Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

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

Open to Public

Dep	Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.									
Ā			ndar year, or tax year beginning January 1 , 2018, and end		ember 31	, 20 ₁₈				
В	Check if	applicable	C Name of organization Tanzania Education Corporation			er identification nu	mber			
		change	Doing business as			26-1245485				
	Name cl		Number and street (or P O box if mail is not delivered to street address) Room/s	suite	E Telephor	ne number				
	Initial ref	-	6 Norfolk Road			617 277-1999				
		rn/terminated	City or town, state or province, country, and ZIP or foreign postal code							
	Amende	d return	Chestnut Hilli, MA 02467		G Gross re	ceipts \$	546,450			
	Applicat	ion pending	F Name and address of principal officer	H(a) Is this a	group return for s	subordinates? Yes	 ✓ No			
			Carol Hall, President, 6 Norfolk Rd. Chestnut Hill, MA 02467	. ()		s included? 🔲 Yes	_			
	Tax-exe	mpt status	✓ 501(c)(3)		'No," attach a	list (see instruction	ns)			
J	Website		v tanzaniaeducationcorp orq	H(c) Grou	p exemption	number >				
K	Form of	organization	✓ Corporation Trust Association Other ► L Year of form	nation 200	8 M State	of legal domicile	ME			
Р	art I	Summ	ary \		_					
	1	Briefly de	scribe the organization's mission or most significant activities: Raise	funds for E	nglish-base	d nonprofit sch	ools			
9		ın Tanzan	ia. To date, we have funded three schools. Tumaini Junior School, Karati	a, Tanzania, 1	umaını Ser	nor Secondary	School,			
Governance		Makuyuni	, Tanzania and Tumaini Pre-Primary School, Karatu, Tanzania							
len/	2	Check th	, Tanzania and Tumaini Pre-Primary School, Karatu, Tanzania is box ▶ ☐ if the organization discontinued its operations or Reposer	tdfVnferledha	an,25% of	its net assets				
ő	3	Number (of voting members of the governing body (Part VI, line 1a)	•	TO I 3 I		4			
≪	4		of independent voting members of the governing body (Part VI, line 1)	9 2019	O 4 SS 5		2			
ţį	5	Total nur	nber of individuals employed in calendar year 2018 (Paर्ह्न्यू, linelati)।	20 2.			0			
Activities &	6	Total nun	nber of volunteers (estimate if necessary) .	-11 117	- 16		7			
¥ —	7a	Total unr	elated business revenue from Part VIII, column (C), line $12 - \bigcirc \bigcirc$	EN, UT	7a					
	b	Net unrel	ated business taxable income from Form 990-T, line 38		70					
				Prior	Year	Current Ye	ar			
ā	8		tions and grants (Part VIII, line 1h)		457,524		546,374			
en	9	_	service revenue (Part VIII, line 2g)		0					
Revenue	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)	ļ	0					
_	11		renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		14		76			
_	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		457,538		546,450			
	13		nd similar amounts paid (Part IX, column (A), lines 1–3)		431,090		518,619			
	14		paid to or for members (Part IX, column (A), line 4)		0		0			
es	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)	-	0		0			
Expenses	16a		anal fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0	<u></u>	0			
笳	1 b		draising expenses (Part IX, column (D), line 25) ►		2542					
	17		penses (Part IX, column (A), lines 11a–11d, 11f–24e)	-	2542		8,348			
	18		enses Add lines 13–17 (must equal Part IX, column (A), line 25)		433,632		526,967			
- 0	19	nevenue	less expenses. Subtract line 18 from line 12	Beginning of	23,906 Current Year	End of Yea	19,483 ar			
ssets or	20	Total acc	ets (Part X, line 16)							
Asse	21		ultion (Part V. line 26)		46,720 0		66,203 0			
Net As Fund B	22		ts or fund balances Subtract line 21 from line 20		46,720		66,203			
	artil		ure Block	 	40,720		00,203			
			ry, I declare that I have examined this return, including accompanying schedules and sta	tements and to	the best of n	ny knowledge and	belief it is			
			ete Declaration of preparer (other than officer) is based on all information of which prepa			,	,			
			Tour Hall		Agril	15 2019				
Sig	gn	Sign	ature of officer		Date	_ , <u> , , , , , , , , , , , , , , , , , ,</u>				
He	_		CAROL HALL President							
		Туре	or print name and title							
Pa	id	Print/Ty	pe preparer's name Preparer's signature	Date	Check	PTIN				
	nu epare				self-emp	ployed				
	epare se Onl	1	ame ▶	F	rm's EIN ▶					
US	,	יי עי	ddress ▶	Р	hone no					
Ma	y the If		s this return with the preparer shown above? (see instructions)			✓ Yes	□No			
For	Paper	work Redu	ction Act Notice, see the separate instructions. Cat	No 11282Y		Form 9	90 (2018)			

