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.



Αŀ	or th	e 2020 calendar year, or tax year beginning and	ending		
B c a	heck if pplicab	le: C Name of organization		D Employer identifie	cation number
	Addre				
	Name Chang	pe Doing business as		74-30872	84
	Initial returr	Number and street (of P.U. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final	2 GARDEN STREET		617-913-	
	termii ated Amer	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,091,969.
	_returr]Appli	CAMBRIDGE, MA 02130		H(a) Is this a group re	
	tion pendi	F name and address of principal officer: $\mathbf{N} \bullet \mathbf{I} \mathbf{O} \mathbf{D} \mathbf{D} \mathbf{C} \mathbf{N} \mathbf{O} \mathbf{N} \mathbf{M}$		for subordinates H(b) Are all subordinates in	
ΙT	ax-ex	empt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) (or 📃 527	1	list. See instructions
J٧	Vebsi	te:▶ www.tanzanianchildrensfund.org		H(c) Group exemption	n number 🕨
κF	orm o	f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 2003 N	State of legal domicile: MA
Pa	nrt I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: The			
anc		provides support for the Rift Valley Chil	ldren'	s Village w	hich
Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	
õ	3	Number of voting members of the governing body (Part VI, line 1a)		3	13
ي م	4	Number of independent voting members of the governing body (Part VI, line 1b)			12
es	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			4
iviti	6	Total number of volunteers (estimate if necessary)		6	72
Activities &	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	7b	0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		2,314,047.	2,400,084.
Revenue	9	Program service revenue (Part VIII, line 2g)		36,134.	20,770.
Sev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		97,420.	859,889.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,638.	819.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,453,239.	3,281,562.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,381,123.	1,469,983.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		325,956.	323,110.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ц.		Total fundraising expenses (Part IX, column (D), line 25) 163,52			010 040
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		258,531.	218,348.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,965,610.	2,011,441.
	19	Revenue less expenses. Subtract line 18 from line 12		487,629.	1,270,121.
ts or nces			Be	ginning of Current Year	End of Year
sset 3ala		Total assets (Part X, line 16)		6,069,490.	6,928,453.
Net Assets		Total liabilities (Part X, line 26)		7,320.	61,715.
Z	22	Net assets or fund balances. Subtract line 21 from line 20		6,062,170.	6,866,738.

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 Here	Signature of officer R. TODD CRONAN, TREASU	RER		Date
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check X PTIN
Paid	John Monticone			if self-employed P01257043
Preparer	Firm's name 🕞 John M. Monticon	e, CPA		Firm's EIN 🗩 04–2666565
Use Only	Firm's address 5 High Street, S	uite 207		
	Medford, MA 0215			Phone no. (781)395-0024
May the I	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes No
032001 12-2	23-20 I HA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form 990 (2020)

See Schedule O for Organization Mission Statement Continuation

	1990 (2020) THE TANZANIAN CHILDRENS FUND, INC. 74-3087	284 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:	-
	The Tanzanian Children's Fund provides support for the Rift Val	
	Children's Village (RVCV) which provides a permanent home for 9	
	children in the Karatu District of Tanzania, as well as additio	
	community-based programs to improve the lives of children and t	nerr
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes X No
	prior Form 990 or 990-EZ?	Yes 🕰 No
2	If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by e	200000
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	
	revenue, if any, for each program service reported.	Jenses, and
4a	(Code:) (Expenses \$1,731,887. including grants of \$1,469,983.) (Revenue \$	21.589.)
44	The Tanzanian Children's Fund provides direct support to the Ri	<u></u> , <u>505</u> , ft
	Valley Children's Fund (RVCF) in Oldeani, Tanzania, whose prima	
	objective is to support marginalized children living at the Rif	
	Children's Village in the Karatu District of Tanzania. To this	end the
	Rift Valley Children's Village serves as a permanent home to 10	
	children. RVCF also runs community-based programs designed to r	
	standard of living for the entire community and create a health	
	nurturing environment for all children to grow up in. These pro	
	include partnerships with the local primary and secondary schoo	
	(serving 485 and 415 students, respectively), an economic advan	
	program serving 720 active clients, and a community rural healt	
	clinic.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
40	(Code) (expenses a including grants of a) (nevenue a))
4c	(Code:) (Expenses \$)
		,
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 1,731,887.	
		Form 990 (2020)
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Part IV Checklist of Required Schedules

THE TANZANIAN CHILDRENS FUND, INC.

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
	Schedule D, Part III	8		X
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?			37
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	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, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	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		х	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			х
٦	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		- 23
a	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	114		х
~	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	TIE		- 23
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12a	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	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)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	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		Х
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	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ŭ		24c		
A	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
		2 4 0		
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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			v
	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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
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 Schedule L, Part IV			
	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		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•••	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	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?	000		
00	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	00		
57	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		
30	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	50		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 11			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ŭ	(gambling) winnings to prize winners?	1c	х	
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Part V	Statement	ts Regardi	ng Other IRS F	ilings and Tax (Complian	ce (continued)
Form 990	(2020)	$\mathbf{T}\mathbf{H}\mathbf{E}$	TANZANIAN	CHILDRENS	FUND,	INC.

