** PUBLIC DISCLOSURE COPY **

Form **990**

Return of Organization Exempt From Income Tax

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

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

■ Do not enter social security numbers on this form as it may be made public.
■ Go to www.irs.gov/Form990 for instructions and the latest information.

2020
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury

A For the 2020 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable: Address change TANAGER Name change 52-1826242 Doing business as Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated 1000 50 F STREET, N.W. (202) 469-6000 6,511,254. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return WASHINGTON, DC 20001 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: ANA BILIK Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: ► WWW.TANAGERINTL.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1993 M State of legal domicile: DC Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Activities & Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. 10 3 Number of voting members of the governing body (Part VI, line 1a) 3 9 Number of independent voting members of the governing body (Part VI, line 1b) 4 13 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 10 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Prior Year Current Year** 7,274,377. 6,511,254. Contributions and grants (Part VIII, line 1h) 8 Revenue 0 Program service revenue (Part VIII, line 2g) 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0. 11 7,274,377 6,511,254. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,352,911 626,725. 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) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,339,745. 3,705,579. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 **b** Total fundraising expenses (Part IX, column (D), line 25) 2,783,273. 2,069,114. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 7,475,929. 6,401,418. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 109,836. -201,552. Revenue less expenses. Subtract line 18 from line 12 or **Beginning of Current Year End of Year** 5,723,640. 12,804,195. Total assets (Part X, line 16) 5,699,574. 12,670,293. 21 Total liabilities (Part X, line 26) 早年 24,066. 133,902. Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign ANA BILIK, PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature KRISTEN BARNETT 11/09/21 nisten Paid P01234578 self-employed Firm's name RSM US LLP 42-0714325 Preparer Firm's EIN ▶ Firm's address > 1861 INTERNATIONAL DRIVE, SUITE 400 Use Only Phone no.703-336-6400 MCLEAN, VA 22102 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

) (Revenue \$

Other program services (Describe on Schedule O.)

Total program service expenses

including grants of \$

5,298,584.

52-1826242

Form 990 (2020) TANAGER Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		v
_	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		х
40	If "Yes," complete Schedule D, Part IV	9		Λ
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Λ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-	x	
L	Part VI	11a	Λ	
Ь	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11h		х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
ч	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	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		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Pai	t 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			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? 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	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			Х
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Α
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00-		х
20	"Yes," complete Schedule L, Part IV	28c 29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		- 21
30		30		х
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	0.		
OZ.	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- OL		
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	_		
	Litter the humber of Forms wize included in line 1a. Enter-of infocuspicable	2		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 13 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** 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)? Х 4a ${f b}$ If "Yes," enter the name of the foreign country igspace BURKINA FASO, COLOMBIA, INDIA, KENYA See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Х 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). 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 Х If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е Х Х Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: 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 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand Х Did the organization receive any payments for indoor tanning services during the tax year? 14a **b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? 15

X

If "Yes," see instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 10 **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. 9 **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 Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 4 4 Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 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 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: 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 Х 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 No 10a Did the organization have local chapters, branches, or affiliates? X 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? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 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 12c Х in 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? X The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process in 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 ▶DC 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 ANA BILIK - (202) 469-6000

20001

50 F STREET, N.W., NO. 1000, WASHINGTON, DC

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

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

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

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

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

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and title	(B) Average		not cl	Pos heck		than ((D) Reportable	(E) Reportable	(F) Estimated
	hours per week	offic	unles cer an					compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) CHARLES HALL	1.00	_	_		_					
DIRECTOR & INTERIM TREASURER	40.00	х						0.	338,083.	49,284.
(2) ANA BILIK	40.00								•	,
PRESIDENT		1		х				258,121.	0.	79,647.
(3) KEVIN HAGGERTY	1.00									
TREASURER (TO 7/21/20)	40.00			х				0.	182,684.	49,644.
(4) ROMAIN KENFACK	40.00									
TEAM LEAD						х		165,035.	0.	23,844.
(5) JOSEPH BOULIER	40.00									
SENIOR DIRECTOR						х		113,028.	0.	49,505.
(6) CHIARA SHOKITE	40.00									
SENIOR DIRECTOR						Х		108,893.	0.	23,997.
(7) HANNAH GUEDENET	40.00									
SECRETARY (TO 9/4/20)				Х				81,963.	0.	30,527.
(8) MARTIN ROYLE	40.00									
SECRETARY				Х				94,687.	0.	12,101.
(9) DEBORAH ATWOOD	1.00									
CHAIR	2.00	Х						0.	0.	0.
(10) TIMOTHY BEANS	1.00									
VICE CHAIR	1.00	Х						0.	0.	0.
(11) CHRISTOPHER COCHRAN	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(12) LESLIE DURSCHINGER	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(13) ENOH EBONG	1.00	-								
DIRECTOR	1.00	Х						0.	0.	0.
(14) ANDREW GILBERT	1.00	-						_	_	_
DIRECTOR	1.00	Х						0.	0.	0.
(15) ELIZABETH KECK	1.00								-	_
DIRECTOR	1.00	Х						0.	0.	0.
(16) SHONDA WARNER	1.00								•	_
DIRECTOR	1.00	Х						0.	0.	0.
(17) LUIS SAHMKOW	1.00								^	_
DIRECTOR	1.00	Х						0.	0.	0. Form 990 (2020)

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	(A) Name and title	(B) Average hours per week	(do box offi	not c	Posi heck r ss pers id a di	tion more son is	l than o s both	ne an	(D) Reportable compensation from	(E) Reportable compensation from related		ar	(F) stimate nount other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fi org an	ipensa rom th ganizat d relat anizat	ne tion ted
	MORTIMER NEUFILLE CTOR (TO 2/11/20)	1.00	x						0.		0.			0.
1b	Subtotal							<u> </u>	821,727.	520,7	767.		318,	,549.
С	Total from continuation sheets to Part \	/II, Section A						>	0. 821,727.	520,7	0.		318	0. ,549.
2	Total (add lines 1b and 1c) Total number of individuals (including but compensation from the organization ▶													4
3	Did the organization list any former office			•	•	•		•		•			Yes	
4	line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the s	sum of reportabl	le co	mpe	ensat	tion	and	oth	er compensation from the	ne organization		3		Х
5	and related organizations greater than \$15 Did any person listed on line 1a receive or											4	Х	
	rendered to the organization? If "Yes," co					,						5		Х
1 Sec	tion B. Independent Contractors Complete this table for your five highest c	ompensated inc	depe	nder	nt co	ntra	actor	s th	nat received more than \$	100,000 of comp	ensat	ion fr	om	
	the organization. Report compensation fo								the organization's tax y					
	(A) Name and busines	s address	NO	NE					(B) Description of s	ervices	С		C) nsatio	n

