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For	99	90	Return of Or	ganization Exe	empt Fron	n Inco	me Ta	ах	OMB No 1545-0047
			Under section 501(c), 527, or	4947(a)(1) of the Intern	al Revenue Cod	le (except i	private fo	undations	J 2018
_				al security numbers or			-		Open to Public
Dep Inte	artment o rnal Rever	f the Treasury nue Service	► Go to www.irs.	gov/Form990 for instru	ctions and the	latest info	rmation.		Inspection
A	For the	2018 calen	dar year, or tax year beginnin	g 01/01	, 2018, and	ending	12	2/31	, 20 18
В	Check if	applicable.	C Name of organization Tanka Fu	nd				D Employe	r Identification number
	Address	change	Doing business as						82-5315136
₽	Name cl	hange	Number and street (or P O, box if r	nail is not delivered to stree	t address) R	oom/sulte		E Telephon	e number
M	Initial ref	turn	287 Water Tower Road						612-986-5157
닏		rn/terminated	City or town, state or province, cou	untry, and ZIP or foreign pos	stal code				
片			Kyle, SD, 57752					G Gross red	
Ш	Applicat		Name and address of principal office		x	71			ubordinates? Yes No
_	Tou ove	mpt status:	HC3 Box 121B, Gettysburg, SI 501(c)(3) 501(c)		4947(a)(1) or				Included? Yes No e instructions)
<u>'</u>	Website		ا soricity العاملات ا	() ◀ (insert no) ∐	4947(B)(1) OF	***		exemption r	•
K			Corporation Trust Associ	ation ☐ Other ►	L Year of	f formation	2018	1	of legal domicile SD
	art I	Summa	 		1		20.0		
	1		cribe the organization's mis	sion or most significa	nt activities:	Tanka Fun	ıd's miss	on is to re	eturn buffalo to Native
8			lands, lives and economies.		- -				
nan									
Activities & Governance	2	Check this	box $ ightharpoonupigcup \square$ If the organization	discontinued its oper	ations or dispo	osed of m	ore than	25% of it	s net assets.
Ĝ	3		voting members of the government					3	4
•ර ග	4		findependent voting membe					4	4
ritie	5	Total numi	ber of individuals employed	n calendar year 2018	(Part V, line 2s	a) .		5	0
cţį	6	Total numb	per of volunteers (estimate If	necessary)	PE			6	4
⋖	7a	lotal unrel	per of volunteers (estimate If ated business revenue from ted business taxable Income	Part VIII, column (C),	line 12'	EIVE	- N	7a	0
	b	Net unrela	ted business taxable Income	trom Form 990-1, III	<u> </u>	7	Prior Ve		O Current Year
	8	Contributio	ons and grants (Part VIII, line	1h)		1 20.		" 	
Revenue	9		ervice revenue (Part VIII, line			4 2019		/ 	286,481 0
evel	10		t income (Part VIII, column (/		OGDE	:	<u> </u>		0
ď	l		nue (Part VIII, column (A), lin		and Tre)	'N, UT	اں		0
	12		ue-add lines 8 through 11 (i			(2)		0	286,481
	13		sımılar amounts pald (Part						15,000
	14	Benefits pa	aid to or for members (Part I	X, column (A), line 4)					0
es	l		her compensation, employee	•	• • •	,			0
ens)		al fundralsing fees (Part IX, o						0
Expenses			alsing expenses (Part IX, co		18,6	37			
***			enses (Part IX, column (A), Ilr			·			65,377
			nses. Add lines 13–17 (must			·		0	80,377
- 8	19	Revenue le	ess expenses. Subtract line	8 from line 12	· · · · ·	Regin	ning of Cui	O	206,104 End of Year
Net Assets or Fund Balances	20	Total asset	s (Part X, line 16)			Degai	ining of Cui		
Asse Bat	21		ties (Part X, line 26)			•		0	209,213
Pund	22		or fund balances Subtract			.		0	3,110 206,103
	rt II		re Block	21 110111 1110 20	· · · · · · ·				200,103
			I declare that I have examined this	return, including accompan	ying schedules and	d statements	s, and to th	e best of my	knowledge and belief, it is
tru	o, correct	and complete	Declaration of preparer (other than	officer) is based on all info	rmation of which pr	reparer has a	any knowle	dge.	
			1)					5/2	7/19
Sig		Signatu	ure of officer				Dat	е	
He	re Ċ		Ducheneaux, Board Presiden	t .					
			r print name and title	Income to the state of the stat		16:		,	
Pa	id ⊱	[]	preparer's name	Preparer's signature	\cdot _ \bigcirc _	Date	alia	Check [
	eparei			-		5/1	-41-1	self-emplo	pyed P01010039
Us	e Only	Firm's nam		COO Minarana I arriva				's EIN ►	040.040.0755
May	the ID		ress ► One Main St SE Suite his return with the preparer:				Phor	on en	612-249-6758 ☐ Yes ☑ No
			lon Act Notice, see the separa	<u>`</u>		Cot No. 444	2001/		. , Yes [/] No Form 990 (2018)
LOL	· dhe w	OIN NOUUCII	ion noi monce, see the separa	เอ แเอน นตินบนซี.		Cat No 112	402 Y		rom 330 (2018)