_	
Page	4

Part	m	Statement of Program Service Accomplishments	<u>-</u>
ı aı ı		Check if Schedule O contains a response or note to any line in this Part III	
1	Brie	fly describe the organization's mission	
•		zania Education Corp 's mission is to support English language-based schools in Tanzania through fund	
		ng, pursuing educational enrichment opportunities for their students and teachers, and fostering local	
		munity engagement through school clubs and student exploration of their environment	
2	Did	the organization undertake any significant program services during the year which were not listed on the	
	prio	r Form 990 or 990-EZ?	☐ Yes 🇹 No
	If "Y	es," describe these new services on Schedule O	′ .
3		the organization cease conducting, or make significant changes in how it conducts, any program	1 1
	serv	rices?	☐ Yes <a> ✓ No
		'es," describe these changes on Schedule O	
4	Des	cribe the organization's program service accomplishments for each of its three largest program services,	as measured by
		enses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloc	cations to others,
	the 1	total expenses, and revenue, if any, for each program service reported.	
4a	(Cod		0)
		struction of Tumaini Senior Secondary School, Makuyuni, Tanzania. Construction began in Jan 2015 and the sch	
	Janu	uary 18, 2016 with 45 Form 1 boarding students. Each year we added a class, until in 2019, the school will offer fo	orm 1 through
	form	IV and serve approximately 300 students. Construction continues throughout the year	
4b	(Cod	de) (Expenses \$ 125,000 including grants of \$ 125,000) (Revenue \$	0)
		ion grants to 125 students to attend either Tumaini Junior School, Tumaini Senior Secondary School or a local, p	
	seco	ondary school based on financial need criteria	
4-	10-	do \(\(\(\text{(Function of } \) \) \(\text{(Function of } \) \(\text{(Function of } \) \(\text{(Function of } \) \)	0,
4c	(Cod		0)
		pay for enrichment programs at all three Tumaini Schools, including computer coding classes, clubs, sports acti	vicies and
		itious food for the students	
		nave built and maintained libraries at both Tumaini Junior School and Tumaini Senior Secondary School	
	we t	purchase textbooks for both Tumaini Junior School and Tumaini Senior Secondary School	•••••
		<u></u>	
4.4	O+I-	ar argaram appunga (Dospriha in Cahadula O.)	<u> </u>
4d		er program services (Describe in Schedule O.)	
	(⊏xp	penses \$ including grants of \$) (Revenue \$)	

Part IV Checklist of Required Schedules

			163	140
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	√	
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		✓
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		1
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, 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		✓
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		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
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		1
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		<u> </u>
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	√	
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		✓
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		✓
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		✓_
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	000	✓
		Forn	ո 990	(2018)

Part	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		1
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		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
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		1
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		1
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		1
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		1
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	<u>-</u>	✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
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	<u> </u>	-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	30 31		1
31	Did the organization inquidate, terminate, or dissolve and cease operations in res, complete schedule N, Fart in Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		
32	complete Schedule N, Part II	32		1
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		1
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		1
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				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . 1a 0			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . 1b 0	1		
b				1
b c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	ĺ		