THE TANZANIAN CHILDRENS FUND, INC.

			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 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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 Accounts (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 transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v
	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 contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section $170(c)$.	-	х	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 71	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	~	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 92922	70		x
А	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		
u e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		
'n	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of qualined intellectual property, and the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
-	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand 13c	140		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		x
	excess parachute payment(s) during the year?	15		- 23
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.	10		

Form **990** (2020)

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Form 990 (2020)	Form	990	(2020)
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THE TANZANIAN CHILDRENS FUND, INC.

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

Х

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.

		і і			Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
	Enter the number of voting members included on line 1a, above, who are independent	1b	12			1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with a	iny other			
	officer, director, trustee, or key employee?			2		4
3	Did the organization delegate control over management duties customarily performed by or under the		•			
	of officers, directors, trustees, or key employees to a management company or other person?			3		+
	Did the organization make any significant changes to its governing documents since the prior Form S			4		┦
	Did the organization become aware during the year of a significant diversion of the organization's as			5		┦
	Did the organization have members or stockholders?			6		┦
	Did the organization have members, stockholders, or other persons who had the power to elect or a more members of the governing body?	•		7a		
	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					I
а	The governing body?			8a	Х	
	Each committee with authority to act on behalf of the governing body?			8b	Х	1
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched a	t the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
ect	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)			_
					Yes	
	Did the organization have local chapters, branches, or affiliates?			10a		_
	If "Yes," did the organization have written policies and procedures governing the activities of such cl					
				10b	<u>-</u> -	
		y befor	e filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					1
				12a	X	_
				12b	X	1
				12c	x	
				13	Х	1
				14	Х	1
						ĺ
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	-			
а				15a	Х	1
				15b	Х	1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					1
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranged	nent wi	th a			
	taxable entity during the year?			16a]
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	te its pa	articipation			ſ
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nization	's			
		<u></u> .		16b		
	tion C. Disclosure					
		nd 990-	T (Section 501(c)(3	s)s only	/) avai	ila
	for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain)	on Sch	nedule O)			
9			,	nd fina	ncial	
	ranches to ensure their operations are consistent with the organization's exempt purposes?					
0		oks and	d records 🕨			
	R. TODD CRONAN - 617-913-3763					_

THE TANZANIAN CHILDRENS FUND, INC.

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B))	nper	loui	(D)	(E)	(F)
Name and title	Average		not c	heck		than		Reportable	Reportable	Estimated
	hours per week		, unle cer an					compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	Individual trustee or director	e			ated		organization	(W-2/1099-MISC)	from the
	related organizations	rustee	Institutional trustee		ee	npens		(W-2/1099-MISC)		organization and related
	below	d ual ti	utiona	L_	Key employee	est cor	Ja Ja			organizations
	line)	Indivi	Institu	Officer	Keye	Highest compensated employee	Form			•
(1) INDIA HOWELL	70.00									
FOUNDER & DIRECTOR OF FUND		Х		Х				78,750.	0.	0.
(2) R. TODD CRONAN	2.00									_
TREASURER		Х		Х				0.	0.	0.
(3) ANDREW PETERSEN	2.00									
VOLUNTEER ALUMNI TRUSTEE		х						0.	0.	0.
(4) JAMES SCHUBAUER	2.00									•
DIRECTOR		X						0.	0.	0.
(5) MARGARET BACON	2.00			37				0		0
DEVELOPMENT CHAIR	2 00	X		X				0.	0.	0.
(6) POOH GEPHART	2.00	v						0.	0.	0
DIRECTOR	2.00	X						0.	0.	0.
(7) PETER LEON MMASSY	2.00	x		x				0.	0.	0.
TANZANIAN MANAGING DIR. (8) JODY DRAKE	2.00	^		<u>^</u>				0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(9) LINDA HAYES	2.00							0.	•	U •
DIRECTOR	2.00	x						0.	0.	0.
(10) ELEANOR DOAR	2.00									
BOARD CHAIR		x		x				0.	0.	0.
(11) WILLIAM GRAY	2.00									
ALUMNI TRUSTEE		x						0.	0.	0.
(12) KIRSTEN HEINEMANN	2.00									
SECRETARY		X		X				0.	0.	0.
(13) DAVID MEANEY	2.00									
DIRECTOR		X						0.	0.	0.
										Form 990 (2020)
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	<u>990 (2020)</u> THE TANZA	NIAN CH	III	JDF	<u>EN</u>	1S	FU	JND	D, INC.	74-30	187	284	Pa	age 8
Par	t VII Section A. Officers, Directors, Trust	ees, Key Em	ploy	ees,	and	d Hig	ghe	st Co	ompensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	box	ional trustee	ss per d a di	more rson i irecto	than o s both	n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensatio from related organization: (W-2/1099-MIS	s	an com fr org and	(F) stimate nount other pensa om the anizati d relate anizatio	of tion e ion ed
			Inc	lns	Off	Key	Hiç em	Б						
	-													
								_						
1b	Subtotal						 		78,750.		0.			0.
	Total from continuation sheets to Part VII							. r	0.		0.			0.
 2	Total (add lines 1b and 1c) Total number of individuals (including but no								78,750.	000 of reportabl	-			0.
2	compensation from the organization		lose	liste	u at	JOVE	e) wr	io re	ceived more than \$100	,000 of reportabl	e			0
	i v i												Yes	No
3	Did the organization list any former officer, of							•						37
	line 1a? If "Yes," complete Schedule J for su	ich individual										3		X
4	For any individual listed on line 1a, is the sur and related organizations greater than \$150									the organization		4		х
5	Did any person listed on line 1a receive or a									idual for services				
	rendered to the organization? If "Yes," comp	olete Schedule	e J f	or su	ıch p	oers	on .		-			5		Х
	tion B. Independent Contractors									•				
1	Complete this table for your five highest con the organization. Report compensation for the										ipens	ation 1	rom	
	(A) (B) Name and business address NONE Description of services								С	(C compe	;) nsatio	n		
	-							<u> </u>						
2	Total number of independent contractors (in \$100,000 of compensation from the organiz	-	ot III	nite	J TO	thos (sted	above) who received h	iore than		Form	990 (2020

