

Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2012 calendar year, or tax year beginning 01-01-2012, and ending 12-31-2012

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: THE TANDANA FOUNDATION INC. Number and street (or P O box, if mail is not delivered to street address): 2933 LOWER BELLBROOK ROAD. City or town, state or country, and ZIP + 4: SPRING VALLEY, OH 453709001

D Employer identification number: 20-4748423. E Telephone number. F Group Exemption Number

G Accounting Method: [X] Cash [] Accrual Other (specify)

H Check [] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: WWW.TANDANAFUNDATION.ORG

J Tax-exempt status (check only one): [X] 501(c)(3) [] 501(c)() (insert no) [] 4947(a)(1) or [] 527

K Check [] if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 185,983

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows and 2 columns. Rows 1-9: Revenue (Total: 185,983). Rows 10-17: Expenses (Total: 185,348). Rows 18-21: Net Assets (Total: 131,262).

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	94,111	22 106,409
23 Land and buildings		23
24 Other assets (describe in Schedule O)	35,337	24 24,853
25 Total assets	129,448	25 131,262
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	129,448	27 131,262

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?

CREATING CROSS-CULTURAL VOLUNTEER OPPORTUNITIES, SCHOLARSHIPS, AND FUNDING FOR SMALL COMMUNITY PROJECTS IN HIGHLAND ECUADOR AND MALI'S DOGON COUNTY

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 TANDANA COORDINATED NINE VOLUNTEER PROGRAMS IN ECUADOR, WHICH ALLOWED 139 NORTH AMERICANS TO VOLUNTEER THEIR SERVICES TO HELP 16 RURAL COMMUNITIES IN ECUADOR, WHILE LEARNING ABOUT THE LOCAL CULTURE. TWO OF THESE PROGRAMS WERE FOCUSED ON HEALTH CARE, AND ALLOWED OUR VOLUNTEER HEALTHCARE PROVIDERS TO TREAT 1265 PATIENTS. ONE OF THESE PROGRAMS ALLOWED US TO PROVIDE FREE VACATION ENGLISH AND MATH COURSES FOR APPROXIMATELY 60 LOCAL STUDENTS. OTHER PROGRAMS ALLOWED US TO BUILD A GREENHOUSE FOR A NATIVE TREE NURSERY, BUILD A RETAINING WALL FOR A POTABLE WATER SYSTEM, AND MAKE IMPROVEMENTS TO A COMMUNITY CENTER. OUR INTERNSHIP AND LONG-TERM VOLUNTEER PROGRAMS ALSO ALLOWED 8 NORTH AMERICANS TO SPEND 2-10 MONTHS EACH IN ECUADOR AND TO PROVIDE ENGLISH CLASSES AT ELEMENTARY SCHOOLS AND ASSISTANCE AT A RURAL HEALTH CENTER AND A NATIVE TREE NURSERY. WE COORDINATED ONE VOLUNTEER PROGRAM IN MALI, WHICH ALLOWED 11 NORTH AMERICANS TO VOLUNTEER THEIR SERVICES TO HELP TWO RURAL COMMUNITIES WHILE LEARNING ABOUT THE LOCAL CULTURE AND HELPING TO BUILD A GRAIN BANK FOR THE VILLAGE OF SAL-DIMI. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	133,702
29 TANDANA PROVIDED FUNDING FOR SEVERAL COMMUNITY INITIATIVES IN MALI, INCLUDING THE RESTORATION AND IMPROVEMENT OF TWO WELLS, WHICH ALLOWS THE INHABITANTS OF TWO VILLAGES SAFE ACCESS TO WATER, ADDITIONAL TRAINING IN GARDENING TECHNIQUES, SEEDS, AND TOOLS FOR THE YAROU PLATEAU SCHOOL, LITERACY CLASSES FOR 150 WOMEN OF KANSONGHO AND KANI, A LATRINE FOR THE KANSONGHO COTTON BANK, SOAP-MAKING TRAINING FOR WOMEN IN KANSONGHO, AND SUPPORT TO OLOGUELEMO AN ASSOCIATION OF 8 VILLAGES THAT HAS FORMED TO PROTECT AND ENCOURAGE THE TREES IN THEIR AREA. IN ECUADOR PROGRAMS, WE ASSISTED WITH A NEW ROOF FOR THE AGUALONGO COMMUNITY CENTER, CEMENT FOR CONSTRUCTION OF THE PANECILLO COMMUNITY CENTER, A GATE FOR THE SCHOOL IN PADRE CHUPA, A RETAINING WALL TO PROTECT THE WATER SOURCE FOR PANECILLO, AND A GREENHOUSE FOR THE UCINQUI NATIVE TREE NURSERY. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	29,219
30 TANDANA PROVIDED SCHOLARSHIPS FOR 78 RURAL ECUADORIAN STUDENTS, WHICH ALLOWED THEM TO ATTEND SECONDARY SCHOOL, AND FOR 5 RURAL ECUADORIAN STUDENTS TO ATTEND UNIVERSITY. TANDANA PROVIDED BOOKS, SUPPLIES, UNIFORMS, TRANSPORTATION COSTS, AND OTHER FEES. (Grants \$ 12,789) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	30a	16,614
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a) <input checked="" type="checkbox"/>	32	179,535