Form 99	10 (2018)
Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	Tanka Fund's mission is to return buffalo to Native American lands, lives, and economies
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	the total expenses, and revenue, if any, for each program service reported.
	(Code:) (Expenses \$ 20,108 including grants of \$ 15,000) (Revenue \$ 0)
70	Tanka Fund operates a grants program to provide needed capital to Native buffalo ranchers for essential infrastructure, animals,
	lease payments on land, and strategic business planning. During the past year, Tanka Fund issued a grant of \$15,000 to the
	Brewer Buffalo Ranch in Slim Buttes, SD, on the Pine Ridge Indian Reservation The Brewer ranch is a project of the tax-exempt
	organization One Spirit The grant was issued to assist the Brewer family in building a fence on their 800-acre ranch to ensure
	their buffalo would not escape as well as covering the cost for a used ATV so that the family can check on their herd and move
	them if needed. The grant and improvements not only benefited the Brewer Family of four, but also the entire community of Slim
	Buttes and Pine Ridge The Brewer ranch operates a meat house to harvest buffalo and other wild game so that the meat can be
	available to address hunger and lack of nutrition on the reservation. As the Brewer Ranch expands their herd, more buffalo meat
	will be available to the community In addition to this achievement, the Tanka Fund Board of Directors has made strides in
	re-structuring its grant program to better serve the needs of Native buffalo ranchers. A new tiered structure is under development
	that will include grants for Planning, Operations, and Sustainability.
4b	(Code:) (Expenses \$ 14,909 including grants of \$ 0) (Revenue \$ 0)
75	Our second program is the development of a Native buffalo caretakers cooperative called Tanka Resilient Agriculture that can
	provide hands-on training and technical assistance to Native ranchers in regenerative management. This training is essential for
	Native buffalo ranchers to compete and succeed in the growing buffalo market and capture the value of raising grass-fed, organic
	Native buffalo This past year, Tanka Fund researched and met with experts in the field of cooperative business development to
	initiate the process of creating a membership plan for the coop. While direct benefit has not yet accrued to the community, we do
	believe our achievements in the coming year will provide avenues to move at least 3 ranch families into substantiated regenerative
	management practices and thereby financial health
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	·····
4d	Other program services (Describe in Schedule O)
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
4e	Total program service expenses ► 35,017

2art	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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
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		1
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		1
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		1
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		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		√
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		√
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		V
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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		1
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		1
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		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		√
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		✓
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		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		ļ
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	✓	

Part	V 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		✓
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		√
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	<u>.</u> .	√
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		✓
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		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
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, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		✓
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		√
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		✓
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		√
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		-
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
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		✓
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	✓	
Part				ـــا
	Check if Schedule O contains a response or note to any line in this Part V		Yes	
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 1	<u>_</u>	res	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			'
•	reportable gaming (gambling) winnings to prize winners?	1c	✓	
		Forn	990	(2018)