52-1826242

Form 990 (2020) TANAGER

Part VIII Statement of Revenue

		Check if Schedule O	contains	s a response	or note to any lin	e in this Part VIII			
					,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							iunction revenue	business revenue	sections 512 - 514
សស	1 8	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues							
يَ ق		Fundraising events							
ifts r A		d Related organizations							
nia Gia		Government grants (contr							
Sir		All other contributions, gifts,							
uti her		similar amounts not included			6,511,254.				
Qğ		Noncash contributions included in			, , -				
o d	•	Total. Add lines 1a-1f				6,511,254.			
<u> </u>		T TOTALL MACHINES TO THE			Business Code				
	2 8	.							
Ş									
Ser									
Z S									
gra Re	`	<u> </u>							
Program Service Revenue	`	All other program service	rovenue						
_		Total. Add lines 2a-2f							
	3	Investment income (include							
	3	other similar amounts)							
	4	Income from investment of							
	5	Royalties		-					
	3	noyanies		(i) Real	(ii) Personal				
	6 .	Gross rents	6a	(1) 11001	(ii) i diddiidii				
		***************************************	6b						
		Less: rental expenses Rental income or (loss)	6c						
		Hental income or (loss)Net rental income or (loss)							
		a Gross amount from sales of		i) Securities	(ii) Other				
	, ,	assets other than inventory	7a	, 0000111100	(ii) Garior				
		Less: cost or other basis	1 a						
a	•	and sales expenses	7b						
n		Gain or (loss)	-						
Revenue		d Net gain or (loss)			>				
뇬		a Gross income from fundraisi							
Other	0 0	including \$	ig cvont	of					
		contributions reported on	line 1c)						
		Part IV, line 18	•						
		Less: direct expenses							
		Net income or (loss) from			>				
		Gross income from gamin		_					
	٠.	Part IV, line 19	•						
		Less: direct expenses							
		Net income or (loss) from			>				
		a Gross sales of inventory, I							
		and allowances			a				
		Less: cost of goods sold							
		Net income or (loss) from							
		(1000) 110111	55 01		Business Code				
Sno	11 a	3							
Miscellaneous Revenue		·							
ella Ve		·							
ŠŠ		d All other revenue							
Σ		Total. Add lines 11a-11d			_				
	12	Total revenue. See instruction				6,511,254.	0.	0.	0.

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Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respons	e or note to any line in t			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	626,725.	626,725.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	615,241.	209,739.	405,502.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,112,220.	2,006,612.	105,608.	
8	Pension plan accruals and contributions (include	04.444		04.44	
_	section 401(k) and 403(b) employer contributions)	84,444.	707 005	84,444.	
9	Other employee benefits	820,403.	727,025.	93,378.	
10	Payroll taxes	73,271.		73,271.	
11	Fees for services (nonemployees):				
a	Management	2,397.	1,739.	658.	
b	Legal	12,813.	1,739.	11,232.	
_	Accounting	12,013.	1,301.	11,252.	
d	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)	455,999.	450,095.	5,904.	
12	Advertising and promotion	,	, -	, -	
13	Office expenses	144,946.	127,130.	17,816.	
14	Information technology	46,794.	46,794.	,	
15	Royalties				
16	Occupancy	288,700.	189,533.	99,167.	
17	Travel	292,548.	277,278.	15,270.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	34,541.	21,065.	13,476.	
20	Interest				
21	Payments to affiliates	343,629.	166,521.	177,108.	
22	Depreciation, depletion, and amortization				
23	Insurance				
24	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 0.)				
а	TRAINING AND WORKSHOPS	317,449.	317,449.		
b	EQUIP. RENTAL & MAINT.	129,298.	129,298.		
С					
d					
	All other expenses	C 404 440	F 000 F01	4 400 00:	
25	Total functional expenses. Add lines 1 through 24e	6,401,418.	5,298,584.	1,102,834.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2020)
Part X Balance Sheet Page **11** TANAGER 52-1826242

Га	LA	Balance Sheet						
		Check if Schedule O contains a response or r	note to	any lin	e in this Part X			
						(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				640,138.	1	440,953.
	2	Savings and temporary cash investments				4,865,167.	2	11,996,065.
	3	Pledges and grants receivable, net					3	
	4	Accounts receivable, net				218,335.	4	273,625.
	5	Loans and other receivables from any current						
		trustee, key employee, creator or founder, su	ıbstanti	al cont	ributor, or 35%			
		controlled entity or family member of any of the	hese p	ersons			5	
	6	Loans and other receivables from other disqu	ualified	person	s (as defined			
		under section 4958(f)(1)), and persons describ	bed in s	ection	4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net					7	
Assets	8	Inventories for sale or use		8				
	9	Prepaid expenses and deferred charges					9	55,348.
	10a	Land, buildings, and equipment: cost or othe						
		basis. Complete Part VI of Schedule D	10)a	38,204.			
	b	Less: accumulated depreciation				0.	10c	38,204.
	11	Investments - publicly traded securities		11				
	12	Investments - other securities. See Part IV, lin		12				
	13	Investments - program-related. See Part IV, lir		13				
	14	Intangible assets		14				
	15	Other assets. See Part IV, line 11					15	
	16	Total assets. Add lines 1 through 15 (must e				5,723,640.	16	12,804,195.
	17	Accounts payable and accrued expenses				912,938.	17	396,182.
	18	Grants payable				4,786,636.	18	11,989,509.
	19	Deferred revenue		19				
	20	Tax-exempt bond liabilities		20				
	21	Escrow or custodial account liability. Comple					21	
s	22	Loans and other payables to any current or fo	ormer c	fficer,	director,			
Liabilities		trustee, key employee, creator or founder, su	ıbstanti	al cont	ributor, or 35%			
ig		controlled entity or family member of any of the	hese p	ersons			22	
Ë	23	Secured mortgages and notes payable to unr	related	third p	arties		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	nes 17-	24). Co	omplete Part X			
		of Schedule D				0.	25	284,602.
	26	Total liabilities. Add lines 17 through 25				5,699,574.	26	12,670,293.
		Organizations that follow FASB ASC 958, o	check l	ere 🕽	X			
Ses		and complete lines 27, 28, 32, and 33.						
anc	27	Net assets without donor restrictions				24,066.	27	133,902.
Ba	28	Net assets with donor restrictions					28	
pu		Organizations that do not follow FASB ASC						
Ē		and complete lines 29 through 33.						
S O	29	Capital stock or trust principal, or current fun	nds				29	
set	30	Paid-in or capital surplus, or land, building, or					30	
As	31	Retained earnings, endowment, accumulated					31	
Net Assets or Fund Balances	32	Total net assets or fund balances				24,066.	32	133,902.
_	33	Total liabilities and net assets/fund balances				5,723,640.	33	12,804,195.

