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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

2011

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A	or the	2011 calenda	ar year, or tax year beginning	January 1	, 2011,	and ending		ember			
В	Check if ap	pplicable	C Name of organization				D Empl	-	entification number		
=	Address c	-	Tanzania Education Corporation			rs			6-1245485		
$\overline{}$	Name cha	- 1	Number and street (or P O box, if mail is not o	delivered to street address))	Room/suite	E Telep				
$\overline{}$	Initial retui Terminate		6 Norfolk Rd.					61	7 277-1999		
=	Amended		City or town, state or country, and ZIP + 4				F Grou	•	•		
	Applicatio	on pending	Chestnut Hill, MA 02467-1808				Num	ber 🕨	·		
G /	Account	ting Method:	✓ Cash	fy) ►		Н			f the organization is not		
	Nebsit		.tanzani-schools.org				•		ach Schedule B		
J T	ax-exen	npt status (che	eck only one) — 🗸 501(c)(3) 🔲 501(c) () ◀ (insert no) 🗌 49	947(a)(1) or	<u></u> 527	(Form 9	90, 990)-EZ, or 990-PF).		
	Check ▶		e organization is not a section 509(a)(3) sur								
		. ,	00. A Form 990-EZ or Form 990 return is n		n 990-N (e	e-postcard) ma	y be req	uired (see instructions). But if		
	•		oses to file a return, be sure to file a comp		_		6				
			b, to line 9 to determine gross receipts. If gro		or more,	or if total asset	s (Part II,				
_			ow) are \$500,000 or more, file Form 990 inste					<u>▶ \$</u>	63,655		
P	art I		e, Expenses, and Changes in N								
	T." _		the organization used Schedule O								
	1		ons, gifts, grants, and similar amount					1	\$63,655		
	2		ervice revenue including government				'	2	0		
	3		nip dues and assessments					3	0		
	4	Investment	4	0							
	5a	Gross amo	0	3							
	b	Less: cost	0	<u>-23</u> 4							
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)									
	6										
۵	а		7								
Revenue		\$15,000) .	0	4.							
	b	Gross inco	าร	, J. 4.							
			raising events reported on line 1) (att ch gross income and contributions ex	1	•	3					
			0								
	I .	Less: direct Net incom	htract								
	d	line 6c)	Diract		0						
	7-	•			6d ੁਮੁੱ						
	7a		es of inventory, less returns and allow		7a 7b		0				
	b		of goods sold					7c	0		
	C			8							
	8		enue (describe in Schedule O) enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, a			<u> </u>		9	\$63,655		
_	10		d similar amounts paid (list in Schedu		KEU	FIVED		10	\$59,300		
	11		aid to or for members				78	11	0		
Ø	12	•	other compensation, and employee be		APR 2	3 2012	[ŏ]	12	0		
Expense	13		nal fees and other payments to indepe	1001	A 1 1	0 2012	RS-	13	306		
ě	14		y, rent, utilities, and maintenance .		,		ן≝ן	14	0		
쬬	15		ublications, postage, and shipping.)GDI	EN, UT		15	0		
	16	• • •	enses (describe in Schedule O)				ب	16	0		
	17	•	enses. Add lines 10 through 16				. •	17	\$59,606		
	18	Excess or	(deficit) for the year (Subtract line 17	from line 9)			· ·	18	\$4,049		
ets	19		s or fund balances at beginning of y					No.			
\ss			ar figure reported on prior year's retui					19	\$5,508		
Net Assets	20	-	nges in net assets or fund balances (•				20	0		
ž	21		s or fund balances at end of year. Cor					21	\$9,557		
For			tion Act Notice, see the separate instru			No 10642I			Form 990-EZ (2011)		