- en u	Statements Regarding Other Ins Filings and Tax Compliance (Continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Yes	No
Zđ	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	4a		,
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country. ▶	44		V 1
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		7
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	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).	0.5		- 1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a	1	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		,
	required to file Form 8282?	7c		√
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		 _
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		\
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
^	sponsoring organization have excess business holdings at any time during the year?	8		1
9 a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			i
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]]
11	Section 501(c)(12) organizations. Enter.			
a	Gross income from members or shareholders]
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	15		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			٠
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>√</u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			,
	excess parachute payment(s) during the year?	15		<u>√</u> ,
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		一
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	10		<u> </u>
		Forr	n 990	(2018)

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O S		structi	_
	Check if Schedule O contains a response or note to any line in this Part VI		<u> </u>	. 🗸
Secti	on A. Governing Body and Management		Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year . 1a 4		165	110
1a	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar			}
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2	√	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		✓
6	Did the organization have members or stockholders?	6		✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1
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		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	-	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
	•		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	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			
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?	12b	✓	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	✓	
13	Did the organization have a written whistleblower policy?	13 14		√
14	Did the organization have a written document retention and destruction policy?	14		V
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		✓
b	Other officers or key employees of the organization	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 taxable entity during the year?	 16a		✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	Γ		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	166		
Saati	organization's exempt status with respect to such arrangements?	16b		l
<u>Secur</u>				
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-7			
18	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply ☐ Own website. ☐ Another's website. ☑ Upon request. ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	▶	
	Propel Nonprofits, (612)249-6700			

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Dage	7

_			
Form	990	(201	18)

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

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 employees."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization no	r any relate	d org	anız	atic	n c	ompe	ensa	ited any currer	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box, office	unles er an	Pos neck ss pe d a d	rson	e than e is both or/trus	n an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
Zach Ducheneaux	2 00									
President	0 00	1		1				0	0	o
Mark Tilsen	2 00									
Vice President	0 00	1		1	ľ			0	0	o
Nick Herndandez	2 00									
Secretary-Treasurer	0 00	1		1				0	0	0
Dawn Sherman	1 00									
Member	0 00	1						0	0	0
			_							
<u> </u>										

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (C)													
	(4)	(5)			•	u) ation			(5)	(E)			4 54	
	(A)	(B)			neck	more	e than o		(D)	(E) Reportable			(F) mated	
	Name and title	Average hours per					ıs both or/trusi		Reportable compensation	compensation			ount of	
		week (list any	,	_		,		, 	from the	related organizatio	.00		ther	00
		hours for related	divid	stitu	Officer	Key e	향	Former	organization	(W-2/1099-N			ensation	UII
		organizations		Institutional trustee		employee	Highest compensated employee	"	(W-2/1099-MISC)			_	nizatio	
		below dotted line)	r tz	al tr		byee	ğ						related nization	
		•	tee	uste	ļ	"	ensa	İ				_		
				Ö			l fed							
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						L		<u> </u>						
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						 -		ļ			-+			
					-									
1b	Sub-total				•				0		0			0
С	Total from continuation sheets to Part	VII, Sectio	n A					>						
d	Total (add lines 1b and 1c)		<u> </u>						0		0			0
2	Total number of individuals (including but		I to th	ose	list	ed a	above	e) w	ho received m	ore than \$10	00,000	of		
	reportable compensation from the organi	zation >							0					
													Yes	No
3	Did the organization list any former of							emp	oloyee, or high	est comper	nsated		ļ	.
	employee on line 1a? If "Yes," complete S	Schedule J	for su	ıch	ındı	vidu	ıal				•	3	<u> </u>	/
4	For any individual listed on line 1a, is the													
	organization and related organizations	-					f "Ye	s, "	complete Sch	edule J for	r such			لا
_	ındıvidual						•			· · · · .		4		✓
5	Did any person listed on line 1a receive o										ividual			.
	for services rendered to the organization?	? IT "Yes," C	ompi	ete	Scr	ieat	ile J t	or s	sucn person	· · ·		5		✓
	on B. Independent Contractors										A 400			
1	Complete this table for your five highest of	compensate	ed ind	depe	end	ent	contr	acto	ors that receive	ed more that	n \$100	1,000 of	ania t	· ou
	compensation from the organization Rep	ort compe	nsauc	on ic	or u	ie c	alenu	ar y	rear ending wit	ii or within t	ne org	anızanı	ווא	ax
	year.							Γ	(B)			(C)		
	(A) Name and business add	Iress							Description of s	ervices	(Compens	ation	
None														
None														
								\vdash						
														
