| Form 990 |
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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. Go to www.irs.gov/Form990 for instructions and the latest information.



| ΑF | or th | e 2023 calendar year, or tax year beginning and | ending | | |
|-------------------------|-------------------------|--|---------------|-------------------------------|-------------------------------|
| B c | heck if pplicab | e: C Name of organization | | D Employer identific | ation number |
| | Addre | TANZANIA EDUCATION CORPORATION | | | |
| | Name | - · · · · | | 26-124548 | 35 |
| | Initial | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephone number | |
| | Final return | | | 617-277-1 | |
| | termir ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 411,489. |
| | Amen | CHESTNOT HILL, MA 02467 | | H(a) Is this a group re | |
| | Applic tion pendi | F Name and address of principal officer: CAROL IIALL | | for subordinates? | ? Yes X No |
| | - | SAME AS C ABOVE | | H(b) Are all subordinates ind | No No |
| | | empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) (| or 527 | 1 [′] | list. See instructions |
| _ | Vebsi | | | H(c) Group exemption | |
| | | f organization: X Corporation Trust Association Other | L Year | of formation: 2008 M | I State of legal domicile: ME |
| Pa | nrt I | Summary | | | |
| ø | 1 | Briefly describe the organization's mission or most significant activities: SEE | SCHEDU | LE O | |
| Activities & Governance | | | | | |
| ern | 2 | Check this box if the organization discontinued its operations or dispos | | 1 1 | |
| Š | 3 | | | | 4 |
| ن ه | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | | 2 |
| ies | | Total number of individuals employed in calendar year 2023 (Part V, line 2a) | | | 0 |
| ivit | | Total number of volunteers (estimate if necessary) | | | 6 |
| Act | | | | | 0. |
| | b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | <u> </u> | Prior Year | 0 . Current Year |
| | _ | Contributions and sworts (Dout)/III line th) | | 420,600. | 403,850. |
| an | 8 | Contributions and grants (Part VIII, line 1h) | | 420,000. | <u> </u> |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) | | 18. | 460. |
| Be | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0. | <u> </u> |
| | 12 | | | 420,618. | 404,310. |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 336,633. | 390,200. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| | | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 0. | 0. |
| Expenses | | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| Jen o | | Total fundraising expenses (Part IX, column (A), line 25) | 0. | | |
| ŭ | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 3,504. | 3,055. |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 340,137. | 393,255. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 80,481. | 11,055. |
| or | | | | ginning of Current Year | End of Year |
| ets (| 20 | Total assets (Part X, line 16) | | 73,732. | 85,075. |
| Assets Balanc | | Total liabilities (Part X, line 26) | | 0. | 0. |
| Net. | | Net assets or fund balances. Subtract line 21 from line 20 | | 73,732. | 85,075. |
| | | Signatura Block | | ., | |

Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| Sign | Signature of officer | | | | Date | | |
|------------|--|---------------------|-----------------|-------|-------------------|-----------------|--------|
| Here | CAROL HALL, PRESIDENT | | | | | | |
| | Type or print name and title | | | | | | |
| | Print/Type preparer's name | Preparer's signatu | ure | Date | Check | PTIN | |
| Paid | KAREN S. NG | KAREN S. | NG | 03/06 | /24 self-employed | P0106748 | 2 |
| Preparer | Firm's name WOLF & COMPANY, P | .C. | | | Firm's EIN 04- | 2689883 | |
| Use Only | Firm's address 255 STATE STREET | | | | | | |
| | BOSTON, MA 02109 | | | | Phone no.617- | 439-9700 | |
| May the IF | RS discuss this return with the preparer shown abo | ve? See instruction | ons | | | X Yes | No |
| LHA For | Paperwork Reduction Act Notice, see the separ | ate instructions. | 332001 12-21-23 | | | Form 990 | (2023) |

LHA For Paperwork Reduction Act Notice, see the separate instructions.

| Form | 1990 (2023) TANZANIA EDUCATION CORPORATION | 26-1245485 Page 2 |
|---------|---|-----------------------------|
| Pa | rt III Statement of Program Service Accomplishments | |
| | Check if Schedule O contains a response or note to any line in this Part III | X |
| 1 | Briefly describe the organization's mission: SEE SCHEDULE O | |
| | | |
| | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | |
| | prior Form 990 or 990-EZ? | Yes X No |
| | If "Yes," describe these new services on Schedule O. | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. | Yes X No |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as $2 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - $ | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe revenue, if any, for each program service reported. | rs, the total expenses, and |
| 4a | (Code:) (Expenses \$227,600. including grants of \$227,600. (Revel | nue \$ |
| | TUITION GRANTS TO 150 STUDENTS TO ATTEND EITHER TUMAINI | |
| | OR TUMAINI SENIOR SECONDARY SCHOOL. | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4b | (Code:) (Expenses \$ 45,000. including grants of \$ 45,000. (Rever | |
| | TUITION GRANTS TO 130 STUDENTS TO ATTEND EITHER TUMAINI | - |
| | KARATU, TANZANIA OR TUMAINI SENIOR SECONDARY SCHOOL, MAK | YUNI, TANZANIA |
| | | |
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| | | |
| | 110 (00 110 (00 | |
| 4c | (Code:) (Expenses \$117,600. including grants of \$117,600. (Revel TEC PAYS FOR ENRICHMENT PROGRAMS AT TUMAINI JUNIOR SCHOOL | |
| | SENIOR SECONDARY SCHOOL. THESE PROGRAMS INCLUDE PBL (PRO | |
| | LEARNING) CLASSES. EXAMPLES OF PBL CLASSES INCLUDE COMPU | |
| | CLASSES, ENGLISH WRITING, CIVICS, THE GRAPHIC NOVEL, AND | |
| | LAB-BASED CLASSES. OTHER PROGRAMS INCLUDE CLUBS, SPORTS | |
| | NUTRITIOUS FOOD FOR THE STUDENTS. FINALLY, TEC HAS BUILT | AND MAINTAINED |
| | LIBRARIES AT BOTH SCHOOLS | |
| | | |
| | | |
| | | |
| | | |
| <u></u> | Other program services (Describe on Schedule O.) | |
| ти | (Expenses \$ including grants of \$) (Revenue \$ |) |
| 4e | 200, 200 | / |
| | | Form 990 (2023 |
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| | 2 | |

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| Form 990 (| | | | CORPORATION |
|------------|-----|-------------------------|-------|-------------|
| Part IV | Che | cklist of Required Sche | dules | |

| | | | Yes | No |
|----------|--|------------|--------------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | <u> </u> |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | <u> </u> |
| 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 | | _X_ |
| 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 | | _X_ |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | _ | | v |
| ~ | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | <u> </u> |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | х |
| 7 | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | |
| ' | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> | 7 | | х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | - | | |
| U | Schedule D, Part III | 8 | | х |
| 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 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | Х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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 | | X |
| 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 | X | |
| с | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | 37 |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| 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 | | | v |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X X |
| | 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)? <i>If</i> "Yes." <i>complete Schedule D, Part X</i> | 11f | | х |
| 122 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| 120 | | 12a | | х |
| h | Schedule D, Parts XI and XII | 120 | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| | 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 | Х | |
| 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 | Х | |
| 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 | | <u> </u> |
| 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 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | v |
| 40 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | <u> </u> |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," | | | v |
| 20- | complete Schedule G, Part III | 19 | | X X |
| 20а ь | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | 20a 20b | | |
| ь 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 200 | | |
| | domestic government on Part IX, column (A), line 1? <i>If</i> "Yes." <i>complete Schedule I. Parts I and II</i> | 21 | | х |
| 332003 | | | 990 (| (2023) |