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			2020) THE TANZANIA	N CHILDRE	NS FUND, I	NC.	74-3087	284 Page 9
Ра	rt \	/111						
			Check if Schedule O contains a respons	e or note to any lir	ie in this Part VIII	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
ts	1	а	Federated campaigns 1a					
iran oun			Membership dues 1b					
S, G			Fundraising events 1c					
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations 1d					
ini,		е	Government grants (contributions) 1e					
er S		f	All other contributions, gifts, grants, and					
Ę			similar amounts not included above 1f	2,400,084.				
ont nd (-	Noncash contributions included in lines 1a-1f	204,073.				
<u>a</u> O		h	Total. Add lines 1a-1f		2,400,084.			
	_			Business Code	0.0 550	00.550		
vice	2		Volunteer Admin. Fees	561000	20,770.	20,770.		
Servine		b						
E Ser		с С						
Program Service Revenue		d e						
Pro		f	All other program service revenue					
			Total. Add lines 2a-2f		20,770.			
	3	3	Investment income (including dividends, inte		,			
			other similar amounts)		61,268.			61,268.
	4		Income from investment of tax-exempt bond					
	5		Royalties	<u></u>				
			(i) Real	(ii) Personal				
	6		Gross rents 6a					
			Less: rental expenses 6b	_				
			Rental income or (loss) 6c					
	-		Net rental income or (loss) Gross amount from sales of (i) Securities					
	'	а	assets other than inventory 7a 2,609,028	()				
		h	Less: cost or other basis					
en		~	and sales expenses					
evenue		с	Gain or (loss) 70 798,621					
ũ			Net gain or (loss)	•	798,621.			798,621.
Other	8		Gross income from fundraising events (not					
ð			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18 8					
			Less: direct expenses 8	-				
			Net income or (loss) from fundraising events	▶				
	Э	a	Gross income from gaming activities. See Part IV, line 19					
		þ	Part IV, line 19 9 Less: direct expenses 9	-				
			Net income or (loss) from gaming activities					
	10		Gross sales of inventory, less returns					
			and allowances	a 819.				
		b	Less: cost of goods sold 10	0. ⁰				
			Net income or (loss) from sales of inventory	►	819.	819.		
S				Business Code				
eor	11	а					 	
llan /ent		b			ļ		 	
Miscellaneous Revenue		c						
ž			All other revenue					
	10	e	Total. Add lines 11a-11d		3,281,562.	21,589.	0.	859,889.
	12		Total revenue. See instructions	····· 🕨	J,201,302.	<u>21,009</u> .	L ⁰ .	009,009.

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Part IX Statement of Functional Expenses

THE TANZANIAN CHILDRENS FUND, INC.

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 respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b,	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	10.000	10.000		
	and domestic governments. See Part IV, line 21	10,000.	10,000.		
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	1 450 002	1 450 002		
	individuals. See Part IV, lines 15 and 16	1,459,983.	1,459,983.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	70 750	20 275		20 275
	trustees, and key employees	78,750.	39,375.		39,375
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	216 692	66 770	CO E70	00 222
7	Other salaries and wages	216,683.	66,772.	60,579.	89,332
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)	8,887.	3,193.	1,822.	3,872
9	Other employee benefits	18,790.	7,309.	3,121.	8,360
10	Payroll taxes	10,790.	7,309.	J,121.	0,300
11	Fees for services (nonemployees):				
	Management				
	Legal	8,375.		8,375.	
	Accounting	0,575.		0,575.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	6,177.	3,409.	2,768.	
	column (A) amount, list line 11g expenses on Sch O.)	0,177.	5,409.	2,700.	
12	Advertising and promotion	19,344.	9,736.	7,960.	1,648
13	Office expenses	3,546.	2,052.	1,494.	1,040
14	Information technology	5,540.	2,032.	1,494.	
15	Royalties	22,380.	8,041.	4,589.	9,750
16	Occupancy	22,500.	20,284.	<u> </u>	2,236
17	Travel	22,000.	20,204.	00.	2,230
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20 21	Interest Payments to affiliates				
21 22	Payments to affiliates Depreciation, depletion, and amortization				
22 23		23,329.	14,917.	8,412.	
23 24	Other expenses. Itemize expenses not covered	23,323.	,>-,•	\$, 112 (
24	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.)				
а	Sub-Contractors	73,216.	73,216.		
a h	Bank and credit card fe	16,057.	740.	14,440.	877
5	Printing	8,623.	2,294.	0.	6,329
d	Supplies, including shi	7,933.	7,636.	297.	0,019
	All other expenses	6,768.	3,488.	1,532.	1,748
	Total functional expenses. Add lines 1 through 24e	2,011,441.	1,732,445.	115,469.	163,527
	Total renotional expenses. Aud mits 1 through 246	-, ,	_,.52,445.		200,027
25	Joint costs Complete this line only if the organization	I		I	
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
25	Joint costs . Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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Form 990 (2020)