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
_	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Yes	No
2a	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
ь	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).			_
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	-	✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation 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,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	5a		1
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		<u> </u>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
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).			٠,
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	70		,
b	and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? .	7a 7b		✓
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		-	
·	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
9	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		~~~
9	Sponsoring organizations maintaining donor advised funds.			,
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	-	✓_
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		✓
10	Section 501(c)(7) organizations. Enter		•	
a	Initiation fees and capital contributions included on Part VIII, line 12			
b ••	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter			
11 a	Gross income from members or shareholders			١
b	Gross income from other sources (Do not net amounts due or paid to other sources			
_	against amounts due or received from them)		_	<u></u>
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year? .	14a		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation 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	_	√
16	If "Yes," see instructions and file Form 4720, Schedule N	·		- 7 -
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.	16		✓
	ii 165, complete i offit 4120, contequie o.	Forn	990	(2018)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See in Check if Schedule O contains a response or note to any line in this Part VI.					
Secti	on A. Governing Body and Management			_ ☑		
			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year 4					
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent 2					
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	<u> </u>	/		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		\ <u> </u>		
5	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	6		'		
6	Did the organization have members of stockholders, or other persons who had the power to elect or appoint					
7a	one or more members of the governing body?	7a		✓		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	<u></u>	✓		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
a	The governing body?	8a				
ь	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	8b		 		
9	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 Co	Yes	No		
100	Did the organization have local chapters, branches, or affiliates?	10a	163	√		
10a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		<u> </u>		
	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 120	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		1		
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		-		
c	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	Did the organization have a written document retention and destruction policy?	14		7		
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		1		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b				
Secti	on C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-1 (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 interinancial statements available to the public during the tax year			/, and		
20	State the name, address, and telephone number of the person who possesses the organization's books and record Hall, 6 Norfolk Rd, Chestnut Hill, MA 02467 617 277-1999	cords	>			

P	an	ıe	7

Form 990 (2018)

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- 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 orga	anız	atıo	n c	ompe	nsa	ited any curren	t officer, director	r, or trustee	
					C)						
(A)	(B)	١			ition			(D)	(E)	(F)	
Name and Title	Average					than c		Reportable	Reportable	Estimated	
	hours per					or/trust		compensation	compensation from	amount of	
•	week (list any hours for	오호	ž	Q	~	g Ŧ	75	from the	related organizations	other compensation	
	related	함	st to	Officer	y er	ples	Former	organization	(W-2/1099-MISC)	from the	
	organizations	ctal	ģ		Į Į	st cc	٦	(W-2/1099-MISC)		organization and related	
	below dotted line)	Individual trustee or director	al tr		Key employee) ğ				organizations	
	,	tee	Institutional trustee		"	Highest compensated employee				, and the second	
			ě			ated	ŀ				
											_
(1) Carol Hall, President										,	
6 Norfolk Rd, Chestnut Hill, MA 02467	15	✓		✓				0	0		0
(2) Frank Lee, Vice President							ļ				
6 Norfolk Rd, Chestnut Hill, MA 02467	15	✓		✓				0	0		0
(3) Maura Horodyskı	<u> </u>										
3102 Main Street, Hanover, Maine	11	✓						0	0		0
(4) Hope Schroy	ļ										
52 Cottage Street, Wellesley, MA 02482	1	✓	_				L	0	0		0
(5)											
(6)											
		<u> </u>	_	_							_
(7)		ļ									
	ļ		_								
(8)											
							<u> </u>				_
(9)							ļ				
				_	<u> </u>		_				
(10)	ļ	1								•	
7.0	ļ			_			⊢				—
(11)	 										
(40)	-		_	_	<u> </u>		_			_	—
(12)											
(13)			\vdash		\vdash						-
(13)	 										
(14)	 		\vdash		\vdash	-					
(14)	 										
	1							1			

Part	Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees			lighes	st C	ompensated E	mployees (c	ontinue	<u>d)</u>		
	(A) Name and title		(C) Position (do not check more than box, unless person is bot officer and a director/trus					an ee)	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organızatıor (W-2/1099-MI		orgar and	ensation the nization related ization	n t
(15)						-							_	
(16)													-	•
(17)												-		
(18)														
(19)														
										·- <u>-</u>				
(22)														
													•	
	Sub-total		l			<u> </u>	•	_	0					
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)		n A				•	>	0	+	-			
2	Total number of individuals (including but reportable compensation from the organi	not limited	d to th	ose	list	ed	above	e) w	ho received m	ore than \$10	0,000	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete to							emp	oloyee, or high	est comper	sated	3	Yes	No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of reg greater that	portal an \$ ⁻	ole (150,	000	nper 12 ₁₁	nsatio f "Ye:	n a s,"	ind other comp complete Sch	ensation fro ledule J for	m the such	4		/
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or indi	vidual	5		1
Section	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Repyear													.ax
	(A) Name and business add	ress		_					(B) Description of s	ervices	С	(C) ompens	ation	
none														
										-		• • • • • • • • • • • • • • • • • • • •		
								_						
2	Total number of independent contractor received more than \$100,000 of compens							th	nose listed abo	ove) who	·			