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a _____		
b	Did the organization file Form 1120-POL for this year?		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b _____		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 39a _____		
b	Gross receipts, included on line 9, for public use of club facilities 39b _____		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> _____		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> _____		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed <input type="checkbox"/> OH _____		
42a	The organization's books are in care of <input type="checkbox"/> HARRY BLAIR Telephone no <input type="checkbox"/> (937) 310-1140 Located at <input type="checkbox"/> 3067 MILL POND DRIVE BELLBROOK, OH ZIP + 4 <input type="checkbox"/> 45303		
b	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)?	42b	Yes
	If "Yes," enter the name of the foreign country <input type="checkbox"/> EC _____ See the instructions for exceptions and filing requirements for Form TD F Financial Accounts .		
c	At any time during the calendar year, did the organization maintain an offi If "Yes," enter the name of the foreign country <input type="checkbox"/> _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in line 15 and enter the amount of tax-exempt interest received or accrued during th		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 Form 990-EZ		
b	Did the organization operate one or more hospital facilities during the year <i>instead of Form 990-EZ</i>		
c	Did the organization receive any payments for indoor tanning services du		
d	If "Yes," to line 44c, has the organization filed a Form 720 to report thes <i>explanation in Schedule O</i>		
45a	Did the organization have a controlled entity within the meaning of sectio		
45b	Did the organization receive any payment from or engage in any transacti meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may Form 990-EZ (see instructions)		

	Yes	No
46		No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47		No
48		No
49a		No
49b		

47 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

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No














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.

Sign Here *****
Signature of officer
Date 2013-08-27
HOPE TAFT PRESIDENT
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name Preparer's signature MARK REDER Date 2013-09-12 Check if self-employed PTIN
Firm's name SHELTON REDER CPAS INC Firm's EIN
Firm's address 1230 SPRINGFIELD PIKE Phone no (513) 771-4100
CINCINNATI, OH 45215

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Additional Data**Software ID:****Software Version:****EIN:** 20-4748423**Name:** THE TANDANA FOUNDATION INC**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
HOPE TAFT  PRESIDENT	15 00	0		
JENNIFER SCHLOSSER  TREASURER, S	0 50	0		
DOUG CAPELIN  TRUSTEE	0 25	0		
CATHERINE DISON  TRUSTEE	0 25	0		
LAURIE FRANCIS  TRUSTEE	0 25	0		
BEAU LEFLER  TRUSTEE	0 25	0		
RICK O'HARA  TRUSTEE	0 25	0		
SHANNON ONGARO  TRUSTEE	0 25	0		
LANDER PURVIS COONEY  TRUSTEE	0 25	0		
JILL SPIKER  TRUSTEE	0 25	0		
ELIZABETH WEINSTEIN  TRUSTEE	0 25	0		
ANNA TAFT  EXECUTIVE DI	43 00	9,000		
JULIE LUNDQUIST  TRUSTEE	0 25	0		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

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. ▶ See separate instructions.