Part X Balance Sheet

THE	TANZANIAN	CHILDRENS	FUND,	INC.
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		Check if Schedule O contains a response or not	e to ar	y line in this Part X			
		·		,	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,184,673.	1	1,560,515.
	2	Savings and temporary cash investments			95,251.	2	85,014.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	tantial	contributor, or 35%			
		controlled entity or family member of any of thes	se pers	ons		5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined			
		under section 4958(f)(1)), and persons described	d in se	ction 4958(c)(3)(B)		6	
ŝts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
<	9	Prepaid expenses and deferred charges				9	814.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation			0.		0.
	11	Investments - publicly traded securities			900,536.	11	3,165,573.
	12	Investments - other securities. See Part IV, line 1			3,885,430.	12	2,112,937.
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	3,600.	15	3,600.		
	16	Total assets. Add lines 1 through 15 (must equa			6,069,490.	16	6,928,453.
	17	Accounts payable and accrued expenses			7,320.	17	11,444.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
ies	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
-iat		controlled entity or family member of any of the		F		22	
-	23	Secured mortgages and notes payable to unrela		F		23	50,271.
	24	Unsecured notes and loans payable to unrelated		E Contraction of the second		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		of Schedule D			7 200	25	C1 715
	26	Total liabilities. Add lines 17 through 25			7,320.	26	61,715.
ŝ		Organizations that follow FASB ASC 958, che	eck her				
ů		and complete lines 27, 28, 32, and 33.			E 002 207		6 702 001
ala	27	Net assets without donor restrictions			5,993,287. 68,883.	27	6,723,281. 143,457.
Б	28	Net assets with donor restrictions			00,003.	28	143,437.
'n		Organizations that do not follow FASB ASC 9	58, ch	eck here 🕨 🛄			
Net Assets or Fund Balances		and complete lines 29 through 33.					
ets	29	Capital stock or trust principal, or current funds				29	
SS	30	Paid-in or capital surplus, or land, building, or ec				30	
et⊿	31	Retained earnings, endowment, accumulated in			6 060 170	31	6 966 729
ž	32	Total net assets or fund balances			6,062,170. 6,069,490.	32	6,866,738.
	33	Total liabilities and net assets/fund balances			0,009,490.	33	6,928,453.

Form **990** (2020)

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Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI Image: 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 3, 281, 562. 2 Total expenses (must equal Part VII, column (A), line 25) 2 2, 011, 441. 3 Revenue less expenses. Subtract line 2 from line 1 3 1, 270, 121. 4 6, 062, 170. 4 6, 062, 170. 5 -465, 553. 6 6 7 7 8 Prior period adjustments 6 9 Other changes in net assets or fund balances (explain on Schedule 0) 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) 6, 866, 738. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 1 Accounting method used to prepare the Form 990: Cash X
1 Total revenue (must equal Part VIII, column (A), line 12) 1 3, 281, 562. 2 Total expenses (must equal Part IX, column (A), line 25) 2 2, 011, 441. 3 Revenue less expenses. Subtract line 2 from line 1 3 1, 270, 121. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 6, 062, 170. 5 Net unrealized gains (losses) on investments 5 -465, 553. 6 7
2 Total expenses (must equal Part IX, column (A), line 25) 2 2, 011, 441. 3 Revenue less expenses. Subtract line 2 from line 1 3 1, 270, 121. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 6, 062, 170. 5 Net unrealized gains (losses) on investments 5 -465, 553. 6 7 8 7 8 9 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 6, 8666, 738. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 10 6, 866, 738. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 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: 2a X
2 Total expenses (must equal Part IX, column (A), line 25) 2 2, 011, 441. 3 Revenue less expenses. Subtract line 2 from line 1 3 1, 270, 121. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 6, 062, 170. 5 Net unrealized gains (losses) on investments 5 -465, 553. 6 7 8 7 8 9 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 6, 8666, 738. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 10 6, 866, 738. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 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: 2a X
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5 Net unrealized gains (losses) on investments 5 -465,553. 6 0nated 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)) 6,866,738. Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Her organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X 16 "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: 2a X
6 6 7 7 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 6 , 866 , 738 . Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 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: Image: Check if Schedule basis, or both: Image: Check if Schedule basis, or both:
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 6, 866, 738. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 He organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X 1 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: 2a X
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 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 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 6, 866, 738. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 16 the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 16 TYes," 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:
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column (B)) 10 6,866,738. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 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: Image: Column (B) Image: Column (B)
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 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: Image: Construct of the second of th
Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 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: Image: Cash ima
1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Cash image:
 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? 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:
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b If The second statement is the se
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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: 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, or both:
Separate basis Consolidated basis Both consolidated and separate basis
b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,
consolidated basis, or both:
X Separate basis Consolidated basis Both consolidated and separate basis
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,
review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit
Act and OMB Circular A-133? 3a X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit
or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form **990** (2020)