Form **990** (2020)

Form 990 (2020) TANAGER
Part XI Reconciliation of Net Assets Page **12** 52-1826242

	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,	511,	254.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,	401,	418.		
3							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		24,	066.		
5	Net unrealized gains (losses) on investments	5					
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		133,	902.		
Pai	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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:						
	Separate basis X 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	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing						
	Act and OMB Circular A-133?	-	За		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				

Form **990** (2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

<u>Total</u>

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Inspection

Name of the organization Employer identification number TANAGER 52-1826242

Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.		
The	orgar	nization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only	one box.)			
1	\bigcap	A church, convention of ch	•		•	•	I)(A)(i).		
2		A school described in secti							
3		A hospital or a cooperative		· ·			ii).		
4	一	A medical research organization						the hospital's name,	
		city, and state:	•				(•	
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	overnmental unit describe	ed in	
		section 170(b)(1)(A)(iv). (C		,		, ,			
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).		
7	П	An organization that norma	-					oublic described in	
-		section 170(b)(1)(A)(vi). (C	•	a. part or no support	o a go		ann an mann and gamaran i		
8		A community trust describe	•	(1)(Δ)(vi) (Complete Par	+ II)				
9	H	An agricultural research org				ed in coni	inction with a land-grant	college	
Ū	ш	or university or a non-land-g				-	-	-	
		university:	grant conege or agrici	altare (see instructions).	Litter the	name, eny	, and state of the conege	, 01	
10									
	ш	activities related to its exem							
				•				-	
	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.)								
11		An organization organized a	•	ively to test for public sat	fety See	section 50	19(a)(4)		
12	Х	An organization organized a	· ·	•	•			nurnoses of one or	
	ш	more publicly supported or	· ·	•	•		•		
		lines 12a through 12d that	-					orioon the box in	
а	Х		* *					aivina	
_		the supported organization	· · · · · · · · · · · · · · · · · · ·		•	-			
		organization. You must o			inajonty c	in this direc	7.010 01 trade000 01 trio 00	ipporting	
b		Type II. A supporting org	-		tion with its	s supporte	ed organization(s) by hav	vina	
_		control or management o	•					-	
		organization(s). You mus			атто регоо	110 11101 00	ntion of manage the supp	Jortod	
С		Type III functionally inte	-		in connect	tion with a	and functionally integrate	ed with	
·		its supported organization	-				• •	id Widi,	
d		Type III non-functionally		·				ration(s)	
_		that is not functionally int					· · · · · · · · ·		
		requirement (see instructi	•		•		•	7011000	
е	Х	-	•						
·		functionally integrated, or					1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		
f	Ent	er the number of supported of		nany magataa sapparan				1	
		vide the following information		d organization(s).					
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	
				above (see instructions))					
ACD	I/VO	CA	52-0811461	7	х		5,298,584.	0.	
							, ,		
Tota	al						5,298,584.	0.	

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	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
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								
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)								
6	Public support. Subtract line 5 from line 4.								
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
7	Amounts from line 4								
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources								
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10								
12	Gross receipts from related activities,	etc. (see instruction	ons)			12			
13	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3)			
_	organization, check this box and stop						<u></u>		
	ction C. Computation of Publi								
	Public support percentage for 2020 (I					14	%		
	Public support percentage from 2019					15	<u>%</u>		
16a	33 1/3% support test - 2020. If the o								
	stop here. The organization qualifies		-						
D	33 1/3% support test - 2019. If the c								
17-	and stop here. The organization qualifies as a publicly supported organization								
17a	7a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,								
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
L		-		*	-	17a and line 15 is			
O	b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the								
	· · · · · · · · · · · · · · · · · · ·				-		ightharpoonup		
10	organization meets the facts-and-circu					***************************************	\		
18	Private foundation. If the organization	n did flot check a	box of life 13, 16	a, 100, 17a, 01 171	o, oneok this box a	nu see mstructions	·		

Schedule A (Form 990 or 990-EZ) 2020 TANAGER 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	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						
	A Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1			'	
Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	. ,	,	, ,	, ,		,,
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	e organization's fi	rst second third	fourth or fifth tax v	vear as a section 5	i01(c)(3) organizatio	n
•	check this box and stop here	-		•			
Se	ction C. Computation of Publi						
_	Public support percentage for 2020 (I			column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves					,	
	Investment income percentage for 20			ne 13. column (f))		17	%
18				(1)		18	%
	a 33 1/3% support tests - 2020. If the						
.50	more than 33 1/3%, check this box ar						▶ □
ŀ	33 1/3% support tests - 2019. If the	=	-		· ·		nd
•	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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
1	X	
2		х
2		21
3a		X
3b		
3с		
_		77
4a		Х
41-		
4b		
4-		
4c		
5a		X
5b		
5c		
6		Х
7		Х
7		
8		X
		Х
9a		Λ
9b	\perp	X
0-		Х
9c		Λ
10a		Х
10b	1	
n 990 or 9	90-EZ)	2020

Page 5

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		Х
b	A family member of a person described in line 11a above?	11b		Х
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		Х
Sec	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	х	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			v
800	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		Х
Sec	tion 6. Type it 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	_		
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
360	tion b. All Type III Supporting Organizations			
	5		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in 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			
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
Sec				
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see inst	ruction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	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	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Sche	hedule A (Form 990 or 990-EZ) 2020 TANAGER			52-1826242	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (<i>explain ir</i>	Part VI). See inst	ructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
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 (optiona	
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 Y	'ear
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-functional	Illy integrate	ed Type III supporting org	anization (see	
	instructions).				

Schedule A (Form 990 or 990-EZ) 2020

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Secti	on D - Distributions		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Current Year	
1	Amounts paid to supported organizations to accomplish exer	mpt 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 - pro	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	ne organization is responsive			
	(provide details in Part VI). See instructions.		8		
9	Distributable amount for 2020 from Section C, line 6		9		
10	Line 8 amount divided by line 9 amount	I	10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020	
_1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
е	From 2019				
f_	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
<u>i</u> _	Carryover from 2015 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
5	Remaining underdistributions for years prior to 2020, if				
3	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
Ū	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

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

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

TANAGER		52-1826242		
Organization type (check one):				
Filers of:	Section:			
Form 990 or 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			
	ation is covered by the General Rule or a Special Rule . 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	Rule. See instructions.		
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules				
sections 509 any one con	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.			
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, contrib is checked, purpose. Do	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, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year			
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, 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 sertify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

023451 11-25-20

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

	<u> </u>
Name of organization	Employer identification number
TANAGER	52-1826242

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1		\$2,953,164.	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		\$\$	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3		- \$\$_924,067.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No. 4	Name, address, and ZIP + 4	Total contributions \$ 431,566.	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		\$ 220,823.	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 Noncash (Complete Part II for noncash contributions.)	

	<u> </u>
Name of organization	Employer identification number
TANAGER	52-1826242

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
7		\$117,050.	Person X Payroll	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
8		\$	Person X Payroll	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
9		\$54,070.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
10		\$35,344.	Person X Payroll	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
11_		\$17,498.	Person X Payroll	
(a)	(b)	(c)	(d)	
No. 12	Name, address, and ZIP + 4	\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

Name of organization

Employer identification number

52–1826242

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
13		\$7,259.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
14		\$6,616.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Omnocash Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.

