DLN: 93493176001139

OMB No 1545-0047

2018

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

 \blacktriangleright Go to $\underline{www.irs.qov/Form990}$ for instructions and the latest information.

Open to Public Inspection

A F	bl 201	0 - landan and a standard basin in 04 04 2040 and and and a 24 2040					
		9 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization					
	eck ıf applıcab ddress change	DOROBO FUND FOR TANZANIA INC	D Employer identification number				
	aaress cnange ame change		41-187	5830			
	ntial return	Doing business as					
	nal return/termin		F Talanhar	ne number			
	mended returr pplication pen	16E22 BLACK OAKS CIRCLE		310-1949			
		City or town, state or province, country, and ZIP or foreign postal code					
		WAYZATA, MN 55391	G Gross re	eceipts \$ 564,283			
		F Name and address of principal officer H(a)) Is this a group re	turn for			
		SUSAN S BOREN	subordinates?	□Yes ☑ No			
		WAYZATA, MN 55391 H(b)) Are all subordina included?	tes 🗌 Yes 🗐 No			
Ta	ax-exempt sta	tus ☑ 501(c)(3) ☐ 501(c)() ◀ (insert no) ☐ 4947(a)(1) or ☐ 527		list (see instructions)			
j W	/ebsite: ▶		Group exemption	· ·			
				_			
K For	m of organiza	tion ✓ Corporation ☐ Trust ☐ Association ☐ Other ►	of formation 1997	M State of legal domicile MN			
Р	art I Si	ummary		<u> </u>			
		describe the organization's mission or most significant activities					
	TO WC	ORK AT THE COMMUNITY LEVEL TO DEVELOP AND CARRY OUT BOTH CONSERVATION		DJECTS THAT WILL PROMOTE			
Ce	SOCIA	L, ECOLOGICAL AND ECONOMICAL SUSTAINABLE GROWTH IN TANZANIA, EAST AFRI	ICA				
Ę							
Je II							
<u> </u>		this box $lacktriangle$ if the organization discontinued its operations or disposed of more that		essets			
৺ ২	3 Numb	per of voting members of the governing body (Part VI, line 1a)		3 8			
Š	4 Numb	per of independent voting members of the governing body (Part VI, line 1b)		4 8			
Ě	5 Total	number of individuals employed in calendar year 2018 (Part V, line 2a)		5 0			
Activities & Governance	6 Total	number of volunteers (estimate if necessary)		6 40			
⋖	7a Total	unrelated business revenue from Part VIII, column (C), line 12		7a 0			
	1	nrelated business taxable income from Form 990-T, line 34		7b 0			
	1		Prior Year	Current Year			
c.	8 Contr	ibutions and grants (Part VIII, line 1h)	683,	818 564,194			
ènu	1	<u> </u>	683,	818 564,194 0 0			
ēnuēve	9 Progr	am service revenue (Part VIII, line 2g)	683,				
Ravenue	9 Progr	am service revenue (Part VIII, line 2g)	683,	0 0			
Ravenua	9 Progr10 Inves11 Other	am service revenue (Part VIII, line 2g)	683,	0 0 61 89 0 0			
Rayenna	9 Progr10 Inves11 Other12 Total	am service revenue (Part VIII, line 2g)	683,	0 0 61 89 0 0 879 564,283			
Ravenua	9 Progr10 Inves11 Other12 Total13 Grant	am service revenue (Part VIII, line 2g)		0 0 61 89 0 0 879 564,283 635 441,506			
	9 Progr10 Inves11 Other12 Total13 Grant14 Benef	am service revenue (Part VIII, line 2g)	683,	0 0 61 89 0 0 879 564,283 635 441,506 0 0			
<u>~</u>	9 Progr10 Inves11 Other12 Total13 Grant14 Benef15 Salar	am service revenue (Part VIII, line 2g)	683,	0 0 61 89 0 0 879 564,283 635 441,506 0 0			
	9 Progr10 Inves11 Other12 Total13 Grant14 Benef15 Salar	am service revenue (Part VIII, line 2g)	683,	0 0 61 89 0 0 879 564,283 635 441,506 0 0			
<u>~</u>	9 Progr10 Inves11 Other12 Total13 Grant14 Benef15 Salar	am service revenue (Part VIII, line 2g)	683,	0 0 61 89 0 0 879 564,283 635 441,506 0 0			
<u>~</u>	9 Progr10 Inves11 Other12 Total13 Grant14 Benef15 Salar	am service revenue (Part VIII, line 2g)	683,	0 0 61 89 0 0 879 564,283 635 441,506 0 0			
<u>~</u>	9 Progr10 Inves11 Other12 Total13 Grant14 Benef15 Salar	am service revenue (Part VIII, line 2g)	683,	0 0 61 89 0 0 879 564,283 635 441,506 0 0			
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<u>~</u>	9 Progr10 Inves11 Other12 Total13 Grant14 Benef15 Salar	am service revenue (Part VIII, line 2g)	683,	0 0 61 89 0 0 879 564,283 635 441,506 0 0			
\$ 8 \$	9 Progr10 Inves11 Other12 Total13 Grant14 Benef15 Salar	am service revenue (Part VIII, line 2g)	683,	0 0 61 89 0 0 879 564,283 635 441,506 0 0			
\$ 8 \$	9 Progr10 Inves11 Other12 Total13 Grant14 Benef15 Salar	am service revenue (Part VIII, line 2g)	683,	0 0 61 89 0 0 879 564,283 635 441,506 0 0			
\$ 8 \$	9 Progr10 Inves11 Other12 Total13 Grant14 Benef15 Salar	am service revenue (Part VIII, line 2g)	683,	0 0 61 89 0 0 879 564,283 635 441,506 0 0			
Ses:	9 Progr10 Inves11 Other12 Total13 Grant14 Benef15 Salar	am service revenue (Part VIII, line 2g)	683,	0 0 61 89 0 0 879 564,283 635 441,506 0 0			
Ses:	9 Progr10 Inves11 Other12 Total13 Grant14 Benef15 Salar	am service revenue (Part VIII, line 2g)	683,	0 0 61 89 0 0 879 564,283 635 441,506 0 0			
Ses:	9 Progr10 Inves11 Other12 Total13 Grant14 Benef15 Salar	am service revenue (Part VIII, line 2g)	683,	0 0 61 89 0 0 879 564,283 635 441,506 0 0			
Ses:	9 Progr10 Inves11 Other12 Total13 Grant14 Benef15 Salar	am service revenue (Part VIII, line 2g)	683,	0 0 61 89 0 0 879 564,283 635 441,506 0 0			
\$ 8 \$	9 Progr10 Inves11 Other12 Total13 Grant14 Benef15 Salar	am service revenue (Part VIII, line 2g)	683,	0 0 61 89 0 0 879 564,283 635 441,506 0 0			
\$ 8 \$	9 Progr10 Inves11 Other12 Total13 Grant14 Benef15 Salar	am service revenue (Part VIII, line 2g)	683,	0 0 61 89 0 0 879 564,283 635 441,506 0 0			
\$ 8 \$	9 Progr10 Inves11 Other12 Total13 Grant14 Benef15 Salar	am service revenue (Part VIII, line 2g)	683,	0 0 61 89 0 0 879 564,283 635 441,506 0 0			
\$ 8 \$	9 Progr10 Inves11 Other12 Total13 Grant14 Benef15 Salar	am service revenue (Part VIII, line 2g)	683,	0 0 61 89 0 0 879 564,283 635 441,506 0 0			
\$ 8 \$	9 Progr10 Inves11 Other12 Total13 Grant14 Benef15 Salar	am service revenue (Part VIII, line 2g)	683,	0 0 61 89 0 0 879 564,283 635 441,506 0 0			
\$ 8 \$	9 Progr10 Inves11 Other12 Total13 Grant14 Benef15 Salar	am service revenue (Part VIII, line 2g)	683,	0 0 61 89 0 0 879 564,283 635 441,506 0 0			
\$ 8 \$	9 Progr10 Inves11 Other12 Total13 Grant14 Benef15 Salar	am service revenue (Part VIII, line 2g)	683,	0 0 61 89 0 0 879 564,283 635 441,506 0 0			
\$35°	9 Progr10 Inves11 Other12 Total13 Grant14 Benef15 Salar	am service revenue (Part VIII, line 2g)	683,	0 0 61 89 0 0 879 564,283 635 441,506 0 0			
See	9 Progr10 Inves11 Other12 Total13 Grant14 Benef15 Salar	am service revenue (Part VIII, line 2g)	683,	0 0 61 89 0 0 879 564,283 635 441,506 0 0			