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| Form | 990 | (2023) |
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| | | | Vee | Na |
|--------|---|---------|-----|----------|
| 00 | Did the exercitation report more than \$5,000 of events or other excitance to ar for demostic individuals on | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | 00 | | x |
| 00 | Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | 22 | | |
| 23 | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | x |
| 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 | | x |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| 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 | | |
| 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 | | X |
| 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 | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | x |
| 07 | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | x |
| 28 | Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, | 21 | | |
| 20 | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | x |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | v |
| 00 | Schedule N, Part II | 32 | | <u> </u> |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 33 | | x |
| 34 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | |
| 54 | Part V, line 1 | 34 | | x |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | x |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 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 | | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | | |
| Der | Note: All Form 990 filers are required to complete Schedule O | 38 | Х | |
| Par | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | <u></u> | | |
| 4 - | Enter the number reported in boy 2 of Form 1000. Enter 0 if act and include | | Yes | No |
| | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1aEnter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b | | | |
| b | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| U | (gambling) winnings to prize winners? | 1c | х | |
| 332004 | l 12-21-23 | | | (2023) |
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| Form | 990 (2023) TANZANIA EDUCATION CORPORATION | | 26-1245 | 485 | P | age 5 |
|----------|--|---------|-----------------------|----------|-----|--------------|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | | | |
| | | | | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | |
| | filed for the calendar year ending with or within the year covered by this return | 2a | 0 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax return | ?sr | | 2b | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule | ο | | 3b | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other a | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial a | ccour | nt)? | 4a | | X |
| 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 Ad | ccoun | ts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact | tion? | | 5b | | X |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | | | |
| | any contributions that were not tax deductible as charitable contributions? | | | 6a | | x |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribution | | | | | |
| | were not tax deductible? | | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser | vices r | rovided to the pavor? | 7a | | X |
| | | | | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa | | | | | |
| - | to file Form 8282? | | | 7c | | x |
| Ь | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | 10 | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co | | t? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra | | | 76 7f | | X |
| | If the organization received a contribution of qualified intellectual property, did the organization file Fo | | 99 as required? | 7g | | <u> </u> |
| - | If the organization received a contribution of qualified intellectual property, did the organization mer of | | | 79 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | | | / | | |
| 0 | | - | | 8 | | |
| 9 | Sponsoring organization have excess business holdings at any time during the year? | | | 0 | | |
| | | | | 9a | | |
| | | | | 9b | | <u> </u> |
| | Section 501(c)(7) organizations. Enter: | | | 30 | | |
| 10 | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | 1 | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10a | | | | |
| | | | | - | | |
| | Section 501(c)(12) organizations. Enter: | 11a | I | | | |
| | Gross income from members or shareholders | па | | • | | |
| D | Gross income from other sources. (Do not net amounts due or paid to other sources against | 446 | | | | |
| 10- | amounts due or received from them.) | 11b | | 10- | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | | r | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | 1 | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | 10- | | |
| 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. | | | | | |
| D | Enter the amount of reserves the organization is required to maintain by the states in which the | 401 | I | | | |
| | organization is licensed to issue qualified health plans | 13b | | - | | |
| | Enter the amount of reserves on hand | 13c | | 44- | | x |
| | | | | 14a | | |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul | | | 14b | | <u> </u> |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner | | | 40 | | x |
| | excess parachute payment(s) during the year? | | | 15 | | |
| 40 | If "Yes," see the instructions and file Form 4720, Schedule N. | | 0 | | | v |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment | incor | ne? | 16 | | X |
| - | If "Yes," complete Form 4720, Schedule O. | | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activity to the trust of the trust o | | | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | | | 17 | | |
| | If "Yes," complete Form 6069. | | | Г-···· | 000 | (0000) |
| 332005 | 12-21-23 | | | Form | 220 | (2023) |

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| 332005 12-21-2 | 23 |
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| Form 990 | (2023) |
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TANZANIA EDUCATION CORPORATION

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

Section A. Governing Body and Management

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X

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

| | | | | | Yes | No |
|------------|--|-----------|----------------------|-----------|---------|------|
| a | Inter the number of voting members of the governing body at the end of the tax year | 1a | 4 | | | |
| | f there are material differences in voting rights among members of the governing body, or if the governing | ſ | | | | |
| I | ody delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | | | |
| b | nter the number of voting members included on line 1a, above, who are independent | 1b | 2 | | | |
| | Did any officer, director, trustee, or key employee have a family relationship or a business relationship officer, director, trustee, or key employee? | | | 2 | x | |
| | Did the organization delegate control over management duties customarily performed by or under the | | | <u> </u> | | |
| | | | | 3 | | х |
| | Did the organization make any significant changes to its governing documents since the prior Form 99 | | | 4 | | Х |
| | Did the organization become aware during the year of a significant diversion of the organization's asse | | | 5 | | Х |
| | Did the organization have members or stockholders? | | | 6 | | X |
| | Did the organization have members, stockholders, or other persons who had the power to elect or app | | | | | |
| | nore members of the governing body? | | | 7a | | X |
| | Are any governance decisions of the organization reserved to (or subject to approval by) members, sto | | | | | |
| 1 | persons other than the governing body? | | | 7b | | Х |
| | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | | | | | |
| | The governing body? | - | - | 8a | Х | |
| | Each committee with authority to act on behalf of the governing body? | | | 8b | Х | |
| | s there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac | | | | | |
| | organization's mailing address? If "Yes." provide the names and addresses on Schedule O | | | 9 | | Х |
| cti | on B. Policies (This Section B requests information about policies not required by the Internal Rev | enue C | Code.) | | | |
| | | | | | Yes | No |
| a I | Did the organization have local chapters, branches, or affiliates? | | | 10a | | X |
| b | f "Yes," did the organization have written policies and procedures governing the activities of such cha | apters, | affiliates, | | | |
| i | and branches to ensure their operations are consistent with the organization's exempt purposes? | | | 10b | | |
| a I | las the organization provided a complete copy of this Form 990 to all members of its governing body | | | 11a | | Х |
| o I | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | | | |
| a I | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | 12a | | X |
| o 1 | Vere officers, directors, or trustees, and key employees required to disclose annually interests that could give rise t | to confli | cts? | 12b | | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? // "Ye | es," de | scribe | | | |
| | on Schedule O how this was done | | | 12c | | |
| I | Did the organization have a written whistleblower policy? | | | 13 | | X |
| I | Did the organization have a written document retention and destruction policy? | | | 14 | | X |
| I | Did the process for determining compensation of the following persons include a review and approval | by ind | ependent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | - |
| | he organization's CEO, Executive Director, or top management official | | | 15a | | X |
| | Other officers or key employees of the organization | | | 15b | | X |
| | f "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | | |
| | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem | ent wit | ha | | | |
| | axable entity during the year? | | | 16a | | X |
| | f "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate | - | | | | |
| | n joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi | zation's | 6 | | | |
| | exempt status with respect to such arrangements? | | | 16b | | |
| | on C. Disclosure | | | | | |
| | List the states with which a copy of this Form 990 is required to be filed NONE | 4 000 7 | (apptice 501(-)/2) | 0.001-3 | ove!!-! | |
| | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and | u 990-1 | (section 501(C)(3)9 | only) | avallat | JIE |
| 1 | or public inspection. Indicate how you made these available. Check all that apply. | | | | | |
| | X Own website Another's website X Upon request Other <i>(explain</i> | | , | lfiner | | |
| | Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor | mict of | interest policy, and | i iirian(| Jidi | |
| | statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's bool | (e and | records | | | |
| | State the name, address, and telephone number of the person who possesses the organization's book | vs and | records | | | |
| | 5 NORFOLK RD., CHESTNUT HILL, MA 02467 | | | | | |
| | | | | Form | 990 | (202 |
| | 12-21-23 | | | | | |

| 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 the instructions for definition of "key employee."