SCANNED MAY 2 3 2012

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form	990-EZ (2011)					Page 2
Pa	rt II Balance Sheets. (see the instructions	for Part II.)				
	Check if the organization used Schedule	O to respond to ar				<u>,,,</u> , _
		•		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			\$5,508		\$9,557
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)		[24	0
25	Total assets		L	\$5,508	25	\$9,557
26	Total liabilities (describe in Schedule O)		[0	26	0
27	Net assets or fund balances (line 27 of column	(B) must agree with	n line 21)	\$5,508	27	\$9,557
Wha Desc	Check if the organization used Schedule t is the organization's primary exempt purpose? Chibe the organization's program service accomplineasured by expenses. In a clear and concise measured by expenses.	O to respond to an shments for each of anner, describe the	ny question in this l	Part III	501(d organ 4947	Expenses uired for section (3) and 501(c)(4) nizations and section (a)(1) trusts, optional thers)
28	ons benefited, and other relevant information for ea Construction second/third story classrooms at Tume		aratu, Tanzania			
	(Grants \$) If this amount	ıncludes foreign gra	nts, check here .	▶ □	28a	\$48,020
29	Student Scholarships at Tumaini Junior School, Kar	atu Tanzania				
					Ì	
]
		ıncludes foreign gra	nts, check here .	🕨 🗌	29a	\$11,280
30						

	(Grants \$) If this amount	includes foreign gra	nts, check here .	▶ □	30a	о
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount	includes foreign gra	nts, check here .	▶ □	31a	o
32	Total program service expenses (add lines 28a	hrough 31a)		🕨	32	\$59,300
	t IV List of Officers, Directors, Trustees, and Key				nstruc	tions for Part IV)
	Check if the organization used Schedule					🗀
	(a) Name and address	(b) Title and 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 employ	0	Estimated amount of their compensation
Fran	k Lee	.1	•		ļ	
6 No	rfolk Rd. Chestnut Hill, MA 02467		1			
Carc	l Hali	5.0				
6 No	rfolk Rd, Chestnut Hill, MA 02467	5.5				
Mau	ra Horodyski, JD	1				
	Main St. Hanover, ME	''		ĺ		
Lind	say Culkin	.1				
	Santa Monica Blvd. Santa Monica, CA 90404	.,				
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Part				П
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	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	33		✓
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)	34		1
35 _a	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)?	35a		1
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	35b		V
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	35c		_
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	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0	4		
b	Did the organization file Form 1120-POL for this year?	37b	ļ	✓
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?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	30a		_
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
ь	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
U	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		1
С	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			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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		. 🗸
41	List the states with which a copy of this return is filed. ▶			
42a		617 27		
b	Located at ► 6 Norfolk Rd, Chestnut Hill, MA ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	02467	-1808 Yes	
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		√
	If "Yes," enter the name of the foreign country: ▶			•
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		_✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		.	▶ □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✓
C	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schodulo O			,
450	explanation in Schedule O	44d	-	✓
45a 45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the	45a		-
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		1