Form	990 (20	018)					Page 2
Pa	rt III	Statement	of Program Service	Accomplis	hments		
		Check If Sched	dule O contains a respoi	nse or note to a	any line in this Part III .		🗹
1	Briefly	describe the o	rganızatıon's mıssıon				
			ITY LEVEL TO DEVELOP ICAL SUSTAINABLE GR			ON & EDUCATION PROJECTS THAT	WILL PROMOTE SOCIAL,
_	D. J. H.						
2		-	undertake any significar		- <i>'</i>	nich were not listed on	☐ Yes ☑ No
	•		990-EZ?				⊔ Yes ⊻ No
3		•	se new services on Scho				
3		•	cease conducting, or ma	ike significant i	changes in now it condu	icts, any program	□Yes ✓ No
	service						□ Yes 🛂 No
_		•	se changes on Schedule				
4	Section	n 501(c)(3) and		ns are required	to report the amount o	largest program services, as meas f grants and allocations to others,	
4a	(Code) (Expenses \$	240,908	including grants of \$	240,908) (Revenue \$)
	See Ad	ditional Data					
4b	(Code) (Expenses \$	160,598	ıncludıng grants of \$	160,598) (Revenue \$)
	See Ad	ditional Data					
4c	(Code) (Expenses \$	32,327	including grants of \$) (Revenue \$)
	See Ade	ditional Data					
	(Code) (Expenses \$	40,000	including grants of \$	40,000) (Revenue \$)
	SUPPOR	RT THROUGH MAL	LIASILI INITIATIVES LTD C	OMMUNITY BASE	D NATURAL RESOURCE MA	NAGEMENT	
4d	Other	program servic	tes (Describe in Schedul	e O)			
	(Exper	nses \$	40,000 inclu	ding grants of	\$ 40,0	00) (Revenue \$)
4e	Total	program serv	rice expenses ▶	473,8	33		