List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

• List the organization's five current nighest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) | (B) | | | (Pos | C) itior | 1 | | (D) | (E) | (F) |
|---------------------|--|------------------|-----------------------|------------------|----------------|---------------------------|------|---|---|---|
| Name and title | Average hours per | box | not c , unles | heck i ss per | more rson i | than o s both | n an | Reportable compensation | Reportable compensation | Estimated amount of |
| | week (list any hours for related organizations below line) | stee or director | Institutional trustee | Officer P | | Highest compensated Autor | | from the organization (W-2/1099-MISC/ 1099-NEC) | from related organizations (W-2/1099-MISC/ 1099-NEC) | other compensation from the organization and related organizations |
| (1) CAROL HALL | 15.00 | | | | | | | | | |
| PRESIDENT | | Х | | Х | | | | 0. | 0. | 0. |
| (2) FRANK LEE | 15.00 | | | | | | | | | |
| VICE PRESIDENT | | Х | | Х | | | | 0. | 0. | 0. |
| (3) MAURA HORODYSKI | 0.50 | | | | | | | | | - |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (4) HOPE SCHROY | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
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| 332007 12-21-23 | | | | | | | | | | Form 990 (2023) |

7

| | 990 (2023) TANZANIA | | | | | | | | | 26-12 | 2454 | 485 | P | age 8 |
|------|--|------------------------|--|-----------------------|------------|--------------|---------------------------------|--------|--------------------------------|-------------------|---------------------|-------------|---------|--------------|
| Part | VII Section A. Officers, Directors, Trus | tees, Key Emp | ploy | ees, | and | l Hig | ghes | t C | ompensated Employee | s (continued) | | | | |
| | (A) | (B) | | (C) | | | | | (D) | (E) | | | (F) | |
| | Name and title | Average | (do | | Pos | | ۱ than c | ne | Reportable | Reportable | | Es | timate | ed |
| | | hours per | box | , unles | ss per | rson i | s both | n an | compensation | compensatio | 'n | an | nount | of |
| | | week | | cer an | d a di | irecto | or/trus [.] T | tee) | from | from related | | | other | |
| | | (list any | ector | | | | | | the | organization | I | | pensa | |
| | | hours for | or dir | e | | | ated | | organization | (W-2/1099-MIS | ;C/ | | om th | |
| | | related | stee | truste | | | pens | | (W-2/1099-MISC/ | 1099-NEC) | | • | anizat | |
| | | organizations below | ial tru | onal | | oloye | ee com | | 1099-NEC) | | | | d relat | |
| | | line) | Individual trustee or director | Institutional trustee | Officer | key employee | Highest compensated employee | Former | | | | orga | anizati | ons |
| | | | Ē | Ë | Of | Υ. Υ | E 문 | Бo | | | | | | |
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| | | | | | | | | | | | _ | | | |
| | Subtotal | | | | | | | | 0. | | 0. | | | 0. |
| С | Total from continuation sheets to Part VI | I, Section A | | | | | | | 0. | | 0. | | | 0. |
| d | Total (add lines 1b and 1c) | | | | <u></u> | | | | 0. | | 0. | | | 0. |
| 2 | Total number of individuals (including but n | ot limited to th | ose | liste | d ab | ove |) wh | o re | eceived more than \$100, | 000 of reportable | ; | | | |
| | compensation from the organization | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former officer, | director, truste | ee, k | ey e | mpl | oye | e, or | hig | hest compensated empl | oyee on | | | | |
| | line 1a? If "Yes," complete Schedule J for su | uch individual | | | | | | | | | | 3 | | Х |
| | For any individual listed on line 1a, is the su | | | | | | | | | | | | | |
| | and related organizations greater than \$150 | | | | | | | | | | | 4 | | Х |
| | Did any person listed on line 1a receive or a | | | | | | | | | | | - | | |
| | rendered to the organization? If "Yes," com | | | | | | | | | | | 5 | | х |
| | ion B. Independent Contractors | | <u>; </u> | JI SU | <u>CIT</u> | Jers | 011 . | | | | ····· | v | | |
| | • | monsated ind | | ndor | | ontra | | re th | at received more than \$ | 100 000 of comr | oncat | ion fro | m | |
| | Complete this table for your five highest cor the organization. Report compensation for t | | | | | | | | | | 1591 | | /11 | |
| | | ine calendar ye | eare | nain | ig w | | or wi | | | ear. | | 10 | | |
| | (A) Name and business | address | NIC | ONE | , | | | | (B) Description of s | ervices | C | (C ompei | | n |
| | | | INC | | 2 | | | - | Description of s | | | ompoi | ISULIO | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (ir | ncluding but no | ot lin | nited | to | thos | se lis | ted | above) who received mo | ore than | | | | |
| | \$100,000 of compensation from the organiz | | | | | C |) | | <i>.</i> | | | | | |
| - | | | | | | | | | | | | | ~~~ | |

Form **990** (2023)

332008 12-21-23

| Pa | rt VI | I Statement of Re | venu | e | | | | | | |
|--|-----------------------|--|---|--|---------|--------------------------------------|-----------------------------|--|--------------------------------------|--|
| | | Check if Schedule O | contair | ns a respor | nse c | or note to any line | | | (| |
| | | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| ice Contributions, Gifts, Grants and Other Similar Amounts | b c d f f | Related organizations Government grants (contr All other contributions, gifts, similar amounts not included Noncash contributions included in Total. Add lines 1a-1f | ributior grants, l above lines 1a- | 1b 1c 1d ns) 1e , and 1f 1g \$ | ; | 403,850. 15,026. Business Code | 403,850. | | | |
| Program Service Revenue | b c d e | | | | _ | | | | | |
| Ч | | 1 5 | | | | | | | | |
| | g 3 4 | Total. Add lines 2a-2f Investment income (inclue other similar amounts) Income from investment of | ding di | vidends, in | ntere | st, and | 748. | | | 748. |
| | 5 | Royalties | | • | | 1 | | | | |
| | | | | (i) Real | | (ii) Personal | | | | |
| | 6 a b c | | 6a 6b 6c | | | | | | | |
| | d | Net rental income or (loss | s) <u></u> (| | | | | | | |
| | 7 a | Gross amount from sales of assets other than inventory | 7a | (i) Securiti 6,89 | | (ii) Other | | | | |
| anı | | Less: cost or other basis and sales expenses | 7b | 7,17 | 9. | | | | | |
| Revenue | | Gain or (loss) | · · · · | -28 | | | -288. | | | -288. |
| Other R | | Net gain or (loss) Gross income from fundraisi including \$ contributions reported on Part IV, line 18 | ng ever | nts (not of c). See | | | -200. | | | -200. |
| | b | Less: direct expenses | | | 8b | | | | | |
| | с | Net income or (loss) from | fundra | aising even | ts | | | | | |
| | | Gross income from gamir Part IV, line 19 | | | 9a | | | | | |
| | | Less: direct expenses | | | 9b | | | | | |
| | | Net income or (loss) from Gross sales of inventory, | | | , | | | | | |
| | | and allowances | | | 10a | | | | | |
| | b | Less: cost of goods sold | | | 10b | | | | | |
| | с | Net income or (loss) from | sales (| of inventor | у | | | | | |
| sne | 11 a | I | | | | Business Code | | | | |
| nec | b | | | | | | | | | |
| Miscellaneous Revenue | c | | | | | | | | | |
| Misc | d | All other revenue | | | | | | | | |
| 2 | | Total. Add lines 11a-11d | | | | | 404 010 | | | 4.50 |
| | 12 | Total revenue. See instruction | ons | | <u></u> | | 404,310. | 0. | 0. | 460. |
| 33200 | 9 12-21 | 1-23 | | | | | | | | Form 990 (2023) |

TANZANIA EDUCATION CORPORATION

332009 12-21-23

Form 990 (2023)

26-1245485 Page 9

TANZANIA EDUCATION CORPORATION Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

| | Check if Schedule O contains a respons | | | · · · · · · · · · · · · · · · · · · · | |
|-----------------|--|------------------------------|---|--|---------------------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, 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 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | 390,200. | 390,200. | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | | | | |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section $4958(f)(1)$) and | | | | |
| _ | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | | | | |
| 8 | Pension plan accruals and contributions (include | | | | |
| 0 | section 401(k) and 403(b) employer contributions) | | | | |
| 9 10 | Other employee benefits | | | | |
| 10 11 | Payroll taxes Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | Legal | 310. | | 310. | |
| c | Accounting | 1,450. | | 1,450. | |
| 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 Sch 0.) | | | | |
| 12 | Advertising and promotion | 1,015. | | 1,015. | |
| 13 | Office expenses | 280. | | 280. | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| 40 | for any federal, state, or local public officials | | | | |
| 19 20 | Conferences, conventions, and meetings | | | | |
| 20 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | | | | |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) | | | | |
| a | | | | | |
| b | | | | | |
| c L | | | | | |
| d | | | | | |
| | All other expenses | 393,255. | 390,200. | 3,055. | 0. |
| <u>25</u> 26 | Joint costs. Complete this line only if the organization | 555,255. | 550,200. | 5,055. | <u>U•</u> |
| 20 | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |

332010 12-21-23

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| | RDOCKITON | CONTONATION |

26-1245485 Page 11

| га | πΧ | Balance Sneet | | | | |
|-----------------------------|----------|---|-----------------------------------|--------------------------|--------|-----------------------|
| | | Check if Schedule O contains a response or | note to any line in this Part X | (A) Beginning of year | | |
| | 4 | Cook non interest bearing | | 73,732. | - | 66,311. |
| | 1 | | | 15,152. | 1 2 | 00,511 |
| | 2 | Savings and temporary cash investments | | | 2 | |
| | 3 | Pledges and grants receivable, net | | | 4 | |
| | 4 | Accounts receivable, net | | | 4 | |
| | 5 | Loans and other receivables from any curren | | | | |
| | | trustee, key employee, creator or founder, su controlled entity or family member of any of | | | 5 | |
| | 6 | Loans and other receivables from other disqu | | | 5 | |
| | 0 | | | | 6 | |
| | - | under section 4958(f)(1)), and persons descri | | 7 | | |
| Assets | 7 | Notes and loans receivable, net | | | | |
| Ass | 8 | Inventories for sale or use | | | 8 9 | |
| | 9 | | | | 9 | |
| | 10a | Land, buildings, and equipment: cost or othe | | | | |
| | | basis. Complete Part VI of Schedule D | | | 10. | |
| | | Less: accumulated depreciation | | | 10c | 12,279 |
| | 11 | Investments - publicly traded securities | | 11 | 6,485 | |
| | 12 | Investments - other securities. See Part IV, lin | | | 12 | 0,405 |
| | 13 | Investments - program-related. See Part IV, li | | 13 | | |
| | 14 | Intangible assets | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | | 73,732. | 15 | 85,075 |
| | 16 | Total assets. Add lines 1 through 15 (must e | | 15,152. | 16 | 05,075 |
| | 17 | Accounts payable and accrued expenses | | 17 | | |
| | 18 | Grants payable | | 18 | | |
| | 19 | Deferred revenue | | | 19 | |
| | 20 | Tax-exempt bond liabilities | to Dout IV of Coloredula D | | 20 | |
| | 21 | Escrow or custodial account liability. Comple | | | 21 | |
| ies | 22 | Loans and other payables to any current or f | | | | |
| oiit | | trustee, key employee, creator or founder, su | | | 00 | |
| Liabilities | 00 | controlled entity or family member of any of | and a shall be shall a shall be a | | 22 | |
| _ | 23 | Secured mortgages and notes payable to un | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrela | | | 24 | |
| | 25 | Other liabilities (including federal income tax, | | | | |
| | | parties, and other liabilities not included on li of Schedule D | nes 17-24). Complete Part X | | 25 | |
| | 06 | | | 0. | 25 | 0. |
| | 26 | Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, | | 0. | 20 | 0. |
| ş | | - | | | | |
| nç | 07 | and complete lines 27, 28, 32, and 33. Net assets without donor restrictions | | | 27 | |
| ala | 27 28 | | | | 28 | |
| Б | 20 | Net assets with donor restrictions Organizations that do not follow FASB AS | | | 20 | |
| 5 | | • | | | | |
| ъ Т | 00 | and complete lines 29 through 33. | | 0. | 200 | 0. |
| ets | 29 | Capital stock or trust principal, or current fur | | 0. | 29 | 0. |
| SS | 30 | Paid-in or capital surplus, or land, building, o | | 73,732. | 30 | 85,075 |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulated | | 73,732. | 31 | 85,075 |
| ž | 32 | Total net assets or fund balances | | 73,732. | 32 | 85,075. |
| | 33 | Total liabilities and net assets/fund balances | | 15,154. | 33 | Form 990 (2023 |

| Form | 990 (2023) TANZANIA EDUCATION CORPORATION | 26-124 | 5485 | Pag | _{ge} 12 |
|------|--|----------|------|-----|------------------|
| Pa | rt 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 | 404 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 393 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 55. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 73 | | 32. |
| 5 | Net unrealized gains (losses) on investments | 5 | | 28 | 88. |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | 85 | 5,0 | 75. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: X Cash Cash Corrual Conter | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | e O. | | | |
| 2a | | | . 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | . 2b | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | e basis, | | | |
| | consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | . 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | edule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | 3a | | Х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | | |
| | | | | | 0000 |

Department of the Treasury Internal Revenue Service

(Form 990)

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 |
|------------------------------|
| 2023 |
| Open to Public Inspection |

| Nan | ne of 1 | ne organization | | | | | E | | identification number |
|--------------|-----------|----------------------------------|-------------------------|---|-------------------------------------|-----------------|---------------------|------------|----------------------------|
| _ | | | | TION CORPORA | | | | 2 | 6-1245485 |
| Pa | art I | Reason for Public (| Charity Status. | (All organizations must c | omplete th | nis part.) S | ee instructions. | | |
| The | organ | ization is not a private found | ation because it is: (I | For lines 1 through 12, cl | heck only o | one box.) | | | |
| 1 | | A church, convention of ch | urches, or associatio | n of churches described | in sectio | n 170(b)(1 | 1)(A)(i). | | |
| 2 | | A school described in sect | ion 170(b)(1)(A)(ii). (| Attach Schedule E (Form | n 990).) | | | | |
| 3 | | A hospital or a cooperative | hospital service orga | anization described in se | ection 170 | (b)(1)(A)(ii | ii). | | |
| 4 | | A medical research organiz | ation operated in cor | njunction with a hospital | described | in sectio | on 170(b)(1)(A)(iii | i). Enter | the hospital's name, |
| | | city, and state: | | | | | | | |
| 5 | | An organization operated for | or the benefit of a col | llege or university owned | or operate | ed by a go | overnmental unit | describe | d in |
| | | section 170(b)(1)(A)(iv). (C | | | - | | | | |
| 6 | | A federal, state, or local gov | | nental unit described in | section 17 | 70(b)(1)(A) | (v). | | |
| | X | An organization that norma | - | | | | | neneral r | ublic described in |
| | | section 170(b)(1)(A)(vi). (C | | | on a gore | | | 90110100 P | |
| 8 | | A community trust describe | | (1)(A)(vi) (Complete Par | + II) | | | | |
| 9 | \square | An agricultural research org | | | | d in coni | unction with a lan | nd-arant (| |
| 3 | | or university or a non-land-g | | | | - | | - | • |
| | | university: | grant college of agric | | | lame, city | , and state of the | e college | 01 |
| 10 | | · | | than 22 1/20/ of its sum | art from a | ontribution | na mambarabia f | | l areas ressints from |
| 10 | | An organization that norma | | | | | • | | • |
| | | activities related to its exem | | - | | | | | - |
| | | income and unrelated busin | | (less section 511 tax) fro | m busines | ses acqui | red by the organ | ization a | πer June 30, 1975. |
| | | See section 509(a)(2). (Con | | | | | | | |
| 11 | | An organization organized a | • | | • | | | | _ |
| 12 | | An organization organized a | - | • | | | · · · | | - |
| | | more publicly supported or | - | | | | | | heck the box on |
| | | lines 12a through 12d that | • • | | | | | - | |
| а | | Type I. A supporting orga | anization operated, s | upervised, or controlled | by its supp | ported org | anization(s), typic | cally by g | giving |
| | | the supported organization | on(s) the power to req | gularly appoint or elect a | majority o | f the direc | tors or trustees of | of the su | pporting |
| | | organization. You must o | complete Part IV, Se | ections A and B. | | | | | |
| b | | Type II. A supporting org | anization supervised | or controlled in connect | ion with its | s supporte | ed organization(s) |), by hav | ing |
| | | control or management o | f the supporting orga | anization vested in the sa | ame perso | ns that co | ntrol or manage t | the supp | orted |
| | | organization(s). You mus | t complete Part IV, | Sections A and C. | | | | | |
| С | : | Type III functionally inte | grated. A supporting | g organization operated | in connect | ion with, a | and functionally i | ntegrate | d with, |
| | | its supported organization | n(s) (see instructions) |). You must complete I | Part IV, Se | ctions A, | D, and E. | | |
| d | |] Type III non-functionally | integrated. A supp | orting organization oper | ated in cor | nnection w | vith its supported | d organiz | ation(s) |
| | | that is not functionally int | egrated. The organiz | ation generally must sat | isfy a distri | ibution red | quirement and an | n attentiv | eness |
| | | requirement (see instructi | ions). You must con | nplete Part IV, Sections | A and D, | and Part | v . | | |
| е | | Check this box if the orga | anization received a v | written determination from | m the IRS | that it is a | Type I, Type II, T | Type III | |
| | | functionally integrated, or | | | | | | | |
| f | Ente | er the number of supported o | | | | | | | |
| g | | vide the following informatior | • | | | | | | |
| | | i) Name of supported | (ii) EIN | (iii) Type of organization | (iv) Is the orga in your governi | nization listed | (v) Amount of mo | onetary | (vi) Amount of other |
| | | organization | | (described on lines 1-10 above (see instructions)) | Yes | No | support (see instru | uctions) | support (see instructions) |
| | | | | | | | | | |
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| Tota | ai | | | | | | | | |