Name of organization

Employer identification number

52-1826242

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

Name of or	rganization			Employer identification number
Part III	Exclusively religious, charitable, etc., contributions	s to organizations described in s	ection 501(c)(7) (8) or (10) t	52-1826242
raitiii	from any one contributor. Complete columns (a) the completing Part III, enter the total of exclusively religious, chair contributors.	rough (e) and the following line en	ntry. For organizations	•
	Use duplicate copies of Part III if additional spa	ace is needed.	less for the year. (Lines this line, one	., F
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift (d) Desc		cription of how gift is held
		(e) Transfer of git	ft	
_	Transferee's name, address, and	ZIP + 4	Relationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
	Transferee's name, address, and	(e) Transfer of gif		nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(a) Tunnafan af ai		
-	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relation			nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
-		(e) Transfer of git	ft	
-	Transferee's name, address, and	ZIP + 4	Relationship of tra	nsferor 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 Open to Public Inspection

Name of the organization

Employer identification number TANAGER 52-1826242

Pai	rt I	Organizations Maintaining Donor Advised	Funds or Other S	Similar Funds o	or Accour	its. Complete if the
		organization answered "Yes" on Form 990, Part IV, line				
			(a) Donor advise	ed funds	(b) Fun	ds and other accounts
1	Total	number at end of year				
2	Aggre	egate value of contributions to (during year)				
3	Aggre	egate value of grants from (during year)				
4	Aggre	egate value at end of year				
5	Did th	ne organization inform all donors and donor advisors in w	riting that the assets h	eld in donor advise	d funds	
	are th	ne organization's property, subject to the organization's ex	xclusive legal control?			Yes No
6	Did th	ne organization inform all grantees, donors, and donor ad	visors in writing that gr	ant funds can be u	sed only	
	for ch	naritable purposes and not for the benefit of the donor or	donor advisor, or for a	ny other purpose co	onferring	
	impe	missible private benefit?				Yes No
Par	rt II	Conservation Easements. Complete if the organic	anization answered "Ye	es" on Form 990, P	art IV, line 7.	
1	Purp	ose(s) of conservation easements held by the organization	n (check all that apply).	<u>. </u>		
		Preservation of land for public use (for example, recreation	on or education)	Preservation of a	a historically	important land area
		Protection of natural habitat		Preservation of a	a certified his	storic structure
		Preservation of open space				
2	Com	olete lines 2a through 2d if the organization held a qualific	ed conservation contrib	oution in the form o	f a conserva	tion easement on the last
	day c	of the tax year.				Held at the End of the Tax Year
а	Total	number of conservation easements			2a	
b	Total	acreage restricted by conservation easements			2b	
С	Numl	per of conservation easements on a certified historic struc	cture included in (a)		2c	
d	Numl	per of conservation easements included in (c) acquired af	ter 7/25/06, and not or	n a historic structure	е	
	listed	in the National Register			2d	
3	Numl	per of conservation easements modified, transferred, release	ased, extinguished, or	terminated by the o	organization	during the tax
	year	>				
4	Numl	per of states where property subject to conservation ease	ement is located			
5	Does	the organization have a written policy regarding the period	odic monitoring, inspec	tion, handling of		
	violat	ions, and enforcement of the conservation easements it h	nolds?			Yes No
6	Staff	and volunteer hours devoted to monitoring, inspecting, h	andling of violations, a	nd enforcing conse	rvation ease	ements during the year
	> _					
7	Amou	unt of expenses incurred in monitoring, inspecting, handli	ng of violations, and er	nforcing conservation	on easemen	ts during the year
	▶\$					
8		each conservation easement reported on line 2(d) above		` '		
	and s	section 170(h)(4)(B)(ii)?				Yes No
9	In Pa	rt XIII, describe how the organization reports conservation	n easements in its reve	nue and expense s	tatement an	d
		ce sheet, and include, if applicable, the text of the footno	ote to the organization's	s financial statemer	nts that desc	cribes the
Dai		nization's accounting for conservation easements.	Aut Historiaal Tus		ou Cincilo	w Accete
Pai	rt III	Organizations Maintaining Collections of	•	easures, or Oth	ier Simila	r Assets.
		Complete if the organization answered "Yes" on Form 9				
1a		organization elected, as permitted under FASB ASC 958	•			
		, historical treasures, or other similar assets held for publi	•	•		oublic
		ce, provide in Part XIII the text of the footnote to its finance				
b		organization elected, as permitted under FASB ASC 958				
	,	istorical treasures, or other similar assets held for public e	exhibition, education, o	or research in furthe	erance of pul	olic service,
		de the following amounts relating to these items:				
		levenue included on Form 990, Part VIII, line 1				\$
	٠,					\$
2		organization received or held works of art, historical treas			gain, provide	
		ollowing amounts required to be reported under FASB AS	~		_	
а	Reve	nue included on Form 990, Part VIII, line 1				\$
b	Asse	ts included in Form 990, Part X				\$

Scho	dule D (Form 990) 2020 TANAGER							52-182	6242	D	age 2
	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, or	Other	Simila				age –
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the t	following that	make sigi	nificant ι	use of its	(00//////	<u>,</u>	
	collection items (check all that apply):										
а	Public exhibition	C		Loan or exc	hange progra	ım					
b	Scholarly research	•									
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ev further th	ne organizatio	n's exemp	ot 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								Yes		No
Par	t IV Escrow and Custodial Arran										
	reported an amount on Form 990, Pai			· 9				, , .	,		
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for	contribution	s or other ass	ets not in	cluded				
	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII										
~	Too, explain the arrangement in rail value	and complete the le		abio.					Amount		
_	Beginning balance						1c		711100111		
							1d				
	Additions during the year										
_	Distributions during the year						1e				
f	Ending balance						1f		7		7
	Did the organization include an amount on Fo					-			Yes		∐ No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i										
· u	Endownient i ando: Complete							rooro book	(a) Four	.,,,,,,,,,	hool:
4	Danissis a of war halance	(a) Current year	(D) F	Prior year	(c) Two year	S Dack (C	a) Tillee y	ears back	(e) Four	years	Dack
	Beginning of year balance										
b	Contributions										
С.	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1	g, column (a))) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are held ar	nd administer	ed for the	organiza	ation	_		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990	D, Part I\	/, line 11a. S	See Form 990	, Part X, lir	ne 10.				
	Description of property	(a) Cost or o			t or other		cumulate	ed	(d) Bool	valu	e
	_ cccpc or property	basis (investr			(other)		eciation	-	, 2, 200		-
12	Land	,	,		. ,						
	Buildings										
	Leasehold improvements										
	Equipment				38,204.					30	204.
е	Other	[I	50,204.					J0,	٠٠٠.

Schedule D (Form 990) 2020

38,204.

e Other ..