990 (2018)			Page 3
rtIV Checklist of Required Schedules			
		Yes	No
Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes	
Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
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		No
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		No
To the presentation of contrad-Entich(4) Entich(5)—or Entich(6) are any entire that resource more borchie direc-	Ī		
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

FACILITATE GOOD GOVERNANCE AND LAND & NATURAL RESOURCE RIGHTS AMONG INDIGENOUS COMMUNITIES - MAASAI, DAGOTA, HADZA & AKIE

D.	t IV Checklist of Required Schedules (continued)			raye -
Fal	Checkinst of Required Schedules (continued)	I	Yes	No
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? <i>If "Yes," complete Schedule J </i>	23		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		No
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		No
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		No
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		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
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>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			<u>Ш</u>

1a

1b

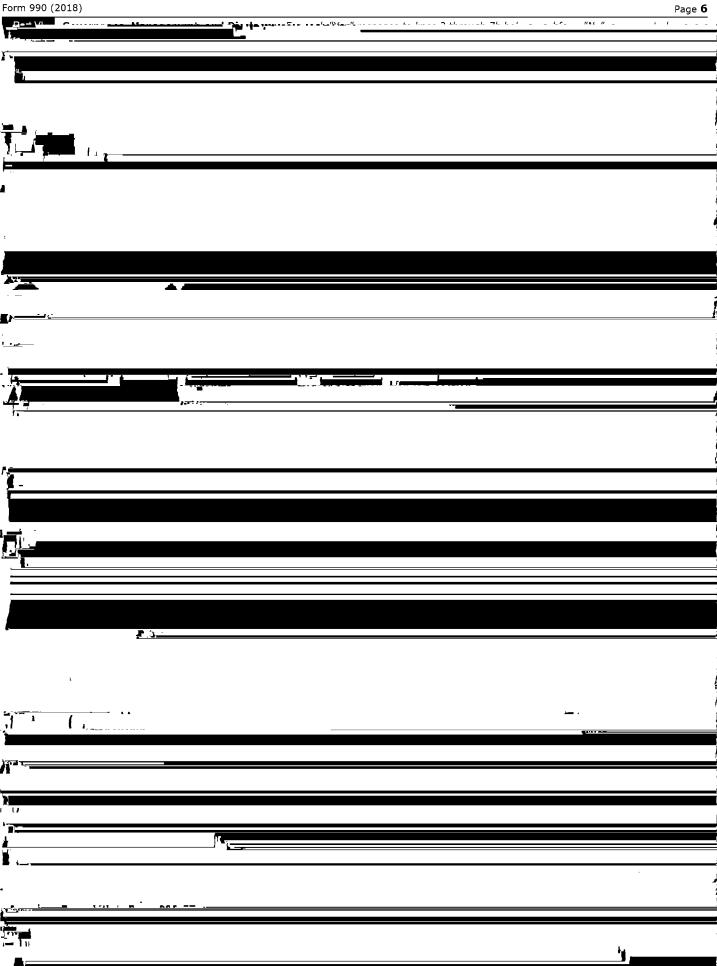
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

b Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

Yes

0



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

- 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, or 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 nor any related organization compensated any current officer, director, or trustee (B) (C) (D) (A) (E)