032012 12-23-20

SCHEDULE A	
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Department of the Treasury

Internal Revenue Service

(Form	990	or	990-EZ
	220		

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
2020
Open to Public Inspection

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Nomo	of the organization	
Name	or the organization	
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THE TANZANIAN CHILDRENS FUND, INC. 74–3087284 Part I Reson for Public Charkly Status (A) organization must complete bins part). See instructions. Part I Resonance (Charkly Status (A) organization must complete bins part). See instructions. The organization is not a private foundation of dwords exercised in section T700(N/NA). A school described in section T70(N/NA). A hange in the operation of a complex of the benefit of a college or university owned or operated by a governmental unit described in section T70(N/NA). A mognization operated in columcton with a longbit described in section T70(N/NA). A norganization operated in columcton with a longbit described in section T70(N/NA). A mognization operated in columcton with a longbit described in section T70(N/NA). A norganization operated in columcton with a longbit described in section T70(N/NA). A mognization described in section T70(N/NA). A norganization degradue of a scient T70(N/NA). Complete Part II. A community trust described in section T70(N/NA). Complete Part II. B A norganization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from a chickle related to its scenpt functions, subject to estim sceptors, and (2) no nore than 33 1/3% of its support from group on the organization described in section T700(N/NA). I A norganization operated and operated acclusively to test for public safely. See section 509(a). Chickle A norganization described in section T70(N/NA). I A norganization operated in colume by test suppubli	Nan	Name of the organization Employer identification number										
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Schedule A (Form 990 or 990 EZ) 2020 THE TANZANIAN CHILDRENS FUND, INC.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalt Image: constraint of the organization without charge 3 The value of services or facilities furnished by a governmental unit to the organization without charge 2,077,870. 1,884,778. 2,431,960. 2,323,327. 2,400,084. 11,118,019 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 11 that exceeds 25% of the amount shown on line 11, column (f) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 2 A mounts from line 4 2 2,077,870. 1,884,778. 2,431,960. 2,323,327. 2,400,084. 11,118,019 6 Public support. Subtext line 3 from line 4. 2 203,327. 10,914,692 Section B. Total Support 2,077,870. 1,884,778. 2,431,960. 2,323,327. 2,400,084. 11,118,019 8 Gross income from interest, dividends, payments received on securites loans, rents, royaties, and income from similar sources. 23,480. 57,409. 73,088. 97,104. 61,268. 312,349 9 Net income from orated business is regularly carried on more than on the sale of capital assets (Explain in Part V). 11,1430,368	Se	ction A. Public Support						
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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b			

Schedule A (Form 990 or 990-EZ) 2020

14

Schedule A (Form 990 or 990-EZ) 2020 THE TANZANIAN CHILDRENS FUND, INC. 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and	ſ					
	membership fees received. (Do not	ſ					
	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	ſ					
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	I					
	the organization without charge	ſ					
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disgualified persons	I					
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						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	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	ſ					
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third	, fourth, or fifth tax	year as a section	501(c)(3) organ	ization,
)
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2020 (line 8, column (f), c	divided by line 13	, column (f))		15	%
16	Public support percentage from 2019	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Investion	stment Incom	e Percentage)			
17	Investment income percentage for 20)20 (line 10c, colur	nn (f), divided by	line 13, column (f)))	17	%
18	Investment income percentage from	2019 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2020. If the	organization did n	not check the box	on line 14, and lir	ne 15 is more than	33 1/3% , and li	ne 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qua	lifies as a publicly	supported organiz	ation	▶∟
b	33 1/3% support tests - 2019. If the	organization did n	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3	%, and
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The org	anization qualifies	as a publicly supp	orted organizat	ion ▶Ц
20	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check			
03202	23 01-25-21			15	Sch	edule A (Form	990 or 990-EZ) 2020

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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 or 990-EZ).
- 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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.)

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Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990 EZ) 2020 THE TANZANIAN CHILDRENS FUND, INC.

Part IV Supporting Organizations (continued)

1

2

Yes No

Yes No

			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 in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in 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

Sec	tion C. Type II Supporting Organizations
	supervised, or controlled the supporting organization.
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
~	Did the organization operate for the benefit of any supported organization other than the supported

000	Storie: Type in cupper ang enguinzatione	
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	

Sec	ction D. All Type III Supporting Organizations	•		
			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 in 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

- 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	oovernmental entitv	. Describe in Part VI how	you supported a	governmental entity	(see instructions).
-----	------------------------------	---------------------	---------------------------	-----------------	---------------------	---------------------

2 Activities Test. Answer lines 2a and 2b below.

the supported organization(s).