Schedule A (Form 990) 2023 Part II Support Sch

TANZANIA EDUCATION CORPORATION

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.)

| | tion A. Public Support | (a) 2010 | (h) 2020 | (0) 2021 | (4) 2022 | (a) 2002 | |
|--|--|--|---|---|--|---|--|
| 1 | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | 100 000 | 402 050 | 2550220 |
| | include any "unusual grants.") | 589,400. | 559,870. | 584,600. | 420,600. | 403,850. | 2558320 |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 589,400. | 559,870. | 584,600. | 420,600. | 403,850. | 2558320 |
| | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | | | | | | | 836,879 |
| ~ | | | | | | | 1721441 |
| | Public support. Subtract line 5 from line 4. | | | | | | 1/21441 |
| | | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 7 | Amounts from line 4 | 589,400. | 559,870. | 584,600. | 420,600. | 403,850. | 2558320 |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources \dots | 90. | 5. | 16. | 18. | 748. | 877 |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| | Total support. Add lines 7 through 10 | | | | | | 2559197 |
| 11 | I otal Support. Add intos 7 tinough 10 | | | | | 12 | 2009197 |
| | Gross receipts from related activities | oto (coo instructio | | | | 12 | |
| 12 | Gross receipts from related activities, | | | | | 1(a)(2) | |
| 12 | First 5 years. If the Form 990 is for the | ne organization's fir | rst, second, third, f | ourth, or fifth tax y | vear as a section 5 | | |
| 12 13 | First 5 years. If the Form 990 is for the organization, check this box and stop | ne organization's fir p here | rst, second, third, f | ourth, or fifth tax y | vear as a section 5 | | |
| 12 13 6e | First 5 years. If the Form 990 is for th organization, check this box and stop ction C. Computation of Public | ne organization's fir p here ic Support Per | rst, second, third, f | ourth, or fifth tax y | vear as a section 5 | ····· | |
| 12 13 Sec 14 | First 5 years. If the Form 990 is for the organization, check this box and stop stion C. Computation of Public Public support percentage for 2023 (I | ne organization's fir p here ic Support Per ine 6, column (f), di | rst, second, third, f centage ivided by line 11, c | ourth, or fifth tax y | vear as a section 5 | 14 | 67.26 |
| 12 13 6e 14 15 | First 5 years. If the Form 990 is for the organization, check this box and stop stion C. Computation of Public Public support percentage for 2023 (I Public support percentage from 2022 | ne organization's fir o here ic Support Per ine 6, column (f), di Schedule A, Part I | st, second, third, f centage ivided by line 11, c II, line 14 | ourth, or fifth tax y | vear as a section 5 | 14 15 | 67.26 64.78 |
| 12 13 6e 14 | First 5 years. If the Form 990 is for the organization, check this box and stop ction C. Computation of Public Public support percentage for 2023 (I Public support percentage from 2022 33 1/3% support test - 2023. If the organization of the support test - 2023. | ne organization's fir o here ic Support Per ine 6, column (f), di ? Schedule A, Part I organization did no | rst, second, third, f centage ivided by line 11, c II, line 14 t check the box or | ourth, or fifth tax y column (f)) | rear as a section 5 | 14 15 ore, check this box | 67.26 64.78 |
| 12 13 14 15 16a | First 5 years. If the Form 990 is for the organization, check this box and stop stion C. Computation of Public Public support percentage for 2023 (I Public support percentage from 2022 33 1/3% support test - 2023. If the organization qualifies | ne organization's fir phere ic Support Pere ine 6, column (f), di Schedule A, Part I organization did no as a publicly suppo | rst, second, third, f centage ivided by line 11, c II, line 14 t check the box or orted organization | ourth, or fifth tax y column (f)) | vear as a section 5 | 14 15 ore, check this box | 67.26 64.78 and |
| 12 13 14 15 16a | First 5 years. If the Form 990 is for the organization, check this box and stop etion C. Computation of Public Public support percentage for 2023 (I Public support percentage from 2022 33 1/3% support test - 2023. If the organization qualifies 33 1/3% support test - 2022. If the organization qualifies 33 1/3% support test - 2022. If the organization qualifies 33 1/3% support test - 2022. | ne organization's fir b here ic Support Per ine 6, column (f), di Schedule A, Part I organization did no as a publicly support organization did no | rst, second, third, f centage ivided by line 11, c II, line 14 t check the box or orted organization t check a box on li | ourth, or fifth tax y column (f)) | /ear as a section 5 | 14 15 ore, check this box or more, check thi | 67.26 64.78 and s box |
| 12 13 14 15 16a | First 5 years. If the Form 990 is for the organization, check this box and stop stion C. Computation of Public Public support percentage for 2023 (I Public support percentage from 2022 33 1/3% support test - 2023. If the organization qualifies | ne organization's fir b here ic Support Per ine 6, column (f), di Schedule A, Part I organization did no as a publicly support organization did no | rst, second, third, f centage ivided by line 11, c II, line 14 t check the box or orted organization t check a box on li | ourth, or fifth tax y column (f)) | /ear as a section 5 | 14 15 ore, check this box or more, check thi | 67.26 64.78 and s box |
| 2 3 4 5 6a | First 5 years. If the Form 990 is for the organization, check this box and stop etion C. Computation of Public Public support percentage for 2023 (I Public support percentage from 2022 33 1/3% support test - 2023. If the organization qualifies 33 1/3% support test - 2022. If the organization qualifies 33 1/3% support test - 2022. If the organization qualifies 33 1/3% support test - 2022. | he organization's fir b here ic Support Pere ine 6, column (f), di 2 Schedule A, Part I organization did no as a publicly support organization did no lifies as a publicly s | rst, second, third, f centage ivided by line 11, c II, line 14 t check the box or orted organization t check a box on li supported organiza | ourth, or fifth tax y column (f)) n line 13, and line ⁻ ine 13 or 16a, and ttion | rear as a section 5 14 is 33 1/3% or m line 15 is 33 1/3% | 14 15 ore, check this box or more, check thi | 67.26 64.78 and s box |
| 2 3 4 5 6a | First 5 years. If the Form 990 is for the organization, check this box and stop stion C. Computation of Public Public support percentage for 2023 (I Public support percentage from 2022 33 1/3% support test - 2023. If the organization qualifies 33 1/3% support test - 2022. If the organization qualifies and stop here. The organization qualifies and stop here. | he organization's fir b here ic Support Pere ine 6, column (f), di 2 Schedule A, Part I organization did no as a publicly support organization did no ifies as a publicly s : - 2023. If the org | rst, second, third, f centage ivided by line 11, c II, line 14 t check the box or orted organization t check a box on li supported organiza anization did not c | ourth, or fifth tax y column (f)) n line 13, and line ⁻ ine 13 or 16a, and ttion heck a box on line | vear as a section 5 14 is 33 1/3% or m line 15 is 33 1/3% 13, 16a, or 16b, a | 14 15 ore, check this box or more, check this nd line 14 is 10% (| 67.26 64.78 and s box |
| 12 13 14 15 16a | First 5 years. If the Form 990 is for the organization, check this box and stores that the computation of Public support percentage for 2023 (I Public support percentage from 2022 33 1/3% support test - 2023. If the organization qualifies 33 1/3% support test - 2022. If the organization qualifies 1/3% support test - 2022. If the organization qualifies 30 1/3% support test - 2022. If the organization qualifies 30 1/3% support test - 2022. If the organization qualifies 30 1/3% support test - 2022. If the organization qualifies 30 1/3% support test - 2022. If the organization qualifies 30 1/3% support test - 2022. If the organization qualifies 30 1/3% support test - 2022. If the organization qualifies 30 1/3% support test - 2022. If the organization qualifies 30 1/3% support test - 2022. If the organization qualifies 30 1/3% support test - 2022. If the organization qualifies 30 1/3% support test - 2022. If the organization qualifies 30 1/3% support test - 2022. If the organization qualifies 30 1/3% support test - 2022. If the organization qualifies 30 1/3% support test - 2022. If the organization qualifies 30 1/3% support test - 2022. If the organization qualifies 30 1/3% support test - 2022. If the organization qualifies 30 1/3% support test - 2022. If the organization qualifies 30 1/3% support test - 2022. If the organization qualifies 30 1/3% support test - 2022. If the organization qualifies 30 1/3% support test - 2020 te | he organization's fir b here ic Support Pere ine 6, column (f), di Schedule A, Part I organization did no as a publicly support organization did no ifies as a publicly s : - 2023. If the org- s-and-circumstance | est, second, third, f centage ivided by line 11, c II, line 14 t check the box or orted organization t check a box on li supported organiza anization did not c es test, check this | ourth, or fifth tax y column (f)) In line 13, and line f ine 13 or 16a, and ttion theck a box on line box and stop he | rear as a section 5 14 is 33 1/3% or m line 15 is 33 1/3% 13, 16a, or 16b, a re. Explain in Part | 14 15 ore, check this box or more, check this nd line 14 is 10% (| 67.26 64.78 (and) (s box) (or more, ation |
| 12 13 14 15 16a 17a | First 5 years. If the Form 990 is for the organization, check this box and stop stion C. Computation of Public Public support percentage for 2023 (I Public support percentage from 2022 33 1/3% support test - 2023. If the of stop here. The organization qualifies 33 1/3% support test - 2022. If the of and stop here. The organization qual 10% -facts-and-circumstances test and if the organization meets the fact | he organization's fir here c Support Pere- ine 6, column (f), di Schedule A, Part I organization did no as a publicly support organization did no lifies as a publicly s - 2023. If the org- s-and-circumstance est. The organization | rst, second, third, f centage ivided by line 11, c II, line 14 t check the box or orted organization t check a box on li supported organiza anization did not c es test, check this n qualifies as a pul | ourth, or fifth tax y column (f)) n line 13, and line - ine 13 or 16a, and tition heck a box on line box and stop he blicly supported o | rear as a section 5 4 is 33 1/3% or m line 15 is 33 1/3% 13, 16a, or 16b, a re. Explain in Part ganization | 14 15 ore, check this box or more, check this nd line 14 is 10% of VI how the organiz | 67.26 64.78 < and s box or more, ation |
| 12 13 5 e 0 14 15 16a k | First 5 years. If the Form 990 is for the organization, check this box and stop etion C. Computation of Public Public support percentage for 2023 (I Public support percentage from 2022 33 1/3% support test - 2023. If the organization qualifies 33 1/3% support test - 2022. If the organization qualifies and stop here. The organization qualifies and stop here. The organization qualifies and stop here. The organization qualifies and if the organization meets the facts and circumstances test and if the facts and circumstances test and if the facts and circumstances test and stop here. | he organization's fir b here ic Support Per ine 6, column (f), di 2 Schedule A, Part I organization did no as a publicly support organization did no lifies as a publicly support c 2023. If the organization est. The organization c 2022. If the organization c 2022. If the organization c 2022. If the organization | rst, second, third, f centage ivided by line 11, c II, line 14 t check the box or orted organization t check a box on li supported organiza anization did not c es test, check this n qualifies as a pul anization did not c | ourth, or fifth tax y column (f)) n line 13, and line ine 13 or 16a, and tition theck a box on line box and stop he blicly supported of theck a box on line | rear as a section 5 4 is 33 1/3% or m line 15 is 33 1/3% 13, 16a, or 16b, a re. Explain in Part ganization 13, 16a, 16b, or 1 | 14 15 ore, check this box or more, check this nd line 14 is 10% of VI how the organiz 7a, and line 15 is | 67.26 64.78 (and) (x and) (x a |
| 12 13 5 e 0 14 15 16a k | First 5 years. If the Form 990 is for the organization, check this box and stop etion C. Computation of Public support percentage for 2023 (I Public support percentage from 2022 33 1/3% support test - 2023. If the organization qualifies 33 1/3% support test - 2022. If the organization qualifies and stop here. The organization qualifies and stop here. The organization qualifies and stop here. The organization qualifies and if the organization meets the facts meets the facts-and-circumstances test 10% -facts-and-circumstances test and if the organization dest the facts and stop here. The organization meets the facts and if the organization meets the facts and circumstances test 10% -facts-and-circumstances test and stop here. The organization meets the facts and circumstances test and if the organization meets the facts and circumstances test and if the organization dest the facts and the facts and circumstances test and if the organization meets the facts and circumstances test and if the organization dest the facts and circumstances test and if the organization dest the facts and circumstances test and if the organization dest the facts and circumstances test and if the organization dest the facts and circumstances test and | the organization's fir c Support Per ic Support Per ine 6, column (f), di 2 Schedule A, Part I organization did no as a publicly support organization did no lifies as a publicly support c 2023. If the organization c 2022. If the organization | est, second, third, f centage ivided by line 11, c II, line 14 t check the box or orted organization t check a box on li supported organiza anization did not c es test, check this n qualifies as a put anization did not c astances test, check | ourth, or fifth tax y column (f)) n line 13, and line ine 13 or 16a, and tion heck a box on line box and stop he blicly supported of heck a box on line ck this box and st | rear as a section 5 4 is 33 1/3% or m line 15 is 33 1/3% 13, 16a, or 16b, a re. Explain in Part ganization 13, 16a, 16b, or 1 op here. Explain in | 14 15 ore, check this box or more, check this nd line 14 is 10% of VI how the organiz 7a, and line 15 is an Part VI how the | 67.26 64.78 (and) (x and) (x a |