2	Total number of independent contracto	ors (includir	na bu	ıt n	ot I	ımıt	ed to	th	ose listed abo	ove) who				
-	received more than \$100,000 of compens							•••	0	-,				į

Par	VIII	Check if Schedule O contains a response or note to	o any line in this	Part VIII		
		Officer if deficience of contains a response of fiote to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
nts nts	1a	Federated campaigns 1a 0				
Gifts, Grants ilar Amounts	b	Membership dues 1b 0]			
ts, (Am	С	Fundraising events 1c 0				
G.ff	d	Related organizations 1d 0				
ns, Sim	e	Government grants (contributions) 1e 0				
utio er 9	f	All other contributions, gifts, grants, and similar amounts not included above 1f 286.481				
o tr		and similar amounts not included above 1f 286,481 Noncash contributions included in lines 1a-1f \$ 0				
Contributions, Gifts, Grants and Other Similar Amounts	g h	Total. Add lines 1a–1f	286,481			
		Business Code	200,401			
en.	2a					
æ	b					
ခို	С					
Sen	d					
ä	e					
Program Service Revenue	f	All other program service revenue				,
	<u>g</u> 3	Total. Add lines 2a–2f	0			
	3	and other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties				
		(i) Real (ii) Personal				
	6a	Gross rents .				
	b	Less rental expenses				
	С	Rental income or (loss) 0 0			·	
	d	Net rental income or (loss)				
	7a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory				
	b	Less cost or other basis and sales expenses				
	С	Gain or (loss) 0 0				
	d	Net gain or (loss)				
venue	8a	Gross income from fundraising				
ver		events (not including \$				
Re		of contributions reported on line 1c).				
Other		See Part IV, line 18 a				
ō		Less: direct expenses b Net income or (loss) from fundraising events				
		Gross income from gaming activities.				
	"-	See Part IV, line 19 a				ı
	ь	Less. direct expenses b				
	С	Net income or (loss) from gaming activities .				
	10a	Gross sales of inventory, less				
		returns and allowances a				
		Less cost of goods sold . b				
	С	Net income or (loss) from sales of inventory				
	11a	Miscellaneous Revenue Business Code				
	i ia b					
	C					
	ď	All other revenue				
	e	Total. Add lines 11a–11d ▶	0			
	12	Total revenue. See instructions ▶	286,481	0	0	0

Form 990 (2018)

Part IX Statement of Functional Expenses

Sectio	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	II other organization	s must complete co	olumn (A)
	Check if Schedule O contains a respon	se or note to any lir	ne in this Part IX .		
	t include amounts reported on lines 6b, 7b, o, 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	15,000	15,000		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9 10 11	Other employee benefits				<u> </u>
a	Management	0			
c p	Legal				
d e	Lobbying				
f g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	22,012	7,650	3,729	10,633
12	Advertising and promotion	1,752	1,000	0	752
13	Office expenses	388	211	0	177
14	Information technology	18,559	10,124	1,520	6,915
15	Royalties		,	.,	
16	Occupancy				
17	Travel	1,705	1,032	673	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings . Interest	226	0	226	0
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization . Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Bank Fees Paid	181	0	21	160
b c	Fiscal Sponsorship Fees	20,554	0	20,554	0
d					
е	All other expenses Total functional expenses. Add lines 1 through 24e				
25		80,377	35,017	26,723	18,637
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)				

34

209,213 Form **990** (2018)

