPORT AND COOPERATE

WITH EACH OTHER TO COUNTER VIOLENCE AND WAR. TANENBAUM ALSO STUDIES AND

DOCUMENTS THEIR WORK THROUGH PUBLICATIONS SO THAT THEIR SPECIALIZED

TECHNIQUES CAN BE SHARED AND REPLICATED BY OTHERS. THIS YEAR, TANENBAUM

STAFF REPRESENTED THE PEACEMAKERS IN ACTION NETWORK AT THE EUROPEAN

COMMISSION THROUGH ITS GLOBAL EXCHANGE ON RELIGION IN SOCIETY (GERIS)

PROGRAM IN A TELEVISED PANEL. IN ADDITION, PEACEMAKERS IN ACTION

NETWORK ISSUED A STATEMENT CONDEMNING THE RUSSIAN INVASION OF UKRAINE.

OVER THE LONG-TERM, THIS PROGRAM IS ADVANCING THE RECOGNITION AND

Schedule O (Form 990) 2022 Page 2

Name of the organization TANENBAUM CENTER FOR INTERRELIGIOUS UNDERSTANDING

Employer identification number 13-3695475

INSTITUTIONALIZATION OF THE VOCATION OF RELIGIOUS PEACEMAKING.

INTERRELIGIOUS AFFAIRS INFORMS OUR PROGRAMS (WORKPLACE, HEALTH CARE,
EDUCATION, AND PEACEBUILDING) BY FURTHERING THE WORK OF OUR NAMESAKE,
RABBI MARC H. TANENBAUM TO BUILD A SAFER, MORE EQUITABLE WORLD FOR
PEOPLE OF ALL BELIEF SYSTEMS. TODAY, RABBI TANENBAUM'S LONGTIME

SCHOLARLY PARTNER, DR. JUDITH BANKI CONTINUES THE RESEARCH, ANALYSIS
AND DIALOGUE THAT WAS SUCH AN IMPORTANT PART OF RABBI TANENBAUM'S
LEGACY. IN 2022, JUDY BANKI WAS HONORED AT TANENBAUM'S ANNUAL GALA AND
RECEIVED THE RABBI MARC TANENBAUM AWARD FOR THE ADVANCEMENT OF
INTERRELIGIOUS UNDERSTANDING.

FORM 990, PART VI, SECTION B, LINE 11B:

LINE 11B EXPLANATION - MANAGEMENT REVIEWS A DRAFT OF THE FORM 990 WITH THE

AUDIT/FINANCE COMMITTEE ONCE THE FORM IS COMPLETE AND PROVIDES EDITS TO THE

TAX PREPARER. THEREAFTER, THE FORM 990 IS SENT TO THE FULL BOARD OF

DIRECTORS FOR REVIEW AND COMMENT PRIOR TO BE BEING FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

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, SECTION B, LINE 15:

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,

TANENBAUM CENTER FOR Name of the organization **Employer identification number** INTERRELIGIOUS UNDERSTANDING 13-3695475 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, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST STATEMENTS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.

Page 2

Schedule O (Form 990) 2022

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

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

OMB No. 1545-0047

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). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or TANENBAUM CENTER FOR print INTERRELIGIOUS UNDERSTANDING 13-3695475 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 200 BROADWAY, 3RD FL return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. NEW YORK, NY 10038 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) MARK FOWLER The books are in the care of ► 200 BROADWAY, 3RD FL - NEW YORK, NY 10038 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 group, 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 members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or ___ tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. 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 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. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

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

Form 8868 (Rev. 1-2022)