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII				
(a) Decerin	Complete if the organization answered "Yes" of			d of year more tot yelling
	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	1-of-year market value
	al derivatives			
. ,	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Fotal. (Col. (I Part VIII	b) must equal Form 990, Part X, col. (B) line 12.)			
	Complete if the organization answered "Yes" of		11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part IX	Other Assets. Complete if the organization answered "Yes" of the organization and the	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu Part X	mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	15.)	>	
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	<u>:</u>
				(b) Book value
1.	(a) Description of liability			(B) Book value
1. (1) Fed	(a) Description of liability leral income taxes			(a) Book value
(1) Fed	· · · · · · · · · · · · · · · · · · ·			
(1) Fed (2) CAR	leral income taxes			115,100
(1) Fed (2) CAR	leral income taxes LES ACT PPP LOAN			115,100
(1) Fed (2) CAR (3) DUE	leral income taxes LES ACT PPP LOAN			115,100
(1) Fed (2) CAR (3) DUE (4)	leral income taxes LES ACT PPP LOAN			115,100
(1) Fed (2) CAR (3) DUE (4) (5)	leral income taxes LES ACT PPP LOAN			115,100
(1) Fed (2) CAR (3) DUE (4) (5) (6)	leral income taxes LES ACT PPP LOAN			115,100
(1) Fed (2) CAR (3) DUE (4) (5) (6) (7)	leral income taxes LES ACT PPP LOAN			115,100 169,502

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

X

Part XI	Reconciliation of Revenue per Audited Financial St	atements with Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1 Tota	al revenue, gains, and other support per audited financial statements		1	90,697,426.
	ounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
	unrealized gains (losses) on investments			
	ated services and use of facilities			
c Rec	overies of prior year grants			
d Oth	er (Describe in Part XIII.)	2d 84,186,172.		
	lines 2a through 2d		2e	84,186,172.
3 Sub	tract line 2e from line 1		3	6,511,254.
4 Am	ounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
		4a		
b Oth	er (Describe in Part XIII.)	4b		
	l lines 4a and 4b		4c	0,
5 Tota	al revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 1	2.)	5	6,511,254
Part X	Reconciliation of Expenses per Audited Financial S	•	return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,			95 961 967
	al expenses and losses per audited financial statements		1	95,961,967.
	bunts included on line 1 but not on Form 990, Part IX, line 25:			
	ated services and use of facilities			
	r year adjustments		-	
	er losses	00 500 540	-	
	er (Describe in Part XIII.)			89,560,549.
	l lines 2a through 2d		2e	6,401,418.
	tract line 2e from line 1		3	0,401,410
	ounts included on Form 990, Part IX, line 25, but not on line 1: estment expenses not included on Form 990, Part VIII, line 7b	40		
		4a 4b		
	er (Describe in Part XIII.) I lines 4a and 4b		4c	0 .
	l lines 4a and 4b al expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line		5	6,401,418.
Part X	II Supplemental Information.	10.)	, J	, , - , - , , -
	e descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4: Part IV. lines 1b and 2b: Part V. line 4	: Part X. li	ne 2: Part XI.
	nd 4b; and Part XII, lines 2d and 4b. Also complete this part to provide		, ,	,
		•		
PART X,	LINE 2:			
MANAGEM	ENT EVALUATED TANAGER'S TAX POSITIONS AND CONCLUDED	THAT TANAGER		
שאח שאה.	EN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMEN			
TAD IAK	EN NO UNCERTAIN TAX POSTITIONS THAT REQUIRE ADJUSTMEN	1 10 145		
FINANCI	AL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS	GUIDANCE		
	E DITTEMENTO TO COMPIT WITH THE TROVIDIONS OF THE	ootbinoo.		
GENERAL	LY, TANAGER IS NO LONGER SUBJECT TO INCOME TAX EXAMI	NATIONS BY THE		
	•			
U.S. FE	DERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFOR	RE DECEMBER 31,		
2017.				
2017.				
2017.				
	, LINE 2D - OTHER ADJUSTMENTS:			
PART XI				
PART XI	, LINE 2D - OTHER ADJUSTMENTS: CA REVENUE INCLUDED IN CONSOLIDATED FINANCIAL			
PART XI	CA REVENUE INCLUDED IN CONSOLIDATED FINANCIAL	86,899,376.		
PART XI ACDI/VO	CA REVENUE INCLUDED IN CONSOLIDATED FINANCIAL	86,899,376.		

Schedule D (Form 990) 2020 TANAGER		52-1826242	Page 5
Part XIII Supplemental Information (continued)			
STATEMENTS	3,015,171.		
ELIMINATION ENTRIES INCLUDED IN CONSOLIDATED FINANCIAL			
STATEMENTS	-1,334,205.		
GAIN(LOSS) IN DE-CONSOLIDATION	-4,394,170.		
ADJUSTMENT FOR PROJECT OVERRUN			
TOTAL TO SCHEDULE D, PART XI, LINE 2D	84,186,172.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
ACDI/VOCA EXPENSE INCLUDED IN CONSOLIDATED FINANCIAL			
STATEMENTS	87,055,306.		
OTHER AFFILIATES EXPENSE INCLUDED IN CONSOLIDATED FINANCIAL			
STATEMENTS	3,749,192.		
ELIMINATION ENTRIES INCLUDED IN CONSOLIDATED FINANCIAL			
STATEMENTS	-1,312,221.		
CURRENCY TRANSLATION LOSS	68,272.		
TOTAL TO SCHEDULE D, PART XII, LINE 2D	89,560,549.		

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

2020
Open to Public Inspection

Name of the organization

Employer identification number

maya gap					F0 100C040	
TANAGER Part I General Infor	mation on A	ctivities Out	side the United States. Comple	ata if the avace	52-1826242	ool on
Form 990, Part IV		ouvides out	side the office offices. Comple	ete ii the organ	ization answered if	es on
		n maintain record	ds to substantiate the amount of its gra	ants and other a	assistance.	
-	-		he selection criteria used to award the			Yes No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's p	procedures for monitoring the use of its	s grants and ot	her assistance outsi	de the
3 Activities per Region. (Th	ne following Part	I, line 3 table ca	n be duplicated if additional space is n	eeded.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
SOUTH ASIA	0	0	SUBCONTRACTS			82,500.
SUB-SAHARAN AFRICA	0	0	SUBCONTRACTS			465,162.
SOUTH AMERICA	0	0	SUBCONTRACTS	ACD TOTT TITE?	AL DEVELOPMENT	79,062.
					ND NUTRITION	
SUB-SAHARAN AFRICA	2	30	PROGRAM SERVICES	CAPACITY BU	JILDING OF	2,595,421.
				- SUSTAINAE	AL DEVELOPMENT BLE SOURCING BY BUILDING OF	
SOUTH ASIA	1	180	PROGRAM SERVICES	SMALLHOLDER	R FARMERS	2,647,348.
					DEVELOPMENT -	
SOUTH AMERICA	1	2	PROGRAM SERVICES	VULNERABLE	POPULATIONS	141,761.
3 a Subtotal	4	212				6,011,254.
b Total from continuation sheets to Part I	0	0				0.
c Totals (add lines 3a and 3b)	4	212				6,011,254.