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34

Total liabilities and net assets/fund balances

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 1 197.458 Cash—non-interest-bearing 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net . 3 4 4 25 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Assets Notes and loans receivable, net . . . 7 7 8 Inventories for sale or use 11,730 9 9 Prepaid expenses and deferred charges . Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10c Less accumulated depreciation 10b 11 Investments—publicly traded securities . . 11 12 12 Investments—other securities. See Part IV, line 11 . 13 13 Investments—program-related. See Part IV, line 11 Intangible assets 14 14 Other assets See Part IV, line 11 15 15 16 16 Total assets. Add lines 1 through 15 (must equal line 34) . 0 209,213 17 17 3,110 18 Grants payable. Deferred revenue 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, 22 iabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 26 Total liabilities. Add lines 17 through 25 0 3,110 Organizations that follow SFAS 117 (ASC 958), check here ▶ Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets . . 27 0 206,103 0 28 Temporarily restricted net assets 28 0 29 0 Permanently restricted net assets . Net Assets or Fund 29 0 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . Retained earnings, endowment, accumulated income, or other funds. 32 32 Total net assets or fund balances 33 33 0 206,103

orm 9	90 (2018)				Pε	age 12
	XI Reconciliation of Net Assets					3-
	Check if Schedule O contains a response or note to any line in this Part XI					V
1	Total revenue (must equal Part VIII, column (A), line 12)	1			28	6,481
2	Total expenses (must equal Part IX, column (A), line 25)	2				0,377
3	Revenue less expenses. Subtract line 2 from line 1	3			20	6,104
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9				-1
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10			20	6,103
Part	XII Financial Statements and Reporting					<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990. Cash Accrual Other		ſ		-	
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ı	in	j		
	Schedule O.	,				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. [2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were compared to the statement of the year were compared to the statement of the year were compared to the year were year.	oiled d	or [
	reviewed on a separate basis, consolidated basis, or both:				Ì	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		1	2b		$\overline{\checkmark}$
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	a			· 1
	separate basis, consolidated basis, or both.					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			i		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	ersigh	nt -			
_	of the audit, review, or compilation of its financial statements and selection of an independent account			2c		
	If the organization changed either its oversight process or selection process during the tax year, ex		_	\neg		'
	Schedule O	•			ĺ	

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2018)

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3b

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047 2018

► Attach to Form 990 or Form 990-EZ. **Open to Public** Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection

Name of the organization

Tanka Fund

Employer identification number

82-5315136

Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

	nospital's name, city, and state.
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in
	section 170(b)(1)(A)(iv) (Complete Part II)

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

section 170(b)(1)(A)(iv). (Complete Part II)	_	·		
A federal, state, or local government or govern	nmental unit	described in sectio	n 170(b)(1)(A)(v).	

7	An organization that normally receives a substantial part of its support from a governmental unit or from the general	public
	described in section 170(b)(1)(A)(vi). (Complete Part II.)	

9	9	lescribed in section 170(b)(1)(A	(ix) operated in conjunction	with a land-grant college
	or university or a non-land-grant colleg	ge of agriculture (see instruction	ns). Enter the name, city, and s	state of the college or
	university			

10	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross
	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its
	support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses
	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.)

11	☐ An organization organized	I and operated exc	lusively to test for	public safety.	See section 509(a)(4)
----	-----------------------------	--------------------	----------------------	----------------	-----------------------

A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)

2	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes
	of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3).
	Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a	Type I. A supporting organization operated, supcreised, or controlled by its supported organization(s), typically by giving
	the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the
	supporting organization. You must complete Part IV. Sections A and B.

ı	Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having
	control or management of the supporting organization vested in the same persons that control or manage the supported
	organization(s) You must complete Part IV, Sections A and C.

•	Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with	ıth,
	its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.	

d	Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s)
	that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness
	requirement (see instructions) You must complete Part IV, Sections A and D, and Part V.