Name of the organization
THE TANDANA FOUNDATION INC

Employer identification number
20-4748423

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 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)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 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)
- 6 A federal, state, or local government or governmental unit described in **section 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)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization'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						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2012. 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2011. 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	27,872	49,965	55,235	87,785	92,133	312,990
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	54,851	55,790	78,563	101,360	93,244	383,808
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	82,723	105,755	133,798	189,145	185,377	696,798
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						696,798

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	82,723	105,755	133,798	189,145	185,377	696,798
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,600	649	586	582	606	4,023
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,600	649	586	582	606	4,023
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	84,323	106,404	134,384	189,727	185,983	700,821
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	99.430 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	99.380 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	1.000 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	1.000 %

- 19a 33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
THE TANDANA FOUNDATION INC

Employer identification number

20-4748423

Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	COOKBOOK SALE 599 TOTAL 599
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES AIRFARE 13,850 TRANSPORTATION 16,844 INSURANCE 865 BUSINESS REGISTRATION FEE 100 CONSULAR FEES 501 ACTIVITIES COSTS 2,105 PROJECT SUPPLIES 27,363 MEDICAL SUPPLIES AND SERV 4,846 EXCHANGE LOSS 201 COMMUNICATIONS/PHONE 1,730 BANK AND EXCHANGE FEES 1,773 FOOD 19,406 MISCELLANEOUS 1,257 SUPPLIES 15,042 SCHOLARSHIPS 12,789 LODGING 27,636 NON-INVESTMENT DEPRECIATION 1,162 TOTAL 147,470
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990-EZ, PART I, LINE 20	UNREALIZED GAIN ON BENEFICIAL INTEREST ASSET 1,179
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	4,785 7,434 LESS ACCUMULATED DEPRECIATION 1,233 2,395 ADVANCES AND PREPAID TRAVEL CARDS 13,671 0 BENEF INTEREST ASSET HELD BY OTHERS 18,114 19,814 TOTAL 35,337 24,853
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	CREATING CROSS-CULTURAL VOLUNTEER OPPORTUNITIES, SCHOLARSHIPS, AND FUNDING FOR SMALL COMMUNITY PROJECTS IN HIGHLAND ECUADOR AND MALI'S DOGON COUNTY