Schedule F (Form 990) 2020

Part II Grants and Other

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
			CONDUCT A RICE					
			PROJECT IN CAMBODIA					
			TO IMPROVE					
		SOUTH ASIA	SMALLHOLDER FARMER	82,500.	WIRE TRANSFER	0.		
			PROVIDE TECHNIAL					
			TRAINING,					
			PSYCHOSOCIAL SUPPORT,					
		SOUTH AMERICA	AND JOB PLACEMENT	15,733.	WIRE TRANSFER	0.		
			PROVIDE TECHNIAL					
			TRAINING,					
			PSYCHOSOCIAL SUPPORT,					
		SOUTH AMERICA	AND JOB PLACEMENT	44,798.	WIRE TRANSFER	0.		
			PROVIDE TECHNIAL	,				
			TRAINING,					
			PSYCHOSOCIAL SUPPORT,					
		SOUTH AMERICA	AND JOB PLACEMENT	18,531.	WIRE TRANSFER	0.		
			FACILITATE TRAINING					
			TO ALREADY					
		SUB-SAHARAN	ESTABLISHED GROUPS IN					
		AFRICA	VILLAGES ON PROPER	60,115.	WIRE TRANSFER	0.		
			THOUGHT PARTNERSHIP					
			ACTIVITIES INCLUDING					
		SUB-SAHARAN	PARTICIPATION IN					
		AFRICA	LEARNING SESSIONS,	43,200.	WIRE TRANSFER	0.		
			TRAIN TRAINERS FOR					
		SUB-SAHARAN	POULTRY FARMING			_		
		AFRICA	SECTOR.	17,915.	WIRE TRANSFER	0.		
			TRAIN PEOPLE IN EACH					
			COMMUNITY ON GENDER,					
		SUB-SAHARAN	NUTRITION, AND					
		AFRICA	POULTRY; WHILE	34,980.	WIRE TRANSFER	0.		

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

 ightharpoonup	12
	(

Page 2

3 Enter total number of other organizations or entities

 Schedule F (Form 990)
 TANAGER
 52-1826242
 Page 2

schedule F (Form 990)	TANAGER				52 102	0242		Page 2
Part II Continuation of	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM\ appraisal, other)
	(арраганга)			J		assistance	assistance	appraisai, otner)
			TRAIN TRAINERS OF					
			PROPER POULRTY					
		SUB-SAHARAN	PRODUCTION PRACTICES;					
		AFRICA	THEY ESTABLISH LOCAL	6,579.	WIRE TRANSFER	0.		
			PROVIDE BASIC					
			FINANCIAL LITERACY					
		SUB-SAHARAN	ASSISTANCE, ADAPTS					
		AFRICA	EXISTING CREDIT	43,631.	WIRE TRANSFER	0.		
			CAPACITY BUILDING OF					
			THE COMMUNITY ON					
		SUB-SAHARAN	POULTRY PRODUCTION;					
		AFRICA	TRAINING OF	24,900.	WIRE TRANSFER	0.		
			SUPPORT THE					
			DEVELOPMENT OF					
		SUB-SAHARAN	MONITORING,					
		AFRICA	EVALUATING, AND	233,843.	WIRE TRANSFER	0.		
		1	1	1	1	1		1

Schedule F (Form 990) 2020 TANAGER 52-1826242 Page **3**

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (e) Manner of (c) Number of (d) Amount of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region noncash assistance recipients cash grant cash disbursement noncash assistance

 Schedule F (Form 990) 2020
 TANAGER
 52-1826242
 Page 4

Part IV Fore	eign Forms
--------------	------------

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2020

Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

FOR ALL SUBAWARDS, TANAGER REQUIRES PERIODIC SUBMISSION OF REPORTS FROM
THE SUBCONTRACTOR. THESE INCLUDE FINANCIAL AND PROGRAMMATIC DELIVERABLE

PROGRESS REPORTS. TANAGER PROGRAM STAFF REVIEWS THE PROGRAM REPORTS

AGAINST THE DELIVERABLES SET OUT IN THE AGREEMENT AND WORK PLAN. FINANCE

STAFF REVIEWS THE FINANCIAL REPORTS AGAINST THE AGREEMENT BUDGET FOR

COMPLIANCE WITH THE AWARDED PROVISIONS AND REGULATIONS. DEPENDING ON THE

SIZE OF THE SUBAWARD. TYPE OF AWARD. AND OVERALL RISK TO TANAGER. AS

DETERMINED BY THE PRE-AWARD SURVEY, THE PRESIDENT MAY REQUIRE ADDITIONAL

OVERSIGHT BY THE PROGRAM AND FINANCE STAFF. TANAGER'S COMPLIANCE STAFF

REVIEWS EACH SUBAWARD AGAINST TANAGER'S POLICIES AND PROCEDURES ALONG

SIDE SPECIFIC TERMS AND CONDITIONS THAT ACCOMPANY EACH AWARD. THE GRANTS

MANAGER VERIFIES THAT THE SUBCONTRACTOR SUBMITS RELEVANT AUDIT COMPLIANCE

DOCUMENTATION AND PROGRAM STAFF CONDUCT SITE VISITS TO REVIEW

SUBCONTRACTOR WORK. PROGRAM FINANCIAL STAFF REVIEW FINANCIAL

DOCUMENTATION INCLUDING REPORTS AND SUPPORTING RECEIPTS.

PART I, LINE 3:

THE ORGANIZATION USES GAAP TO REPORT EXPENDITURES IN A FOREIGN REGION.

PART I, LINE 3, COLUMN (E):

REGION: SUB-SAHARAN AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: AGRICULTURAL DEVELOPMENT -

GENDER AND NUTRITION MAINSTREAMING AND CAPACITY BUILDING OF SMALLHOLDER

FARMERS,

PART II, COLUMN (D):

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of

investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. REGION: SOUTH ASIA (D) PURPOSE OF GRANT: CONDUCT A RICE PROJECT IN CAMBODIA TO IMPROVE SMALLHOLDER FARMER LIVELIHOODS THROUGH VALUE CHAIN DEVELOPMENT PROGRAMS GAP TRAININGS, PRODUCTION INNOVATION, AND POST-HARVEST MANAGEMENT. REGION: SOUTH AMERICA (D) PURPOSE OF GRANT: PROVIDE TECHNIAL TRAINING, PSYCHOSOCIAL SUPPORT AND JOB PLACEMENT SERVICES TO VULNERABLE YOUTH IN MDELLIN, COLOMBIA REGION: SOUTH AMERICA (D) PURPOSE OF GRANT: PROVIDE TECHNIAL TRAINING. PSYCHOSOCIAL SUPPORT AND JOB PLACEMENT SERVICES TO VULNERABLE YOUTH IN CALI, COLOMBIA REGION: SOUTH AMERICA (D) PURPOSE OF GRANT: PROVIDE TECHNIAL TRAINING, PSYCHOSOCIAL SUPPORT AND JOB PLACEMENT SERVICES TO VULNERABLE YOUTH IN BARRANQUILLA, COLOMBIA REGION: SUB-SAHARAN AFRICA (D) PURPOSE OF GRANT: FACILITATE TRAINING TO ALREADY ESTABLISHED GROUPS IN VILLAGES ON PROPER POULTRY PRODUCTION PRACTICES; AND DEVELOP AND DISTRIBUTE MICROFINANCE PRODUCTS FOR POULTRY PRODUCTION. REGION: SUB-SAHARAN AFRICA (D) PURPOSE OF GRANT: THOUGHT PARTNERSHIP ACTIVITIES INCLUDING PARTICIPATION IN LEARNING SESSIONS, EXPERT REVIEW ON PRODUCTS FROM THE LEARNING AGENDA, AND SCOPE DEVELOPMENT.