332022 12-21-23

| | Schedule A | Form | 990 |) 2023 |
|--|------------|------|-----|--------|
|--|------------|------|-----|--------|

TANZANIA EDUCATION CORPORATION 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.)

| Sec | ction A. Public Support | | | | | | |
|-------|---|-------------------|--------------------|--------------------|---------------------|---------|---|
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 202 | 3 (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, 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 bus- iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| - | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | - | | |
| | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disgualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | ction B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 202 | 3 (f) Total |
| | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First 5 years. If the Form 990 is for the | - | | | - | | |
| Sec | check this box and stop here ction C. Computation of Public | c Support Per | rcentage | | | | |
| | Public support percentage for 2023 (I | | | column (f)) | | 15 | % |
| | Public support percentage from 2022 | | | | | 16 | % |
| | ction D. Computation of Invest | | | | | 1.101 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | Investment income percentage for 20 | | | | | 17 | % |
| | Investment income percentage from | | | | | 18 | % |
| 19a | 33 1/3% support tests - 2023. If the | | | | | | line 17 is not |
| | more than 33 1/3%, check this box a | | | | | | |
| b | 33 1/3% support tests - 2022. If the | | | | | | |
| 20 | line 18 is not more than 33 1/3%, che | | | | | | |
| | Private foundation. If the organization 23 12-21-23 | T UIU HOL CHECK A | box on line 14, 19 | a, UL 19D, CHECK I | THE DUX AND SEE INS | | dule A (Form 990) 2023 |
| 33202 | -0 12-21-20 | | 15 | | | Scile | ulio A (i 0111 990) 2023 |