	990 (201	 						Page 9
rar	t VIII	Statement of Reven				Dod VIII		اسا
		Check if Schedule O c	ontains a res	oonse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
irants	1a b	Federated campaigns Membership dues	0				5.2 5.1	
ts, G	С	Fundraising events	<u>1c</u>	0	,			
n Iar Gi	d e	Related organizations Government grants (contril		0				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts and similar amounts not include	s, grants,	546,374			•	
	g	Noncash contributions included		0				
	h	Total. Add lines 1a-1f		▶	546,374			
Пе				Business Code				
Program Service Revenue	2a b							-
9	C							-
Ser	d							
Ë	е	••••						
rogu	f	All other program service		0			<u> </u>	
	<u>g</u> 3	Total. Add lines 2a-2f Investment income (in			546,374			
	•	and other similar amour	•		76			
	4	Income from investment o	of tax-exempt be	ond proceeds ►	0			
	5	Royalties	·	. ▶	0			·
		_	(ı) Real	(ii) Personal				-
	6a	Gross rents						
	b	Less rental expenses Rental income or (loss)						
	ď	Net rental income or (los	ss)	▶	0			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(II) Other				
	ь	Less cost or other basis and sales expenses						
	С	Gain or (loss)						
	ď	Net gain or (loss)		. ▶	0			
venue	8a	Gross income from fund events (not including \$						
Other Reve		of contributions reported See Part IV, line 18 .	on line 1c)					
₹.		Less direct expenses	b					
		Net income or (loss) from Gross income from gam	ing activities	events >	0			
	ь	See Part IV, line 19 Less: direct expenses	· a b		,			
	С	Net income or (loss) from	m gaming acti	vities >	0			
	10a	Gross sales of inve						
	.	returns and allowances	_					1
	l .	Less cost of goods sole Net income or (loss) from		entory >				
	ان	Miscellaneous Reve		Business Code	0			
	11a	Wildows No.						
	b							
	С							
	d	All other revenue .						
	l .	Total Add lines 11a-11 Total revenue. See inst		· · .	546.450	.		
		TOTAL LEAGING, OFF III)			546 460		i	,

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must corr			s must complete co	nullii (A)
	Check if Schedule O contains a respon-	se or note to any lin	e in this Part IX		<u> </u>
	t include amounts reported on lines 6b, 7b, , 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	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			1
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 .	518,619	518,619		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	o o			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 8	Other salaries and wages	0			
9 10	Other employee benefits	0			
11 a	Fees for services (non-employees): Management	U)			
b c	Legal	235		235	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion .	421		421	
13	Office expenses	721		721	
	Information technology	7.000		7 000	
14		7,692		7,692	
15	Royalties				
16	Occupancy .				
17	Travel				***************************************
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	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					
b	'				
C					
d					
е	All other expenses	<u></u>		·PP=PP=PP=PP=	*************
25	Total functional expenses. Add lines 1 through 24e	526,967	518,619	8,348	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundrations solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