- 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 in 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.* 032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

2a

2b

За

3b

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Schedule A (Form 990 or 990-EZ) 2020 THE TANZANIAN CHILDRENS FUND, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

- Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
short-term capital gain	1		
	2		
er gross income (see instructions)	3		
lines 1 through 3.	4		
reciation and depletion	5		
ion of operating expenses paid or incurred for production or			
ction of gross income or for management, conservation, or			
tenance of property held for production of income (see instructions)	6		
er expenses (see instructions)	7		
sted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
- Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
regate fair market value of all non-exempt-use assets (see			
uctions for short tax year or assets held for part of year):			
age monthly value of securities	1a		
age monthly cash balances	1b		
market value of other non-exempt-use assets	1c		
I (add lines 1a, 1b, and 1c)	1d		
ount claimed for blockage or other factors			
lain in detail in Part VI):			
uisition indebtedness applicable to non-exempt-use assets	2		
tract line 2 from line 1d.	3		
n deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
instructions).	4		
value of non-exempt-use assets (subtract line 4 from line 3)	5		
iply line 5 by 0.035.	6		
overies of prior-year distributions	7		
mum Asset Amount (add line 7 to line 6)	8		
- Distributable Amount			Current Year
sted net income for prior year (from Section A, line 8, column A)	1		
r 0.85 of line 1.	2		
mum asset amount for prior year (from Section B, line 8, column A)	3		
r greater of line 2 or line 3.	4		
me tax imposed in prior year	5		
ributable Amount. Subtract line 5 from line 4, unless subject to			
rgency temporary reduction (see instructions).	6		
	short-term capital gain overies of prior-year distributions er gross income (see instructions) lines 1 through 3. reciation and depletion for of operating expenses paid or incurred for production or ction of gross income or for management, conservation, or thenance of property held for production of income (see instructions) er expenses (see instructions) isted Net Income (subtract lines 5, 6, and 7 from line 4) - Minimum Asset Amount regate fair market value of all non-exempt-use assets (see uctions for short tax year or assets held for part of year): age monthly value of securities age monthly value of subtract lines 5 age monthly cash balances market value of other non-exempt-use assets al (add lines 1a, 1b, and 1c) rount claimed for blockage or other factors lain in detail in Part VI): uisition indebtedness applicable to non-exempt-use assets tract line 2 from line 1d. n deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, instructions). value of non-exempt-use assets (subtract line 4 from line 3) iply line 5 by 0.035. overies of prior-year distributions mum Asset Amount sted net income for prior year (from Section A, line 8, column A) r 0.85 of line 1. mum asset amount for prior year (from Section B, line 8, column A) r greater of line 2 or line 3. me tax imposed in prior year ributable Amount. Subtract line 5 from line 4, unless subject to versen theorement-use instructione)	overies of prior-year distributions 2 overies of prior-year distributions 3 lines 1 through 3. 4 reciation and depletion 5 ion of operating expenses paid or incurred for production or ction of gross income or for management, conservation, or thenance of property held for production of income (see instructions) 6 or expenses (see instructions) 7 isted Net Income (subtract lines 5, 6, and 7 from line 4) 8 - Minimum Asset Amount 7 regate fair market value of all non-exempt-use assets (see uctions for short tax year or assets held for part of year): age monthly value of securities 1a age monthly value of securities 1a age monthly value of other non-exempt-use assets 1c il (add lines 1a, 1b, and 1c) 1d exount claimed for blockage or other factors 1a ain in detail in Part VI): uistion indebtedness applicable to non-exempt-use assets 2 value of non-exempt-use assets (subtract line 4 from line 3) 5 iply line 5 by 0.035. 6 overies of prior-year distributions 7 mum Asset Amount 2 - Distributable Amount 2 sted net income for prior year (from Section A, line 8, column A)	veries of prior-year distributions 2 er gross income (see instructions) 3 lines 1 through 3. 4 ereciation and depletion 5 on of operating expenses paid or incurred for production or ction of gross income or for management, conservation, or tenance of property held for production of income (see instructions) 6 er expenses (see instructions) 7 sisted Net Income (subtract lines 5, 6, and 7 from line 4) 8 - Minimum Asset Amount (A) Prior Year regate fair market value of all non-exempt-use assets (see uctions for short tax year or assets held for part of year): age monthly value of securities 1a age monthly cash balances 1b market value of other non-exempt-use assets 1c (1 (add lines 1a, 1b, and 1c) 1d count claimed for blockage or other factors fain in detal in Part VI): uisition indebtedness applicable to non-exempt-use assets 2 instructions). 4 veries of prior-year distributions 7 mum Asset Amount (add line 7 to line 6) 8 - Distributable Amount 2 sted net income for prior year (from Section A, line 8, column A) 1 r 0.85 of line 1. 2 mum asset amount for prior year (from Section B, line 8, column A) 3 r greater of line 2 or line 3. 4

instructions).