(A) Name and Title	(B) Average hours per week (list any hours		ne bo	x, ι n of	t cho unles ficer	s pers	on	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trust⊌≑	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	MISC)	organization and related organizations
(1) MICHAEL PETERSON DIRECTOR	10 00	Х						0	0	0
(2) THAD PETERSON DIRECTOR	10 00	х						0	0	0
(3) JON COX DIRECTOR	1 00	Х						0	0	0
(4) JESSIE DAVIE DIRECTOR	1 00	Х						0	0	0
(5) MARK THORNTON DIRECTOR	1 00	Х						0	0	0
(6) DAUDI PETERSON PRESIDENT	10 00	х		×				0	0	0
(7) RICHARD LEIDER VICE PRESIDENT	1 00	Х		x				0	0	0
(8) SUSAN BOREN VP, TREASURER,SECRETARY	1 00	Х		×				0	0	0
										Form 990 (2018)

Form 990 (2018)										Page 8
Part VII Section A. Officers, Direc	tors, Trustees	, Key l	Emp	loye	es,	and I	High	nest Compensate	d Employees (co	ntinued)
(A) Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					on	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
		, and the second								

			_		

1b Sub-Total			>		

		'	<u>'</u>		<u>'</u>	<u> </u>	<u>_</u> '					
				\Box								
				\sqcap	\Box							
1b Sub-Total	1b Sub-Total											
c Total from continuation sheets to Pa	c Total from continuation sheets to Part VII, Section A											
d Total (add lines 1b and 1c)	<u> </u>	<u> </u>	<u></u>			>		0	0	0		

1b Sub-Total				>		<u>'</u>	
c Total from continuation sheets to Pa	art VII , Section	Α		▶ [
d Total (add lines 1b and 1c)				•	0	0	0

	1											_
												_
1b Sub-Total				-		▶						-
c Total from continuation sheets to Part VII, Section A											_	
d Total (add lines 1b and 1c)		<u> </u>	<u></u>			•		0		0		5
2 Total number of individuals (including	but not limited	to thos	a listi	ad al	201/6	a) who	rece	aived more than	¢10	0.000		_

1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000										

1b	Sub-Total					1	•					
С	Total from continuation sheets to Pa	art VII , Section	Α				▶					
d	Total (add lines 1b and 1c)						▶		0		0	0
2	Total number of individuals (including			e list	ed a	bove	e) wh	o rece	eived more than	າ \$10	0,000	

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

services rendered to the organization? If "Yes," complete Schedule J for such person .

(A)

Name and business address

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization Report compensation for the calendar year ending with or within the organization's tax year

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

line 1a? If "Yes," complete Schedule J for such individual .

Section B. Independent Contractors

compensation from the organization ▶ 0

3

4

5

1b	Sub-Total	▶			
С	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	▶	0	0	0
2	Total number of individuals (including but not limited to those listed above of reportable compensation from the organization ▶ 0	e) wh	o received more than	\$100,000	

Yes

3

4

5

(B)

Description of services

No

No

Νo

Νo

(C)

Compensation

Form 990 (2018)

Part	Statement of Revenue				
	Check if Schedule O contains a response or note to a	any line in this Part VIII (A)	(B)	(C)	<u> </u>
		Total revenue	Related or exempt	Unrelated business	Revenue excluded from
			function	revenue	tax under sections 512 - 514
10	1a Federated campaigns 1a		revenue	.1	312 314
ants	b Membership dues 1b	_			
و در	c Fundraising events 1c	_			
ifts, ar A	d Related organizations	_			
. e	e Government grants (contributions)	_			
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, gifts, grants, and similar amounts not included 1f 564,19	94			
but the	above g Noncash contributions included	<u></u>			
n de de	in lines 1a - 1f \$				
ರಿ ಕ	h Total. Add lines 1a-1f	564,194			
<u> </u>	<u> </u>	ess Code			
¥.	2a				
Service Revenue	b ———	-			
Ž.	c				
፠	d				
Program	f All other program service revenue				
ď	9Total. Add lines 2a−2f ▶				
	3 Investment income (including dividends, interest, and oth	ner	20		90
	similar amounts)		39		89
	5 Royalties	>			
	(i) Real (ii) Personal				
	6a Gross rents				
	b Less rental expenses				
	Powtel means on				
	c Rental income or (loss)				
	d Net rental income or (loss)	•			
	(i) Securities (ii) Other				
	7a Gross amount from sales of assets other				
	than inventory				
	b Less cost or other basis and				
	sales expenses				
	C Gain or (loss) d Net gain or (loss)				
	8a Gross income from fundraising events	<u> </u>			
ne	(not including \$ of contributions reported on line 1c)				
Other Revenue	See Part IV, line 18 a				
Re	b Less direct expenses b				
her	c Net income or (loss) from fundraising events	•			
ŏ	See Part IV, line 19				
	a				
	b Less direct expenses b c Net income or (loss) from gaming activities				
	10aGross sales of inventory, less				
	returns and allowances a				
	b Less cost of goods sold b				
	C Net income or (loss) from sales of inventory	.			
	Miscellaneous Revenue Business Cod	le			
	11a				
	b				
	C				
	d All other revenue		1	_	1
	e Total. Add lines 11a-11d	•	1	+	1
	12 Total revenue. See Instructions			+	1
		564,28	33	0	0 89 Form 990 (2018)