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of

investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. REGION: SUB-SAHARAN AFRICA (D) PURPOSE OF GRANT: TRAIN PEOPLE IN EACH COMMUNITY ON GENDER NUTRITION, AND POULTRY; WHILE HELPING LEADERS IN THE COMMUNITY DELEVOP ACTION PLANS FOR KEY MESSAGING WITH REGARD TO GENDER, NUTRITION, AND POULTRY. REGION: SUB-SAHARAN AFRICA (D) PURPOSE OF GRANT: TRAIN TRAINERS OF PROPER POULRTY PRODUCTION PRACTICES; THEY ESTABLISH LOCAL POULTRY PRODUCTION DEMONSTRATION SITES. REGION: SUB-SAHARAN AFRICA (D) PURPOSE OF GRANT: PROVIDE BASIC FINANCIAL LITERACY ASSISTANCE ADAPTS EXISTING CREDIT INSTRUMENTS TO THE POULTRY SECTOR, AND EXTENDS CREDIT TO THE PROJECT PARTICIPANTS. REGION: SUB-SAHARAN AFRICA (D) PURPOSE OF GRANT: CAPACITY BUILDING OF THE COMMUNITY ON POULTRY PRODUCTION; TRAINING OF BENEFICIARIES IN FINANCIAL EDUCATION; SAVINGS COLLECTION AND DISTRIBUTION OF SMALL LOANS TO POULTRY FARMERS TO IMPROVE POULTRY PRODUCTION. REGION: SUB-SAHARAN AFRICA (D) PURPOSE OF GRANT: SUPPORT THE DEVELOPMENT OF MONITORING, EVALUATING AND LEARNING DIAGNOSTIC TOOL TO INFORM INTERVENTION DESIGNS AS WELL AS THE CLIENT SPECIFIC SERVICES INCLUDING ARTICULATING THEORIES OF CHANGE

(TOC) FOR INTERVENTIONS, DESIGNING AND IMPLEMENTING MONITORING

ACTIVITIES, ADDRESSING CLIENTS' NEEDS BASED ON THE DIAGNOSTIC ASSESSMENT

Schedule F (Form 990) 2020 TANAGER 52-1826242 Page 5 Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. AND IDENTIFYING OPPORTUNITIES FOR ADDITIONAL ASSESSMENTS WHICH ADD VALUE.

032075 12-03-20 Schedule F (Form 990) 2020

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.

ZUZUOpen to Public

Employer identification number

52-1826242

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

TANAGER

Department of the Treasury

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

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 X Housing allowance or residence for personal use 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 X reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, X trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 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 Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Х a Receive a severance payment or change-of-control payment? 4a Х **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4b **c** Participate in or receive payment from an equity-based compensation arrangement? X 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a Х Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6 contingent on the net earnings of: Х a The organization? 6a Х **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Х 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III Х 8 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) 2020

Schedule J (Form 990) 2020 TANAGER 52-1826242 Page 2

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.

	(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(6)(1)-(U)	reported as deferred on prior Form 990
(1) CHARLES HALL	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR & INTERIM TREASURER	(ii)	337,123.	0.	960.	45,861.	3,423.	387,367.	0.
(2) ANA BILIK	(i)	256,567.	0.	1,554.	26,090.	53,557.	337,768.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KEVIN HAGGERTY	(i)	0.	0.	0.	0.	0.	0.	0.
TREASURER (TO 7/21/20)	(ii)	178,799.	0.	3,885.	15,037.	34,607.	232,328.	0.
(4) ROMAIN KENFACK	(i)	106,565.	0.	58,470.	0.	23,844.	188,879.	0.
TEAM LEAD	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JOSEPH BOULIER	(i)	112,674.	0.	354.	9,715.	39,790.	162,533.	0.
SENIOR DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2020 TANAGER 52–1826242 Page **3**

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 1A:
HOUSING ALLOWANCE, A TAXABLE BENEFIT, IS PROVIDED TO LONG-TERM EMPLOYEES TO
OBTAIN ADEQUATE RESIDENTIAL ACCOMMODATIONS DURING ASSIGNMENTS AT POST. THIS
ALLOWANCE INCLUDES THE COST OF RENT, UTILITIES AND GUARD SERVICE, IF
APPLICABLE.
THE FOLLOWING EMPLOYEE IN THE COMPENSATION BREAKDOWN DOCUMENT RECEIVED THE
HOUSING ALLOWANCE DURING THE YEAR:
ROMAIN KENFACK: \$32,024

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service **Employer identification number** Name of the organization TANAGER 52-1826242 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TANAGER BRINGS PEOPLE TOGETHER TO CO-CREATE NEW WAYS OF REALIZING LIFE-CHANGING ECONOMIC OPPORTUNITY. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SHARED MARKET OPPORTUNITIES. FORM 990, PART VI, SECTION A, LINE 8B: TANAGER HAS NO BOARD COMMITTEES OTHER THAN THE EXECUTIVE COMMITTEE, WHICH IS EMPOWERED BY THE BYLAWS TO 'EXERCISE ALL POWERS OF THE BOARD OF DIRECTORS IN THE INTERIM BETWEEN BOARD MEETINGS AND IN ACCORDANCE WITH THE POLICIES AND DIRECTIONS ADOPTED BY THE BOARD.' IN ALL CASES WHEN THE EXECUTIVE COMMITTEE ACTS UNDER THAT EMPOWERMENT. MINUTES ARE TAKEN OF THE COMMITTEE'S ACTIONS. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS PREPARED BY THE TANAGER ACCOUNTING TEAM VIA AN EXTERNAL ACCOUNTING FIRM'S PORTAL, AN EXTERNAL ACCOUNTANT REVIEWS AND PROVIDES A DRAFT FORM 990, WHICH IS REVIEWED BY THE TANAGER PRESIDENT AND TREASURER AND FINALLY REVIEWED AND APPROVED BY THE TANAGER BOARD OF DIRECTORS BEFORE SUBMISSION. FORM 990, PART VI, SECTION B, LINE 12C: TANAGER REQUIRES ALL NEW HIRES TO SIGN A CORPORATE CONDUCT

ANTI-CORRUPTION, ANTI-EXPLOITATION POLICY CERTIFICATE.