Pa	ırt X	Balance Sheet				
		Check if Schedule O contains a response or note to any line in this Pa	art X			
			(A) Beginning of year			(B) of year
	1	Cash—non-interest-bearing	46,720	1_		66,203
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net		3_		
	4	Accounts receivable, net		4		
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees		5	•• •	
	6	Complete Part II of Schedule L		5	-	
ţ		organizations (see instructions) Complete Part II of Schedule L .		6		
Assets	7	Notes and loans receivable, net		7		
ا تخ	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment cost or				
		other basis Complete Part VI of Schedule D 10a	J	_		
	b	Less accumulated depreciation [10b]		10c		
	11	Investments – publicly traded securities		11		
	12	Investments—other securities. See Part IV, line 11		12		
	13	Investments—program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
ŀ	15	Other assets. See Part IV, line 11		15_		
\perp	16	Total assets. Add lines 1 through 15 (must equal line 34) .	46,720			66,203
	17	Accounts payable and accrued expenses		17		
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21		
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
<u>ا</u> تو	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X		95		
	00	of Schedule D		25 26		
\rightarrow	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	1 0	26	1	0
nces		complete lines 27 through 29, and lines 33 and 34.				
<u>a</u>	27	Unrestricted net assets		27		
Ä	28	Temporarily restricted net assets	<u> </u>	28 29		
Net Assets or Fund Balances	29	Permanently restricted net assets . Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			_	
ţ	30	Capital stock or trust principal, or current funds		30		
Sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
ŽΙ	32	Retained earnings, endowment, accumulated income, or other funds		32		
ē	33	Total net assets or fund balances	<i>Y</i>	33		<i>v</i>
~	34	Total liabilities and net assets/fund balances	46,720	34	l	66.203

orm 99	00 (2018)			P	age 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			46,450
2	Total expenses (must equal Part IX, column (A), line 25)	2		5	26,967
3	Revenue less expenses Subtract line 2 from line 1	3			19,483
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			46,720
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			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			66,203
Part		10			00,203
rait	Check if Schedule O contains a response or note to any line in this Part XII				П
	Check it Schedule O contains a response of hote to any line in this real Air	-		Yes	No
1	Accounting method used to prepare the Form 990: 🗸 Cash 🔲 Accrual 🗎 Other				
•	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın	in		
	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 com-	oiled i	or		
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		= =.		١,
b	Were the organization's financial statements audited by an independent accountant?		2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	a	İ	
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis			ļ	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent accounts.				
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	ın 🗍		
	Schedule O			.	Ì
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	ın	1	
	the Single Audit Act and OMB Circular A-133? .		3a		✓

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

3b

Form **990** (2018)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018 -

Open to Public Inspection

Employer identification number Name of the organization 26-1245485 Tanzania Education Corporation 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 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)) 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)(Å)(iii). E iter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). [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) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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 and operated exclusively to test for public safety See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with. C its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d 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, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . g Provide the following information about the supported organization(s). (i) Name of supported organization (a) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 isted in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D)

(E)

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.)

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.")	169,000	394,417	439,740	457,538	546,374	2,007069
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			ĺ			
	furnished by a governmental unit to the organization without charge						
4	· ·	100 000	204 447	420.740	457.530	546 274	2.007.000
4	Total. Add lines 1 through 3	169,000	394,417	439,740	457,538	546,374	2,007,069
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			1			
	shown on line 11, column (f) .						380,460
6	Public support. Subtract line 5 from line 4						1,626,609
Secti	on B. Total Support			•			
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	169,000	394,417	439,740	357,538	546,374	2,007,069
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
_	sımılar sources	12	5	3	14	75	109
9	Net income from unrelated business						
	activities, whether or not the business						
40	is regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						0
11	Total support. Add lines 7 through 10						2,007,178
12	Gross receipts from related activities, etc	(see instruction	ns)		_	12	0
13				d, third, fourth	, or fifth tax ye		
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							
Secti	on C. Computation of Public Suppor	t Percentage	9	-			
14	Public support percentage for 2018 (line 6	6, column (f) div	vided by line 1	1, column (f))		14	81 %
15	Public support percentage from 2017 Sch					15	92 %
16a	331/3% support test—2018. If the organi				nd line 14 is 33	31/3% or more,	
	box and stop here. The organization qua	·					. ▶ ☑
b	$33^{1}/_{3}\%$ support test -2017 . If the organithis box and stop here. The organization					is 331/3% or m	ore, cneck
17a	10%-facts-and-circumstances test-20						
	10% or more, and if the organization me	ets the "facts-	and-circumsta	ances" test, ch	eck this box a	ind stop here.	Explain in
	Part VI how the organization meets the "	facts-and-circi	umstances" te	st The organi	zation qualifies	s as a publicly	supported
	organization	•		•		•	. ▶ 🗆
b	10%-facts-and-circumstances test-26	017. If the orga	anization did n	ot check a bo	x on line 13, 1	6a, 16b, or 17	a, and line
	15 is 10% or more, and if the organiza	ition meets the	e "facts-and-c	rcumstances'	test, check t	this box and s	top here.
	Explain in Part VI how the organization r	neets the "fact	s-and-circums	stances" test.	me organizati	on qualities as	
10	supported organization Private foundation. If the organization di	d not chack a b	oov on line 12	 16a 16h 17a	or 17b, check	k this hav and	▶ ∐
18	instructions	u not check a t	JOX ON HITE 13,	100, 100, 178			▶ □