Form 990 (2018)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all c	columns All other orga	anızatıons must comp	olete column (A)	
Check if Schedule O contains a response or note to an	y line in this Part IX .			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21		·		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
An .	441 500	441 500		<u> </u>
<u>.</u>				
			-	
-				
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		1221 12		·
•.				
7				
<u></u>				
7—				
-				

iga 331/3% support tests—2018. 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—2017. 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 ightharpoons $not more than 33 \ 1/3\%, check this box and {\bf stop here.} \ The organization qualifies as a publicly supported organization and {\bf stop here.} \ The organization are the supported organization and {\bf stop here.} \ The organization are the supported organization and {\bf stop here.} \ The organization are the supported organization are the supported organization and {\bf stop here.} \ The organization are the supported organization are the supported organization and {\bf stop here.} \ The organization are the supported organi$

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2018

ightharpoons

Form	990	(2018)				Pa	ge 11	
Pa	art X	Balance Sheet						
		Check if Schedule O contains a response or note to any line in this Part IX				. [
		В	(A) eginning of year		(B End of			
	1	Cash-non-interest-bearing	168,448	1		14	6,588	
	2	Savings and temporary cash investments	195,757	2		29	5,846	
	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. Complete		5				
	6	Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under		-				
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and						
		contributing employers and sponsoring organizations of section 501(c)(9)		6				
۰,		voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L						
Assets	7	Notes and loans receivable, net		7				
88	8	Inventories for sale or use		8				
4	9	Prepaid expenses and deferred charges		9				
	100	land huildings and equipment sector athor						
							;	
<u>; </u>								
•		<u> </u>						
S	ectio	n D. All Type III Supporting Organizations						
				i		Yes	No	
1	tax Forr	the organization provide to each of its supported organizations, by the last day of the fi year, (i) a written notice describing the type and amount of support provided during the n 990 that was most recently filed as of the date of notification, and (iii) copies of the o uments in effect on the date of notification, to the extent not previously provided?	prior tax year, (ii)	a copy of the				
2	(s) (re any of the organization's officers, directors, or trustees either (i) appointed or elected or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Pa ntained a close and continuous working relationship with the supported organization(s)</i>						
					2			
3		reason of the relationship described in (2), did the organization's supported organization						
	organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard							

Reconcilliation 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)	Check if Schedule O contains a response or note to any line in this Part XI	Check if Schedule O contains a response or note to any line in this Part XI	Total revenue (must equal Part VIII, column (A), line 12)	Check if Schedule O contains a response or note to any line in this Part XI	Form	990 (2018)			Page 12
1 Total revenue (must equal Part VIII, column (A), line 12)	1 Total revenue (must equal Part VIII, column (A), line 12)	1 Total revenue (must equal Part VIII, column (A), line 12)	1 Total revenue (must equal Part VIII, column (A), line 12)	1 Total revenue (must equal Part VIII, column (A), line 12)	Pa	Reconcilliation of Net Assets			
Total expenses (must equal Part IX, column (A), line 25)	Total expenses (must equal Part IX, column (A), line 25)	Total expenses (must equal Part IX, column (A), line 25)	Total expenses (must equal Part IX, column (A), line 25)	Total expenses (must equal Part IX, column (A), line 25)		Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	
Total expenses (must equal Part IX, column (A), line 25)	Total expenses (must equal Part IX, column (A), line 25)	Total expenses (must equal Part IX, column (A), line 25)	Total expenses (must equal Part IX, column (A), line 25)	Total expenses (must equal Part IX, column (A), line 25)		Total various (must occus) Dod VIII. oclumn (A), line 12)			E64 202
Revenue less expenses Subtract line 2 from line 1	Revenue less expenses Subtract line 2 from line 1	Revenue less expenses Subtract line 2 from line 1	Revenue less expenses Subtract line 2 from line 1	Revenue less expenses Subtract line 2 from line 1			<u> </u>		
A Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	A Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	A Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	A Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	A Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			\vdash		
Net unrealized gains (losses) on investments	_	·	_						
6 Donated services and use of facilities			<u> </u>		364,205				
7 Investment expenses			<u> </u>						
8 Prior period adjustments	_		<u> </u>						
9 Other changes in net assets or fund balances (explain in Schedule O)	9 Other changes in net assets or fund balances (explain in Schedule O)	9 Other changes in net assets or fund balances (explain in Schedule O)	9 Other changes in net assets or fund balances (explain in Schedule O)	9 Other changes in net assets or fund balances (explain in Schedule O)	7	Investment expenses	7		
10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	8	'	<u> </u>		
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	9				
Check if Schedule O contains a response or note to any line in this Part XII	Check if Schedule O contains a response or note to any line in this Part XII	Check if Schedule O contains a response or note to any line in this Part XII	Check if Schedule O contains a response or note to any line in this Part XII	Check if Schedule O contains a response or note to any line in this Part XII	10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		442,434
I I I		I I I	I I I	I I I		Check if Schedule O contains a response or note to any line in this Part XII		Yes	No
					1				