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 and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts 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 Nonexempt of the organization and section 100 to respond to any question in effect during the tax year? If "Yes," complete Schedule C, Part II Yes," complete Schedule E 48 Yes	to candidates for public offi Part VI Section 501(c)(3) or 501(c)(3) organization and 52, and complete Check if the organization engag year? If "Yes," complete Sc. 48 Is the organization a school of the organization make a b If "Yes," was the related organization to the organization which is the organization of the organization make a b If "Yes," was the related	ganizations and sections and section and te the tables and the tab	complete Schedule Complete Schedule Complete Schedule Company on 4947(a)(1) nonex for lines 50 and 51 needule O to respond activities or have a still	c, Part I	charitable to usts must an his Part VI on in effect domain effet	rusts on swer que uring the crs, directere is none	tax 47 48 49a 49b ors, trustee, enter "I	retion 7-49t Yes	No V
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Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and keep employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each employee paid more than \$100,000 (b) Title and average hours per week devoted to position (c) Reportable compensation (Forms W-2/1099-MISC) (d) Health benefits. (e) Estimated amount of other compensation of other compensation of other compensation. (e) Estimated amount of other compensation. (f) Total number of other employees paid over \$100,000	50 Complete this table for the employees) who each receive (a) Name and address of each empaid more than \$100,000	organization's red more than	five highest compen \$100,000 of compen (b) Title and average hours per week	sated employees (others of the company of the compa	ner than officence of the last	ers, direct ere is non- enefits,	ors, truste e, enter "l	es an	
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f Total number of other employees paid over \$100,000	paid more than \$100,000	oloyee	hours per week		contributions to	amolovaa l			
f Total number of other employees paid over \$100,000 ▶ 0 51 Complete this table for the organization's five highest compensated independent contractors who each received more the \$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			devoted to position						
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	(a) Name and address of each independ	ent contractor pa	ıd more than \$100,000	(b) Type of ser	vice	(c)	Compensa	tion	
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d Total number of other independent contractors each receiving over \$100,000 ▶0	d Total number of other indep	endent contra	actors each receiving	over \$100,000	>		0		
52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1)	•		-		▶s and 4947(a)	(1)			
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	52 Did the organization completed nonexempt charitable trusts	te Schedule A	A? Note : All section 5 a completed Schedu	501(c)(3) organizations le A		<u> </u>	► ☑ Ye		
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	52 Did the organization completed nonexempt charitable trusts Under penalties of perjury, I declare that I ha	te Schedule / must attach	A? Note: All section 5 a completed Schedu return, including accompar	501(c)(3) organizations le A	ents, and to the	est of my kr	► ☑ Ye		
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	52 Did the organization completed nonexempt charitable trusts Under penalties of perjury, I declare that I ha	te Schedule / must attach	A? Note: All section 5 a completed Schedu return, including accompar	501(c)(3) organizations le A	ents, and to the	est of my kr	► ☑ Ye		
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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.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

Tanzania Education Corporation

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.)

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)

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 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.)

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—Other 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).

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

h Provide the fol	lowing informa	ition about the support	ed organi	zation(s).					
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col (i) lis	organization sted in your document?	the organ	ou notify nization in of your port?	organizat (i) organiz	s the ion in col zed in the S ?	(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

11g(III)

Schedu	le A (Form 990 or 990-EZ) 2011						Page 2
Part	(Complete only if you checked th	e box on line	e 5, 7, or 8 of F	Part I or if the	organization	failed to qua	lify under
C 41	Part III. If the organization fails to	quality und	er the tests list	ea below, pre	ease comple	te Fart III.)	
	on A. Public Support	(a) 2007	(h) 2009	(c) 2009	(d) 2010	(e) 2011	(f) Total
Calen 1	dar year (or fiscal year beginning in) ► Gifts, grants, contributions, and	(a) 2007	(b) 2008	(6) 2009	(u) 2010	(6) 2011	(i) Total
•	membership fees received. (Do not include any "unusual grants.")		21,000	50,148	47,613	63,655	182,416
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge		0	0	0	0	0
4	Total. Add lines 1 through 3		21,000	50,148	47,613	63.655	182,416
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						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4		21000	50,148	47,613	63,655	182,416
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		53	4	0	0	57
9	Net income from unrelated business activities, whether or not the business is regularly carried on		0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		0	0	o	0	0
11	Total support. Add lines 7 through 10						182,473
12 13	Gross receipts from related activities, etc. First five years. If the Form 990 is for the	e organization	n's first, second	d, third, fourth,	or fifth tax ye		
Sect:	organization, check this box and stop her on C. Computation of Public Suppor			· · · ·	• • • •		▶ [✓
<u> 14</u>	Public support percentage for 2011 (line 6			(f)		14	%
15 16a	Public support percentage for 2011 (life to 331/3% support test—2011. If the organization qual	nedule A, Part zation did not	II, line 14 . check the box		[Ine 14 is 33½	15 3% or more, ch	% neck this
b	331/3% support test—2010. If the organicheck this box and stop here. The organi	ization did n	ot check a box	on line 13 or	16a, and line		
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization mee Part IV how the organization meets the "forganization	ets the "facts-	and-circumstar	nces" test, che t. The organıza	ck this box an	d stop here. E	xplain ın
b	10%-facts-and-circumstances test – 20 15 is 10% or more, and if the organizate Explain in Part IV how the organization m	ion meets the	e "facts-and-cir	cumstances"	test, check th	is box and sto	op here.

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