•	Check this box if the organization received a written determination from the IRS that it is a Type II, Type III
	functionally integrated, or Type III non-functionally integrated supporting organization.

f	Enter the number of supported organizations								

f	Enter the number of supported organizations	
~	Provide the following information about the supported organization(s)	

g Provide the following information	on about the su	pported organization(s)				
(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total	 	+		 		

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Calendar year (or fiscal year beginning in) ▶ Gifts. grants, contributions, membership fees received. (Do not include any "unusual grants.") . 286,481 286,481 revenues levied organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge . . . 4 Total. Add lines 1 through 3. 0 0 0 0 286,481 286,481 5 The portion of total contributions by person (other than each а governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 286,481 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Amounts from line 4 . 0 0 286,481 286,481 8 Gross income from interest, dividends. payments received on securities loans, rents, royalties, and income from similar sources . Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 11 286,481 Gross receipts from related activities, etc. (see instructions) 12 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☑ Section C. Computation of Public Support Percentage Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 % Public support percentage from 2017 Schedule A, Part II, line 14 15 % 15 331/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . b 331/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2018. 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 10%-facts-and-circumstances test - 2017. 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 organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part	III Support Schedule for Organiza						
	(Complete only if you checked t	he box on line	e 10 of Part I	or if the orga	nızatıon failed	d to qualify un	der∕Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	II.)	
Secti	on A. Public Support					/	
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018 /	(f) Total
1	Gifts, grants, contributions, and membership fees					/	
	received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities					/	
	furnished in any activity that is related to the					/	
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an	ĺ			/		
	unrelated trade or business under section 513						
4	Tax revenues levied for the			1		ĺ	
	organization's benefit and either paid to						
	or expended on its behalf .						
5	The value of services or facilities			/	ľ		
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5.					<u> </u>	
7a	Amounts included on lines 1, 2, and 3			/			
	received from disqualified persons			<u>/</u>		-	
b	Amounts included on lines 2 and 3		/				
•	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
			-/				
с 8	Add lines 7a and 7b		/			· · · · · · · · · · · · · · · · · · ·	
0	I 01	_	/]			
Secti	on B. Total Support	<u> </u>				<u> </u>	
	dar year (or fiscal year beginning in)	(a) 20,14	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6		(-,	(-,	(-,	<u>}-</u>	
10a	Gross income from interest, dividends,	/					
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less/						
	section 511 taxes) from businesses						
	acquired after June 30, 1975/.						
С	Add lines 10a and 10b/.						
11	Net income from unrelated business			1			
	activities not included in line 10b, whether			}			
	or not the business is regularly carried on						
12	Other income Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
4.4	and 12.)		l contract	d thurd fourth	or fifth toy ye		F01/a)(2)
14	First five years. If the Form 990 is for the organization, check this box and stop he				, or multi tax ye	ear as a section	
Secti	on C. Computation of Public Suppor				•	· ·	<u> </u>
15	Public support percentage for 2018 (line			13 column (fl)		15	%
16	Public support percentage for 2016 (iiile a		-	. o, column (i))	•	16	
	on D. Computation of Investment In			· · · · ·	<u> </u>	<u>, .~ ,</u>	
17	Investment income percentage for 2018 (ov line 13. colu	mn (fl)	17	%
18	Investment income percentage from 2017					18	%
19a	33 ¹ / ₃ % support tests—2018. If the organ				nd line 15 is m		
	1/7 is not more than 331/3%, check this box						
b	/331/3% support tests - 2017. If the organiz	_	_			_	_
/	line 18 is not more than 331/23%, check this						
20/	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, c	heck this box	and see instruc	tions 🕨 📋

Part IV Supporting Organizations

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

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	aπ v	<u>.) </u>	
Secti	on A. All Supporting Organizations		T.	
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	1	Yes	No
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).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c	_	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	_	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).			
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? 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.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		'
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

determine whether the organization had excess business holdings)