Additional Data

Software ID:

PARCATA HADRA & ANTE ODDILANC SHIDDADT AT DICK ODDILANC BY DROVIDING COLLECTION TRAINING AND COLINGELING VILLAGE DROJECTS

Software Version:

SUPPORT THROUGH UJAMAA COMMUNITY RESOURCE TEAM EDUCATION - EDUCATIONAL SUPPORT TO YOUTH FROM INDIGENOUS COMMUNITIES IN TANZANIA - MAASAI.

EIN: 41-1875830

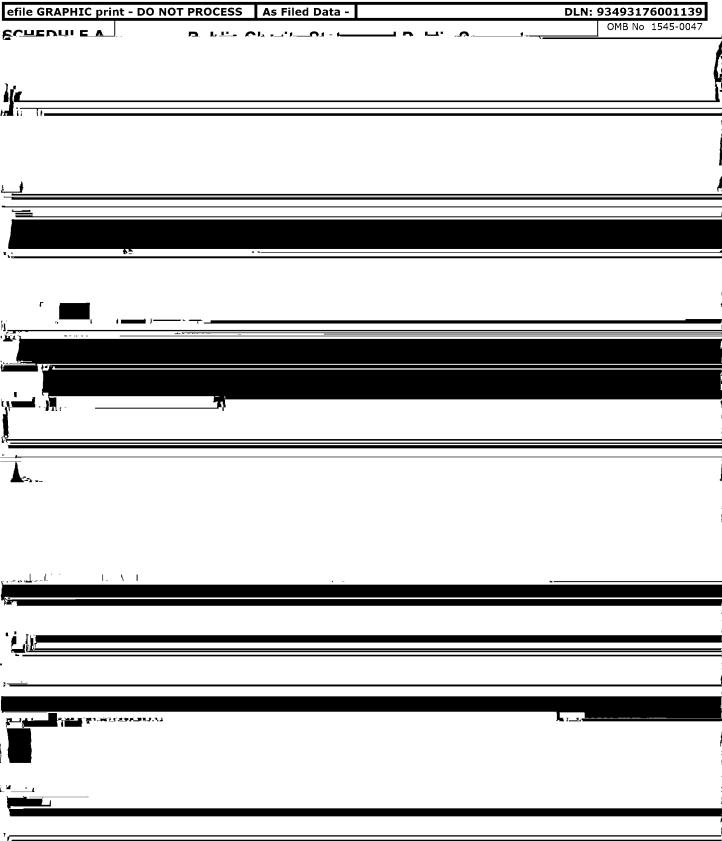
Name: DOROBO FUND FOR TANZANIA INC.

Form 990 (2018)

Form 990, Part III, Line 4a:

Form 990, Part III, Line 4b: SUPPORT THROUGH PASTORAL WOMEN'S COUNCIL (PWC) WOMEN'S RIGHTS

Form 990, Part III, Line 4c: SUPPORT THROUGH SPECIAL PROJECTS



<u> </u>	the organization fai	ls to qualify un	der the tests list	ted below, pleas	se complete Par	t III.)	·
Section A. Publi							
Calenda (or fiscal year b Gifts, grants, cont membership fees include any "unus Tax revenues levie organization's ben to or expended or The value of servi- furnished by a gov the organization w Total. Add lines 1 The portion of total each person (other governmental unit supported organiz line 1 that exceed shown on line 11,	per year peginning in) peginning in) peginning in) peginning in) ped for the pefit and either paid per in the behalf per in the period in its behalf per in the period in its penalf per in the penalf p	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Subtract line 5 from						
line 4 Section B. Total	Support					l	
income from sim	peginning in) ► ne 4 om interest, ents received on rents, royalties and illar sources unrelated business	(a)2014	(b)2015	(c)2016	(d) 2017	(e)2018	(f)Total
·						<i>f</i>	
<u> </u>							