TANZANIA EDUCATION CORPORATION

Yes No

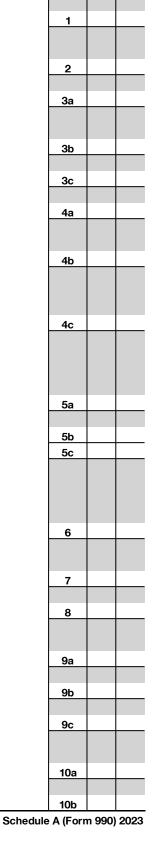
Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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.
- c 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

332024 12-21-23



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Schedule A (Form 990) 2023 TANZANIA EDUCATION CORPORATION

1

2

No

Yes No

| Pa | rt IV Supporting Organizations (continued) | | | |
|-----|--|-----|-----|----|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| с | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, | | | |

| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) |
|---|--|
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated |

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

| Supervise | | ne supporting or | janization. |
|--------------|---------------|------------------|-------------|
| Section C. 1 | Type II Suppo | orting Organi | zations |

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1

| Section D. All Type III Supporting Organization | າຣ |
|---|----|
|---|----|

| | | | Yes | No |
|---|--|---|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

| 1 | Check the box next to the method that the organization used to satisf | , the Integral Part Test during the ve | ar (see instructions). |
|---|---|--|------------------------|
| - | Oneck the box next to the method that the organization used to satisf | | <i>a</i> , (eeee |

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

| c 🗌 | The organization supported a governmental entity | Describe in Part VI how | you supported a | governmental entity | (see instructions | s). |
|-----|--|-------------------------|-----------------|---------------------|-------------------|-----|
|-----|--|-------------------------|-----------------|---------------------|-------------------|-----|

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

3a

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2023.03000 TANZANIA EDUCATION CORPOR 195471_1

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| Schedule A (Fo | orm 990 |) 2023 |
|----------------|---------|--------|
|----------------|---------|--------|

| Schedule A | | | | | | | | RATION | |
|------------|-----------|------|--------------|------------|-----------|----------|----------|----------|-------|
| Part V | I ype III | Non- | Functionally | ' Integrat | ed 509(a) |)(3) Sup | oporting | Organiza | tions |

| 1 | Check here if the organization satisfied the Integral Part Test as a qualifyin | a trust on | Nov 20 1970 (ovolain in | Part VI) See instructions |
|------|--|------------|--------------------------|--------------------------------|
| • | All other Type III non-functionally integrated supporting organizations must | | | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| C | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |
| | | | | |

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

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Schedule A (Form 990) 2023 TANZANIA EDUCATION CORPORATION Z Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) (continued)

| | | | | 00. | |
|----------|---|-------------------------------|---------------------------------------|-----|---|
| Sect | on D - Distributions | | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exer | | | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | | | | |
| | organizations, in excess of income from activity | | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | 3 | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| _7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2023 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| Sect | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistribution Pre-2023 | S | (iii) Distributable Amount for 2023 |
| 1 | Distributable amount for 2023 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2023 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2023 | | | | |
| a | From 2018 | | | | |
| b | From 2019 | | | | |
| C | From 2020 | | | | |
| d | From 2021 | | | | |
| e | From 2022 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| <u>h</u> | Applied to 2023 distributable amount | | | | |
| i | Carryover from 2018 not applied (see instructions) | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2023 from Section D, | | | | |
| | line 7: \$ | | | | |
| a | Applied to underdistributions of prior years | | | | |
| b | Applied to 2023 distributable amount | | | | |
| C | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2023, if | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | |
| | than zero, explain in Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2023. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2024. Add lines 3j | | | | |
| | and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| | Excess from 2019 | | | | |
| | Excess from 2020 | | | | |
| | Excess from 2021 | | | | |
| | Excess from 2022 | | | | |
| P | Excess from 2023 | | | | |

Schedule A (Form 990) 2023

| Schedule A | (Form 990) 2023 | | | CORPORATION | | 26-1245485 | Page 8 |
|----------------|---|---|--|---|--|---|----------|
| Part VI | Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.) | , 2, 3b, 3c, 4b, 4c, 3 lines 2 and 3; Part | 5a, 6, 9a, 9b, 9c, 11 V, Section E, lines | a, 11b, and 11c; Part IV, 1c, 2a, 2b, 3a, and 3b; Pa | Part II, line 17a or 1 Section B, lines 1 a art V, line 1; Part V, 3 | 7b; Part III, line 12; nd 2; Part IV, Section Section B, line 1e; Par | C, |
| | | | | | | | |
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| SCHEDU | LE D |
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| (Form | 990) |
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Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

Employer identification number

26-1245485

Department of the Treasury Internal Revenue Service
Name of the organization

15560306 144591 195471

TANZANIA EDUCATION CORPORATION

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last 2 Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a а b Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included on line 2a 2c С Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear 4 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Yes No 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 9 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide 2 the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023 332051 09-28-23 27

| Sche | | A EDUCATION | | | | | | 26-12 | | | age 2 |
|------------|---|------------------------|-----------|----------------|----------------|--------------|------------|-------------|-------------------|-------|--------------|
| Pa | t III Organizations Maintaining C | ollections of Art | t, His | torical Tre | easures, or | r Other | Simila | r Assets | (contin | ued) | |
| 3 | Using the organization's acquisition, accession | on, and other records | s, chec | k any of the | following that | make sig | nificant ι | use of its | | | |
| | collection items (check all that apply). | | | | | | | | | | |
| а | Public exhibition | d | | Loan or exc | hange progra | am | | | | | |
| b | Scholarly research | e | | Other | | | | | | | |
| С | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explain | n how t | hey further th | ne organizatio | on's exem | pt purpo | se in Part | XIII. | | |
| 5 | During the year, did the organization solicit o | | | | - | er similar a | assets | _ | _ | | - |
| D. | to be sold to raise funds rather than to be ma | | | | | | | | Yes | | No |
| Pa | t IV Escrow and Custodial Arran | | te if the | e organizatior | n answered " | Yes" on F | orm 990, | Part IV, li | ne 9, or | | |
| | reported an amount on Form 990, Pa | | | | | | | | | | |
| 1 a | Is the organization an agent, trustee, custodi | | - | | | | | | ٦., | | ٦ |
| | on Form 990, Part X? | | | | | | | L | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fol | lowing | table: | | | | | Amount | | |
| _ | Designing belonce | | | | | | 10 | | Amount | | |
| с С | Beginning balance | | | | | | | | | | |
| u | Additions during the year | | | | | | | | | | |
| f | Distributions during the year Ending balance | | | | | | 1f | | | | |
| | Did the organization include an amount on Fe | | | | | | | | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | , | ····· ∟ | | |] |
| | t V Endowment Funds Complete if | | | | | | | | | | |
| | • · · · | (a) Current year | | Prior year | (c) Two year | | | /ears back | (e) Four | years | back |
| 1a | Beginning of year balance | | | | | | | | | | |
| b | Contributions | | | | | | | | | | |
| с | Net investment earnings, gains, and losses | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | | |
| | and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the curr | rent year end balance | e (line 1 | lg, column (a |)) held as: | | | | | | |
| а | Board designated or quasi-endowment | | _% | | | | | | | | |
| b | Permanent endowment | % | | | | | | | | | |
| С | | % | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | uld equal 100%. | | | | | | | | | |
| 3a | Are there endowment funds not in the posse | ssion of the organiza | tion th | at are held ar | nd administer | ed for the |) | | г | | |
| | organization by: | | | | | | | | | Yes | No |
| | (i) Unrelated organizations? | | | | | | | | 3a(i) | | |
| - | (ii) Related organizations? | | | | | | | | 3a(ii) | | |
| b | If "Yes" on line 3a(ii), are the related organiza | | | | | | | | 3b | | |
| 4 Pai | Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm | | wment | tunas. | | | | | | | |
| 1 4 | Complete if the organization answere | | Part I | IV line 11a S | See Form 990 | Part X li | ine 10 | | | | |
| | Description of property | (a) Cost or o | | | or other | | cumulate | a l | (d) Book | volu | |
| | Description of property | basis (investr | | • • | (other) | • • | reciation | | (u) 500r | valu | e |
| 19 | Land | | / | | | | | | | | |
| b | Buildings | | | | | | | | | | |
| | Leasehold improvements | | | | | | | | | | |
| | Equipment | | | | | | | | | | |
| | Other | | | | | | | | | | |
| | . Add lines 1a through 1e. (Column (d) must e | | X. line | 10c. column | <i>(</i> B)) | | | | | | 0. |
| | | <u> </u> | | | · # | | | Schedule | D (Form | 990) | 2023 |