10b

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Page	

Part	Supporting Organizations (continued)		177	
4.4			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations		,	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
_		1	<u> </u>	ļ
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
		_	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			ĺ
	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	Ė		<u> </u>
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			l
	supported organizations played in this regard	3		ļ
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ction	s)
а	☐ The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins		
2	Activities Test. Answer (a) and (b) below.	\Box	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			ł
	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 (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) 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? Provide details in Part VI.	3a		
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		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	gani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A-Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3	-	
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)	L.,	++ <u>-</u>	
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	•	
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions)	y int	egrated Type III supporti	ng organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)						
Sect	Section D-Distributions								
1	Amounts paid to supported organizations to accomplish	exempt purposes							
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	orted							
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations						
4	Amounts paid to acquire exempt-use assets								
5	Qualified set-aside amounts (prior IRS approval required)								
6	Other distributions (describe in Part VI). See instructions								
7	Total annual distributions. Add lines 1 through 6.								
8	Distributions to attentive supported organizations to whic (provide details in Part VI) See instructions.	h the organization is res	sponsive						
9	Distributable amount for 2018 from Section C, line 6								
10	Line 8 amount divided by line 9 amount								
	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018					
1	Distributable amount for 2018 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2018								
a	From 2013								
b	From 2014			-					
	From 2015		*						
d	From 2016								
е	From 2017								
f	Total of lines 3a through e								
g	Applied to underdistributions of prior years								
	Applied to 2018 distributable amount								
i	Carryover from 2013 not applied (see instructions)								
j	Remainder Subtract lines 3g, 3h, and 3i from 3f.								
4	Distributions for 2018 from Section D, line 7 \$								
а	Applied to underdistributions of prior years								
b	Applied to 2018 distributable amount								
С	Remainder. Subtract lines 4a and 4b from 4								
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.	-							
6	Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI. See instructions.								
7	Excess distributions carryover to 2019. Add lines 3j and 4c.								
8	Breakdown of line 7.		ap decomposite stand t						
а	Excess from 2014		das pres proporororo di ioni ioni idilioni mangalon i MMMM. M	IN ADDRESS OF THE PARTY OF THE					
b	Excess from 2015								
С	Excess from 2016								
d	Excess from 2017		want to called spaces region to 10.00. Higher						
е	Excess from 2018	,							

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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.)
	······································

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

▶ Attach to Form 990.

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

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OMB No 1545-0047

Employer identification number 82-5315136

Tanka Fund							82-5315136
Part General Information on Grants and Assistance	on Grants and	Assistance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	records to subs	stantiate the amou or assistance?	unt of the grants or	assistance, the g	rantees' eligibility fo	r the grants or assista	nce, and
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ation's procedur	es for monitoring	the use of grant fu	nds in the United	States.		
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	sistance to Do	mestic Organiz eceived more th	ations and Don Ian \$5,000. Part	nestic Governm Il can be duplica	ients. Complete if ated if additional si	the organization and pace is needed.	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Sch I, Stmt 1							
(2)							
(9)							
(4)		1					
(5)							
(9)							
(2)							
(8)							
(6)						÷	
(10)							
(11)						4.	
(12)				\$			i
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	501(c)(3) and gov	ernment organiza	tions listed in the	ine 1 table .			A
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ee the Instruction	s for Form 990.		Ö	Cat No 50055P		Schedule I (Form 990) (2018)

Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2018)

Part III Grants an

SCHEDULE O (Form 990 or 990-EZ)

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.

2018

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Employer identification number Name of the organization Tanka Fund 82-5315136 Form 990, Part VI, Section A, Line 2 - Board Members Dawn Sherman and Mark Tilsen both work for Native American Natural Foods(NANF) So they have a business relationship with each other. NANF is also a donor to Tanka Fund Form 990, Part VI, Section B, Line 11b - Board of Directors reviews and offers written approval or changes online prior to filing. Form 990, Part VI, Section B, Line 12c - We have an annual review and disclosure process, plus an expectation to disclose any new conflicts as soon as they are discovered. Form 990, Part VI, Section B, Line 15 - Tanka Fund does not currently have a process for determining compensation of CEO, Executive Director, or top management officials as there is no paid staff or board Form 990, Part VI, Section C, Line 19 - Organizational documents are available to the public upon request Form 990, Part IX, Line 11g - Strategic Consultant Form 990, Part XI, Line 9 - Rounding Adjustment