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

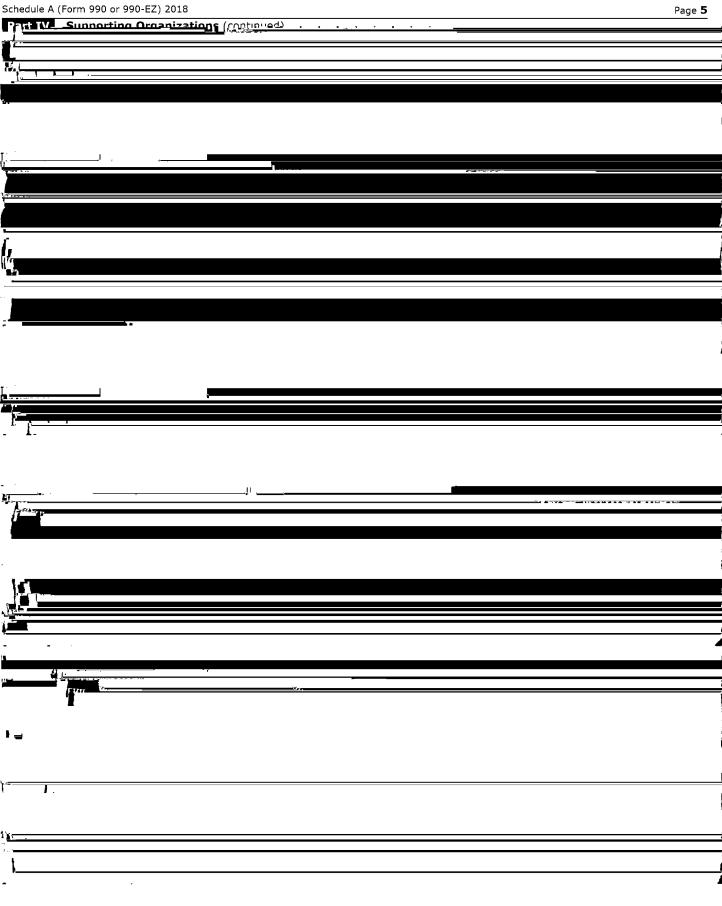
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support Calendar year (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total (or fiscal year beginning in) ▶ 1 Gifts, grants, contributions, and 565,802 432,001 683,818 660,724 564,194 2,906,539 membership fees received (Do not include any "unusual grants") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Takel Odd have 4 Miles

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

<u> </u>	Sections A all Symposition Operations							
> e	ction A. All Supporting Organizations		· ·					
			Yes	No				
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1						
		1						
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2						
2-	Dath							
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a						
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the determination							
		3b						
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с						
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you							
	checked 12a or 12b in Part I, answer (b) and (c) below	4a						
		44						
D	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or							
c	supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support	4b						
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c						
_		40						
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the							
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)							
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b						
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с						
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing							
	organization's supported organizations? If "Yes," provide detail in Part VI.	6						
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a							
	substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)							
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7º If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)							
_		8						
<u>9-</u>	les enseurs beiddenseib euseurus enseud useurus ed enwick enwid une de utlaseiber use utlaseibe beiddenseses en			•				



Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional) With hord Serm consistion: (A) Prior Year (optional)	Sche	dule A	(Form 990 or 990-EZ) 2018		Page 6
instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E Section A - Adjusted Net Income (A) Prior Year (optional) (phi-chart term cantelease (optional)	Pai	rt V	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations	
Quatriors term cantisleans.	1		Check here if the organization satisfied the Integral Part Test as a qualifying trust on I instructions. All other Type III non-functionally integrated supporting organizations is	Nov 20, 1970 (explain in must complete Sections A	Part VI) See A through E
				(A) Prior Year	
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6 Other distributions (describe in Part VI) See instruction			
7 Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to whe details in Part VI) See instructions	nich the organization is respon	sive (provide	
9 Distributable amount for 2018 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
Distributable amount for 2018 from Section C, line 6			
Underdistributions, if any, for years prior to 2018 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
Later that I have a mark to the state of the	1		1

Additional Data

Software ID:

Software Version: EIN: 41-1875830

Name: DOROBO FUND FOR TANZANIA INC

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

Instructions)

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493176001139 OMB No 1545-0047 **SCHEDULE F** Statement of Activities Outside the United States (Form 990) 2018 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. **Open to Public** Department of the Treasury Inspection Internal Revenue Service **Employer identification number** Name of the organization DOBOBO ELINID FOR TANZANIA INC.