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 THE TANZANIAN CHILDRENS FUND, INC. Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (c)

Fai			Continu	ued)	
	ion D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro		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	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
с	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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Part VI						INC.	74-3087284	Ра
	Supplementa Part IV Section /	lines 1 2 3h 3	Provide the expla	nations required b	y Part II, line 1 and 11c: Part I	0; Part II, line 17a o	r 17b; Part III, line 12; 1 and 2; Part IV, Section	
	line 1; Part IV, Se	ction D, lines 2 ar	nd 3; Part IV, Sectio	on E, lines 1c, 2a, 2	b, 3a, and 3b;	Part V, line 1; Part	V, Section B, line 1e; Pai	rt V
	Section D, lines 5	5, 6, and 8; and P	art V, Section E, line	es 2, 5, and 6. Also	complete this	part for any addition	onal information.	
	(See instructions	.)						
							A (Fauss 000 000 -	
32028 01-25-2	21			20		Schedu	e A (Form 990 or 990-E	=Z)
				<u>2</u> 0		AN CHILDRI		

SCHEDULE D

(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.



Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	THE TANZANIAN CHILDRENS FUND, INC.	74-3087284
Par	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
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 use	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose con	
	impermissible private benefit?	
Par	t II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		istorically important land area
		ertified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a	a conservation easement on the last
_	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	
	Total acreage restricted by conservation easements	
	Number of conservation easements on a certified historic structure included in (a)	
	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
u	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the org	
3	year	Janization during the tax
4	Number of states where property subject to conservation easement is located	
5		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	Yes No
e		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conserv	ation easements during the year
7	Amount of evenence incurred in monitoring, increating, handling of violations, and enforcing concervation	accomente during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation	easements during the year
•		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4	
•	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense sta	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements	s that describes the
Dar	organization's accounting for conservation easements. TIII Organizations Maintaining Collections of Art, Historical Treasures, or Othe	ar Similar Assats
Fai	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	Similar Assets.
4.		
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and	
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	erance 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 bala	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furthera	ince 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	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial ga	in, provide
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
	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) 2020
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2020.04010 THE TANZANIAN CHILDRENS FUN TANZANI1 12320730 807196 Tanzania7284

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Par	t III Organizations Maintaining C		-		-				ts (contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following the	at make sig	gnificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d			hange progra						
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	how the	ey further tl	he organizati	ion's exerr	npt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, his	torical trea	sures, or oth	er similar	assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	te if the	organizatio	n answered	"Yes" on I	Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for c	contribution	is or other as	sets not i	ncluded		_		_
	on Form 990, Part X?							L	Yes	X	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing ta	able:							
									Amount	:	
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance						. 1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	scrow or cu	ustodial acco	ount liabilit	ty?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatio	n has been	provided on	Part XIII					
Par	t V Endowment Funds. Complete i	f the organization and	swered "	'Yes" on Fo	orm 990, Par	t IV, line 10	0.				
		(a) Current year	(b) Pr	ior year	(c) Two yea	rs back 🛛 🌔	d) Three y	ears back	(e) Four	years l	back
1a	Beginning of year balance	4,930,103.	З,	577,512.	3,39	5,664.	2,3	71,156.	1,	667,	310.
b	Contributions	186,638.		758,719.	61	3,458.	8	38,461.		712,	652.
	Net investment earnings, gains, and losses	394,292.		852,069.	-19	2,159.	3	79,492.		225,	021.
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs	119,327.		258,197.	23	9,451.	1	93,445.		233,	827.
f	Administrative expenses										
	End of year balance	5,391,706.	4,	930,103.	3,57	7,512.	3,3	95,664.	2	371,	156.
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g	, column (a	a)) held as:	•					
а	Board designated or quasi-endowment	97.3400	%								
b	Permanent endowment	%	_								
с	Term endowment > 2.6600	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse		ation that	t are held a	nd administe	ered for th	e organiz	ation			
	by:	C C					Ū.		Γ	Yes	No
	(i) Unrelated organizations								3a(i)		Х
	(ii) Related organizations										Х
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	ed on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere		, Part IV,	, line 11a. S	See Form 990), Part X, I	ine 10.				
	Description of property	(a) Cost or ot			or other		cumulate	ed l	(d) Bool	< value	,
		basis (investm		basis			reciation	-	(_, 200)		
1a	Land		·		. ,						
	Buildings										
	Leasehold improvements										
d	Equipment										
	Other				4,007.		4,0	07.			0.
-	Add lines 1a through 1e. (Column (d) must e		X colum		-		- / 5				0.
TOLA		gaan onn 330, Falls	., coiui11	,, (<i>D</i>), III C I				Schedule	D (Earw	0001	-
								Schedule		. 330)	2020

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Schedule D (Form 990) 2020 THE TANZANI	AN CHILDRENS	FUND, INC.	74-3087284 Page 3
Part VII Investments - Other Securities.			9
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	n: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) ISHARES RUSSELL 1000	282,171.		Market Value
(B) VANGUARD DIVIDEND	268,788.		Market Value
(C) ISHARES CORE S&P 500 ETF	733,755.		Market Value
(D) ISHARES RUSSELL 2000 EFT	389,158.	End-of-Year	Market Value
(E) ISHARES TRUST 1-3 YEAR			
(F) TREASURY	228,648.		Market Value
(G) ISHARES MSCI EAFE	210,417.	End-of-Year	Market Value
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	2,112,937.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation	n: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	Description	TID. See Form 990, Part X,	(b) Book value
.,	Description		
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u>a 15</u>)		►
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 990. I	Part X, line 25.
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, col. (B) line	e 25)		
 Liability for uncertain tax positions. In Part XIII, provide 			· · · · · · · · · · · · · · · · · · ·
organization's liability for uncertain tax positions under		•	