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization TANAGER	Employer identification number 52-1826242
ALL BOARD MEMBERS SIGN A CONFLICT OF INTEREST CERTIFICATE UPON JOINING.	
FORM 990, PART VI, SECTION B, LINE 15:	
TANAGER RELIES ON A RELATED ORGANIZATION, ACDI/VOCA, TO DETERMINE	
COMPENSATION. ACDI/VOCA'S PROCESS IS AS FOLLOWS: ANNUALLY IN DECEMBER, THE	
HUMAN RESOURCES COMMITTEE REVIEWS ALL OFFICER & KEY EMPLOYEE COMPENSATION.	
THE HUMAN RESOURCES COMMITTEE COMPRISES THE PRESIDENT AND CEO, THE COO, AND	
THE SVP OF HUMAN RESOURCES. FOR PURPOSES OF OFFICER COMPENSATION, THE COO	
IS EXCUSED FROM DISCUSSION. THE SVP OF HR PROVIDES MARKET INFORMATION, EACH	
OFFICER OR KEY EMPLOYEE PROVIDES A REVIEW OF CURRENT OBJECTIVES,	
ACCOMPLISHMENTS FOR THE YEAR, AND PRIORITIES FOR THE NEXT YEAR. A REVIEW OF	
THE SALARY GRADE AND SALARY INCREASE STRUCTURE IS PROVIDED. THE PRESIDENT	
AND CEO MAKES THE FINAL DETERMINATION. A COPY OF THE REVIEW AND SALARY	
ADJUSTMENT, IF ANY, IS PLACED IN EACH OFFICER OR KEY EMPLOYEE'S EMPLOYMENT	
TANAGER 521826242 FOLDER. ANY INCREASES ARE EFFECTIVE AS OF JANUARY 1 OF	
ANY GIVEN YEAR.	
FORM 990, PART VI, SECTION C, LINE 19:	
FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS	
ARE AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH	
IN SECTION 6104(D).	
FORM 990, PART XII, LINE 2C:	
THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND	
SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL	
STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

TANAGER

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

52-1826242

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controllin entity

(a) (f) (b) (c) (d) (e) (g) Section 512(b)(13) Name, address, and EIN Legal domicile (state or **Exempt Code** Public charity Primary activity Direct controlling controlled of related organization section status (if section entity foreign country) entity? 501(c)(3)) Yes No ACDI/VOCA - 52-0811461 50 F STREET, NW, SUITE 1075 WASHINGTON, DC 20001 INTERNATIONAL DEVELOPMENT ILLINOIS 501(C)(3) LINE 7 N/A Х NGO THAT CONDUCTS LENDING MCA BAI TUSHUM CHOKMOROVA ST 240, 6 FLOOR AND OTHER FINANCIAL BISHKEK, KYRGYZSTAN 720010 SERVICES KYRGYZSTAN ACDI/VOCA Х NGO THAT CONDUCTS LENDING KMF DEMEU 39 BEREGOVAYA STREET AND OTHER FINANCIAL ALMATY, KAZAKHSTAN 050051 SERVICES KAZAKHSTAN ACDI/VOCA Х FUNDACION ACDI/VOCA L.A. (FAVLA) GENERATE OPPORTUNITIES FOR CRA 16 NO. 93A 36, OFFICE 204 ECONOMIC AND SOCIAL BOGOTA, COLOMBIA INCLUSION IN LATIN COLOMBIA ACDI/VOCA Х

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2020

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j	(k)
Name, address, and EIN of related organization	Primary activity	Primary activity Legal domicile (state or foreign		Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disproportionate allocations?		↓ 20 of Schedule	mana partn	
		country)		sections 512-514)		ussets	Yes No		K-1 (Form 1065)	Yes	No
	IDENTIFYING										
AV VENTURES LLC	ECONOMIC										
50 F STREET NW, SUITE 1000	OPPORTUNITIES										
WASHINGTON, DC 20001	FOR FARMERS AND	DE	ACDI/VOCA	RELATED				x	N/A		:
	FINANCING TO										
AV VENTURES GHANA LLC	AGRIBUSINESS										
50 F STREET NW, SUITE 1000	SMALL AND										
WASHINGTON, DC 20001	MEDIUM	DC	ACDI/VOCA	RELATED				x	N/A	2	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(l	tion b)(13) rolled tity?
		country)						Yes	No
AFGHANISTAN RURAL FINANCE COMPANY (ARFC)									
HOUSE #52, 2 ST,									
SHAR-E-NOW AREA, KABUL ISLAMIC REPUBLIC,	SME LENDING	AFGHANIST	ACDI/VOCA	C CORP					Х
FRONTIERS									
ABDRAHMANOVA STR.201									
BISHKEK, KYRGYZSTAN	WHOLESALE LENDING	KYRGYZSTA	ACDI/VOCA	C CORP					Х
	1								

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

Page 3

Х

Yes No

1a

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

b Gi	ft, grant, or capital contribution to related organization(s)				1b		X
c Gi	ft, grant, or capital contribution from related organization(s)				1c		X
d Lo	pans or loan guarantees to or for related organization(s)				1d		X
e Lo	pans or loan guarantees by related organization(s)				1e		Х
f Di	vidends from related organization(s)				1f		X
g Sa	ale of assets to related organization(s)				1g		X
h Pu	urchase of assets from related organization(s)				1h		X
i Ex	change of assets with related organization(s)				1i		Х
j Le	ease of facilities, equipment, or other assets to related organization(s)				1j		Х
	ease of facilities, equipment, or other assets from related organization(s)				1k		X
	erformance of services or membership or fundraising solicitations for related organ				11		X
	erformance of services or membership or fundraising solicitations by related organ				1m	Х	
	naring of facilities, equipment, mailing lists, or other assets with related organization				1n	X	
o St	naring of paid employees with related organization(s)				10	X	
					4		х
рк	eimbursement paid to related organization(s) for expenses				1p		X
q Re	eimbursement paid by related organization(s) for expenses				1q		
r O	ther transfer of cash or property to related organization(s)				1r		Х
s O	ther transfer of cash or property from related organization(s)				1s		X
	the answer to any of the above is "Yes," see the instructions for information on w				13		
_ "	•						
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	volved		
1)							
2)							
3)							
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5)							
-,							
6)							
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Schedule R (Form 990) 2020 TANAGER 52–1826242 Page **4**

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

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

(a)	(b)	(c)	(d)	(e) (f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	ers sec. Share of	Share of	Dispropor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or	Percentage
of entity		(state or foreign	(related, unrelated, 50°	share of total	end-of-year	allocations?	amount in box 20	partner?	ownership
		country)	sections 512-514) Yes	No income	assets	Yes No	(Form 1065)	Yes No	
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FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	ine No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	FINANCIAL SYSTEM	VARIOUS	NC	.000	НУ		38,204.				38,204.			0.	
	* TOTAL 990 PAGE 10 DEPR						38,204.				38,204.	0.		0.	0.

Form **8868**

(Rev. January 2020)

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 https://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 print TANAGER 52-1826242 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 50 F STREET, N.W., NO. 1000 return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20001 Enter the Return Code for the return that this application is for (file a separate application for each return) 1 Return Application **Application** Return Code Is For Code Is For Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF Ω4 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 ANA BILIK Telephone No. ▶ (202) 469-6000 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 . 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. NOVEMBER 15, 2021 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 2020 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 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 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-EO and Form 8879-EO for payment instructions

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

Form 8868 (Rev. 1-2020)