Schedul	e F (Form 990) 2018							Page 2				
Part 1	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.												
1 (a) Name of	(b) IRS code	(c) Region	(d) Purpose of	(e) Amount of	(f) Manner of	(g) Amount	(h) Description	(i) Method of				
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_													
<u> </u>													
									4				
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Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Region (c) Number of cash disbursement (b) Region (d) Amount of cash grant (e) Hendroff cash grant (f) Amount of disbursement (g) Secretion (h) Method of valuation (book, FfVV, appraisal, other)	Schedule F (Form 990) 2018							Page 3
(a) Type of grant or assistance (b) Region (c) Number of recipients (d) Amount of disbursement (d) Amount of recipients (e) Manner of cash disbursement (f) Amount of recipients (g) Description (g) Operation (h) Method of valuation (hook, FNV, apprasal, other)					ed States. Complete ıf	the organization an	swered "Yes" to Form 9	990, Part IV, line 16.
recipients cash grant disbursement non-cash assistance assistance assistance assistance appraisal, other)					1	,		
	(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	non-cash	of non-cash	valuation (book, FMV,
							<u>. </u>	- ter
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Schedule F (Form 990) 2018				
Par	t IV 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)			
	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	✓ 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	
	· · ·			
X .	Br			
-				

Schedule I (I	chedule F (Form 990) 2018 Page						
Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting me 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 pro any additional information (see instructions). 990 Schedule F, Supplemental Information							
Return Reference	Explanation						

990 Schedule F, Supplemental Information

Return Reference Explanation

Return Reference	Explanation
PART I. LINE 3	ACCRUAL

Additional Data

Software ID: Software Version:

EIN: 41-1875830

Name: DOROBO FUND FOR TANZANIA INC

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities c

(a) Region
(b) Number of offices in the region
(c) Number of offices in the region
(d) Activities conducted in region (by type) (i.e., fundraising, program service, describe specific type of services, qrants to services, qrants to for region

(e) If activity listed in (d) (f) Total expenditures for region
(s) Region
(d) Activities conducted in region (by type) (i.e., fundraising, program service, describe specific type of services, in region

S# .

Form 990 Schedule F Part I - Activities Outside The United States (b) Number of (c) Number of (e) If activity listed in (d) (f) Total expenditures (a) Region (d) Activities conducted offices in the employees or in region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) 0 IGRANTMAKING 40.000 SUB-SAHARAN AFRICA -MALIASILI INITIATIVES ANGOLA, BENIN, BOTSWANA, LTD BURKINA, FASO,

efile GRAPH	IIC print	- DO NOT PROCESS As Filed Data -		DLN: 93493176001139		
SCHEDULE O (Form 990 or 990- EZ) Department of the Treasury		Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.qov/Form990 for the latest information.		OMB No 1545-0047 2018 Open to Public Inspection		
Namel Betherofganization DOROBO FUND FOR TANZANIA INC 990 Schedule O, Supplemental Information			Employer identification number 41-1875830			
Return Reference		Explanation				
FORM 990,	MICHAEL PETERSON (DIRECTOR), THAD PETERSON (DIRECTOR) AND DAUDI PETERSON (PRESIDENT) ARE					

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. THERE ARE NO COMMITTEES PART VI, SECTION A.

LINE 8B

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, PART VI, SECTION B, OR THEIR REVIEW PRIOR TO FILING THE FORM

LINE 11B

RICHARD LEIDER (VICE PRESIDENT) AND SUSAN BOREN (VICE PRESIDENT/TREASURER/SECRETARY)REVIEW

THE FORM 990 ALL OTHER BOARD MEMBERS ARE NOTIFIED THAT A COPY OF FORM 990 IS AVAILABLE F

OR THEIR REVIEW PRIOR TO FILING THE FORM

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, STATE OF MINNESOTA CHARITABLE ORGANIZATION ANNUAL REPORT FORM FILED WITH THE MINNESOTA ATT PART VI, ORNEY GENERALS OFFICE THE ANNUAL REPORT INCLUDES A COPY OF THE FORM 990 ALL DOCUMENTS AR SECTION C, LINE 19