FIRST ACCOMPLISHMENT	FORM 990-EZ, PART III, LINE 28	TANDANA COORDINATED NINE VOLUNTEER PROGRAMS IN ECUADOR, WHICH ALLOWED 139 NORTH AMERICANS TO VOLUNTEER THEIR SERVICES TO HELP 16 RURAL COMMUNITIES IN ECUADOR, WHILE LEARNING ABOUT THE LOCAL CULTURE. TWO OF THESE PROGRAMS WERE FOCUSED ON HEALTH CARE, AND ALLOWED OUR VOLUNTEER HEALTHCARE PROVIDERS TO TREAT 1265 PATIENTS. ONE OF THESE PROGRAMS ALLOWED US TO PROVIDE FREE VACATION ENGLISH AND MATH COURSES FOR APPROXIMATELY 60 LOCAL STUDENTS. OTHER PROGRAMS ALLOWED US TO BUILD A GREENHOUSE FOR A NATIVE TREE NURSERY, BUILD A RETAINING WALL FOR A POTABLE WATER SYSTEM, AND MAKE IMPROVEMENTS TO A COMMUNITY CENTER. OUR INTERNSHIP AND LONG-TERM VOLUNTEER PROGRAMS ALSO ALLOWED 8 NORTH AMERICANS TO SPEND 2-10 MONTHS EACH IN ECUADOR AND TO PROVIDE ENGLISH CLASSES AT ELEMENTARY SCHOOLS AND ASSISTANCE AT A RURAL HEALTH CENTER AND A NATIVE TREE NURSERY. WE COORDINATED ONE VOLUNTEER PROGRAM IN MALI, WHICH ALLOWED 11 NORTH AMERICANS TO VOLUNTEER THEIR SERVICES TO HELP TWO RURAL COMMUNITIES WHILE LEARNING ABOUT THE LOCAL CULTURE AND HELPING TO BUILD A GRAIN BANK FOR THE VILLAGE OF SAL-DIMI.
SECOND ACCOMPLISHMENT	FORM 990-EZ, PART III, LINE 29	TANDANA PROVIDED FUNDING FOR SEVERAL COMMUNITY INITIATIVES IN MALI, INCLUDING THE RESTORATION AND IMPROVEMENT OF TWO WELLS, WHICH ALLOWS THE INHABITANTS OF TWO VILLAGES SAFE ACCESS TO WATER, ADDITIONAL TRAINING IN GARDENING TECHNIQUES, SEEDS, AND TOOLS FOR THE YAROU PLATEAU SCHOOL, LITERACY CLASSES FOR 150 WOMEN OF KANSONGHO AND KANI, A LATRINE FOR THE KANSONGHO COTTON BANK, SOAP-MAKING TRAINING FOR WOMEN IN KANSONGHO, AND SUPPORT TO OLOGUELEMO AN ASSOCIATION OF 8 VILLAGES THAT HAS FORMED TO PROTECT AND ENCOURAGE THE TREES IN THEIR AREA. IN ECUADOR PROGRAMS, WE ASSISTED WITH A NEW ROOF FOR THE AGUALONGO COMMUNITY CENTER, CEMENT FOR CONSTRUCTION OF THE PANECILLO COMMUNITY CENTER, A GATE FOR THE SCHOOL IN PADRE CHUPA, A RETAINING WALL TO PROTECT THE WATER SOURCE FOR PANECILLO, AND A GREENHOUSE FOR THE UCINQUI NATIVE TREE NURSERY.
THIRD ACCOMPLISHMENT	FORM 990-EZ, PART III, LINE 30	TANDANA PROVIDED SCHOLARSHIPS FOR 78 RURAL ECUADORIAN STUDENTS, WHICH ALLOWED THEM TO ATTEND SECONDARY SCHOOL, AND FOR 5 RURAL ECUADORIAN STUDENTS TO ATTEND UNIVERSITY. TANDANA PROVIDED BOOKS, SUPPLIES, UNIFORMS, TRANSPORTATION COSTS, AND OTHER FEES.

Form **4562**
 Department of the Treasury
 Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172
2012
 Attachment
 Sequence No **179**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return THE TANDANA FOUNDATION INC	Business or activity to which this form relates INDIRECT DEPRECIATION	Identifying number 20-4748423
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Part I Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	1,162

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2012	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	1,162
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A-Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 26 Property used more than 50% in a qualified business use 27 Property used 50% or less in a qualified business use 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1

Section B-Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal(noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year 42 Amortization of costs that begins during your 2012 tax year (see instructions) 43 Amortization of costs that began before your 2012 tax year 44 Total. Add amounts in column (f) See the instructions for where to report

TY 2012 Compensation Explanation

Name: THE TANDANA FOUNDATION INC

EIN: 20-4748423

Person Name	Explanation
HOPE TAFT	
JENNIFER SCHLOSSER	
DOUG CAPELIN	
CATHERINE DISON	
LAURIE FRANCIS	
BEAU LEFLER	
RICK OHARA	
SHANNON ONGARO	
LANDER PURVIS COONEY	
JILL SPIKER	
ELIZABETH WEINSTEIN	
ANNA TAFT	
JULIE LUNDQUIST	