SCHEDULE F (Form 990)

1712 5

Statement of Activities Outside the United States

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

Tanzania Education Corporation 26-1245485 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ✓ Yes □ No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed) (c) Number of (b) Number (e) If activity listed in (d) is (f) Total (d) Activities conducted in the employees, agents, and of offices in region (by type) (such as, a program service, describe specific type of expenditures for and investments 9

		independent contractors in the region	investments, grants to recipients located in the region)	service(s) in the region	in the region
(1) Sub-Saharan Africa	0	0	Grants to schools		\$518,619
(2)					
(3)					
(4)				***	
(5)	_				
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					<u> </u>
(12)					
(13)	:				
(14)					
(15)					
(16)					
(17)					
3a Subtotal					\$518,619
b Total from continuation sheets to Part I			,		0
c Totals (add lines 3a and 3b)					\$518,619

۶,

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Schedule F (Form 990) 2018

Part II Grants an

• organization	section and EIN (if applicable)		· grant	cash grant	cash disbursement	· noncash assistance	of noncash assistance	valuation - (book, FMV, appraisal, other)
(1)		sub-Saharan Africa	scholarships	\$125,000 wire	vire			
(2)		sub-Saharan Africa	school construction	\$338,911 wire	NIFE			
(3)	•	sub-Saharan Africa	programs	\$54,708 wire	NIFE			
(4)				-				
(5)								
(9)								
(7)								<u>-</u>
(8)								
(6)								
(10)	,							
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
2 Enter total n by the IRS, o	number of recipie or for which the	ent organizations liste grantee or counsel h	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	ignized as charities 501(c)(3) equivaler	s by the foreign coui ncy letter	ntry, recognized as t		2
3 Enter total n	umber of other	Enter total number of other organizations or entities	ties	·			•	C

Joneda	ic 1 from 330/2010		· ugo ·
Part	V Foreign Forms	•	
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	 ✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	√ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	, V No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	· ✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)	☐ Yes	✓ No

Schedule F (Form 990) 2018

00000.0	(. 0 000, 20
Part V	Supple

Supp	lementa	l Inf	ormation
------	---------	-------	----------

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

The President and Vice President and one other Board member travel to Tanzania at least 2 times per year in January and July
While in Tanzania, they meet with the Tumaini Schools' accountant to go over the School's books (quickbooks used by Schools)
Second, they meet with Tumaini Schools' founder, Mr. Modest Bayo, to go over operations for the prior 6 months. In addition, together
they make a set of strategic goals and look ahead to the next 6 months
Third, they tour the Schools to ensure the money is funding the proper projects and programs
Finally, they meet with all scholarship students and verify they are receiving the proper care and schooling
In Tanzania, schools and students are evaluated nationally by a National Exam giving to various classes. We use the results of these
national exams to support our claim that Tumaini Schools are in the top 1% of all schools nationally in Tanzania
,
'
,
`

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.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
F Go to www.irs.gov/Form990 for the latest information.

Tanzania Education Corporation	26-1245485
1 Part VI	
Section A #2	
Carol Hall, President and Frank Lee, Vice President are married. They are the founders of Tanzania Editional Edition of Tanzania Edition (Carol Hall, President and Frank Lee, Vice President are married. They are the founders of Tanzania Edition (Carol Hall, President and Frank Lee, Vice President are married.)	acation Corp
Section B #11	
The COO are an arrival to the December A and array and by the Mars December 4	
Section C #19	
Tanzania Education Corp's governing documents and financial statements are available upon request	
	+
•	
,	
	······
······	
	••••••
······································	
	•
<u> </u>	••••••