| Part VII Investments - Other Securities | | | |
|---|---|--|------------------------|
| Complete if the organization answered "Yes" (a) Description of security or category (including name of security) | on Form 990, Part IV, line (b) Book value | (c) Method of valuation: Cost or en | d-of-vear market value |
| | (b) BOOK value | (c) Method of Valuation. Cost of en | u-oi-year market value |
| (1) Financial derivatives(2) Closely held equity interasts | | | |
| (2) Closely held equity interests(3) Other | | | |
| (A) MUTUAL FUNDS | 6,485. | END-OF-YEAR MARKET | VALUE |
| (B) | 0,1000 | | 11202 |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) | 6,485. | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" | | | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or en | d-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| <u>(6)</u> | | | |
| (7) | | | |
| (8) | | | |
| (9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) | | | |
| Part IX Other Assets | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line [.] | 11d. See Form 990, Part X, line 15. | |
| | Description | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities | <u>(B))</u> | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line [.] | 11e or 11f. See Form 990, Part X, line 25 | 5. |
| 1.(a) Description of liability | | | (b) Book value |
| (1) Federal income taxes | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, line 25, col | | | |
| 2. Liability for uncertain tax positions. In Part XIII, provide | | | |
| organization's liability for uncertain tax positions under | FASE ASC /40. Check he | re il the text of the foothote has been pr | ovided in Part XIII |

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| Sche | edule D (Form 990) 2023 TANZANIA EDUCATION CORP | | 26-1245485 Page 4 |
|------|---|---------------------|-------------------|
| Par | rt XI Reconciliation of Revenue per Audited Financial Sta | tements With Reven | ue per Return |
| | Complete if the organization answered "Yes" on Form 990, Part IV, lin | ne 12a. | |
| 1 | Total revenue, gains, and other support per audited financial statements | | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| а | Net unrealized gains (losses) on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| с | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| е | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| с | Add lines 4a and 4b | | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 |) | |
| Pa | rt XII Reconciliation of Expenses per Audited Financial St | atements With Exper | nses per Return |
| | Complete if the organization answered "Yes" on Form 990, Part IV, li | | |
| 1 | Total expenses and losses per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | 1 1 | |
| а | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| с | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2 d | |
| е | Add lines 2a through 2d | | |
| 3 | Subtract line 2e from line 1 | | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| с | Add lines 4a and 4b | | 4c |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 | 8.) | |
| Pa | rt XIII Supplemental Information | | |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

332054 09-28-23

| TAI | NZANIA EDUCAT | ION CORPO | ORATION | | | 26-124548 | 5 |
|------|--|---|---|---|--------------------------------|--|---|
| Pa | rt I General Info | rmation on A | ctivities Out | side the United States. Comple | ete if the organ | ization answered "Y | ′es" on |
| | Form 990, Part IV | | | | | | |
| 1 | | | | ds to substantiate the amount of its gra | | | |
| | the grantees' eligibility for | or the grants or a | assistance, and t | he selection criteria used to award the | grants or assis | stance? | Yes X No |
| 2 | For grantmakers. Desc United States. | ribe in Part V the | e organization's | procedures for monitoring the use of its | grants and ot | her assistance outsi | de the |
| 3 | | he following Part | I. line 3 table ca | an be duplicated if additional space is n | eeded.) | | |
| | (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent | | (e) If acti is a pro | vity listed in (d) gram service, specific type | (f) Total expenditures for and investments |
| | | | contractors in the region | recipients located in the region) | of service | (s) in the region | in the region |
| GIIB | -SAHARAN AFRICA | 0 | | GRANTS TO SCHOOLS | | | 390,200. |
| 308- | SANAKAN AFRICA | 0 | 2 | SKANIS 10 SCHOOLS | | | 550,200. |
| | | | | | | | |
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| | | | | | | | |
| 3 2 | Subtotal | 0 | 2 | | | | 390,200. |
| | Total from continuation sheets to Part I | 0 | 0 | | | | 0. |
| с | Totals (add lines 3a | 0 | 2 | | | | 390 200 |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

LHA 332071 11-29-23

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

OMB No. 1545-0047 **Open to Public** Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

SCHEDULE F (Form 990)

Name of the organization

Schedule F (Form 990) 2023

TANZANIA EDUCATION CORPORATION

26-1245485

Part II 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.

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|---|-----------------------|-----------------------------|-----------------------------|---------------------------------|---|---|---|
| | | SUB-SAHARAN AFRICA | SCHOOL SUPPORT | 390,850. | WIRE TRANSFER | 0. | | CASH |
| | | | | | | | | |
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| | | | | | | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities .

Schedule F (Form 990) 2023

Page 2

| TANZANIA | EDUCATION | CORPORATION |
|----------|-----------|-------------|
| | | |

26-1245485

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|-------------------|--------------------------|-----------------------------|--|--|---------------------------------------|---|
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Schedule F (Form 990) 2023

| | | | EDUCATION | CORPORATION |
|---------|--------------|---|-----------|-------------|
| Part IV | Foreign Form | s | | |
| | | | | |

| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)</i> | Yes | X 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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990) | Yes | X No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)</i> | Yes | X 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? <i>If</i> "Yes," <i>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 the Instructions for Form 8621)</i> | Yes | X No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)</i> | Yes | X No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)</i> | Yes | X No |

Schedule F (Form 990) 2023

(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

CAROL HALL (PRESIDENT) AND FRANK LEE (VICE PRESIDENT) TRAVEL TWO TO THREE

TIMES A YEAR TO TANZANIA TO MEET WITH MR. BAYO, FOUNDER AND DIRECTOR FOR

TUMAINI SCHOOLS, TO DISCUSS SCHOOLS FINANCES AND TO DIRECTLY SEE HOW

GRANT MONEY HAS BEEN SPENT. IN ADDITION, TANZANIA EDUCATION CORP HAS

VOLUNTEERS LOCATED IN KARATU, TANZANIA WHO VISIT THE SCHOOLS DAILY AND

REPORT PROBLEMS AND PROGRESS ALMOST DAILY AND INTERACT WITH SPONSORED

STUDENTS TO MAKE SURE THEY HAVE ALL THE GOODS THEY NEED, THEIR TUITION IS

PAID AND THEY ARE AT SCHOOL.

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SCHEDULE O (Form 990)

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



TANZANIA EDUCATION CORPORATION

Employer identification number 26-1245485

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RAISE FUNDS FOR ENGLISH-BASED NONPROFIT SCHOOLS IN TANZANIA. TO DATE,

WE HAVE FUNDED THREE SCHOOLS: TUMAINI JUNIOR SCHOOL, KARATU, TANZANIA

TUMAINI SENIOR SECONDARY SCHOOL, MAKUYUNI, TANZANIA AND TUMAINI

PRE-PRIMARY, KARATU, TANZANIA.

PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FORM 990,

TANZANIA EDUCATION CORP.'S MISSION IS TO SUPPORT ENGISH LANGUAGE-BASED

NONPROFIT SCHOOLS IN TANZANIA THROUGH FUND RAISING, PURSURING

EDUCATIONAL ENRICHMENT OPPORTUNITIES FOR THEIR STUDENTS AND TEACHERS

AND FOSTERING LOCAL COMMUNITY ENGAGEMENT THROUGH SCHOOL CLUBS AND

STUDENT EXPLORATION OF THEIR ENVIRONMENT.

FORM 990, PART VI, SECTION A, LINE 2:

AND FRANK LEE, VICE PRESIDENT, ARE MARRIED. CAROL HALL, PRESIDENT, THEY ARE THE FOUNDERS OF TANZANIA EDUCATION CORP

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS COMPLETED BY THE PRESIDENT, CAROL HALL

FORM 990, PART VI, SECTION C, LINE 19:

TANZANIA EDUCATION CORP.'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE

AVAILABLE UPON REQUEST. PAST 990S ARE ON THE WEBSITE.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

LHA 332211 11-14-23