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Sch	edule D (Form 990) 2020 THE TANZANIAN CHILDRENS FUN				308/284 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statemer	nts Wit	h Revenue per R	leturr	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	2,816,009.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-465,553.		
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	-465,553.
3	Subtract line 2e from line 1			3	3,281,562.
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			4c	0.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				3,281,562.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts Wi	ith Expenses per	Retu	ırn.
Ра	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	nts Wi	ith Expenses per	Retu	
Pa 				Retu	ırn. 2,011,441.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:				
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities				
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a			
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c			
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d			2,011,441.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d		1	2,011,441.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d		1 2e	2,011,441.
1 2 b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d		1 2e	2,011,441.
1 2 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d		1 2e	2,011,441.
1 2 d c 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b		1 2e	2,011,441. 0. 2,011,441. 0.
1 2 d e 3 4 b c 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b		1 2e 3	2,011,441.

2007004

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.

Part V, line 4:

The board designated fund has the following intended use:

Rainy Day Operating and/or Capital Costs: \$ 1,856,084 - to help with

operating and/or capital costs of TCF and the Rift Valley Children's

Village, and to provide a back-up source of funds in the case of

unanticipated funding needs.

Long Term Investment Fund: \$3,291,941 to help with operating and/or

capital costs of the Tanzanian Children's Fund and the Rift Valley

Children's Village, including costs of Oldeani Secondary School and other

secondary education costs.

The Lorinda de Roulet Scholarship Fund for Girls: \$100,224 fund

established by the Board of Directors to fund post-secondary scholarships. 032054 12-01-20 29 Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 THE TANZANIAN CHILDRENS FUND, INC. 74-3087284 Page 5
Part XIII Supplemental Information (continued)
Boniface Children Fund: \$30,259 Set up as a separate account for all
monies donated by an individual donor for specific sponsorships.
Oldeani Capital Fund: \$5,000 - Restricted contributions from donor to help
with the capital cost of the Oldeani Secondary School.
Oldeani Operating Fund \$ 3,199: For the purchases of books and teaching
materials.
Scholarship Fund: \$40,000
New Staff House \$60,000
Mental Health Initiatives \$5,000
Part X, Line 2:
The Organization has evaluated the tax positions taken on returns for open
years and those expected to be taken on returns for the year ended
December 31, 2020. It is Management's belief that such tax positions are
more likely than not to be sustained upon examination by tax authorities.
Accordingly, no liability for uncertain tax positions has been reflected
in these financial statements. Returns for tax years beginning with those

filed for the year ended December 31, 2017 are open to examination.

Schedule D (Form 990) 2020

032055 12-01-20

30

(Form 990)			n answered "Yes" on Form 990, Part			2	2020
Department of the Treasury			Attach to Form 990.			Open	to Public
Internal Revenue Service	Go to v	www.irs.gov/Fc	rm990 for instructions and the latest	information.		Inspec	
Name of the organization					Employer	Identifie	cation number
THE TANZANIAN	CHILDRENS	FUND, I	NC.		74-30	8728	4
			tside the United States. Comple	te if the organ			
Form 990, Par							
1 For grantmakers. Do	bes the organization	n maintain recor	ds to substantiate the amount of its gra	ants and other	assistance,		
the grantees' eligibilit	y for the grants or a	assistance, and	the selection criteria used to award the	grants or ass	istance?	···· [] '	Yes X No
2 For grantmakers D	aariba in Dart V th	orgonization's	procedures for monitoring the use of its	aranta and a	ther enginte	noo outo	ida tha
2 For grantmakers. De United States.	SCIDE III Fait V the	e organization s	procedures for monitoring the use of its	s grants and o	। । स् वऽऽ।ऽ।व	ICE OUIS	
	(The following Par	t I, line 3 table ca	an be duplicated if additional space is r	needed.)			
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If acti	vity listed in		(f) Total
	offices	èmployees, agents, and independent	(by type) (such as, fundraising, pro- gram services, investments, grants to		gram servic specific ty		expenditures for and
	in the region	contractors	recipients located in the region)		(s) in the reg		investments
		in the region			(-)	,	in the region
3 a Subtotal		C					0.
b Total from continuation							
sheets to Part I		C					0.
c Totals (add lines 3a	_						_
and 3b)		1 0					0.

Statement of Activities Outside the United States

OMB No. 1545-0047

Schedule F (Form 990) 2020

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

032071 12-03-20

SCHEDULE F

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)
			Support for the Rift					
			Valley Children's					
			Village, in Karatu,					
		Africa - Angola,	Tanzania	1,459,983.	Wire transfers	0.		CASH VALUE
			recognized as charities by the					4
			or counsel has provided a sec					<u> </u>
3 Enter total number of	other organizations of	or entities				🕨		0

Schedule F (Form 990) 2020

74-3087284

Page 3

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	(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)

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020	THE	TANZANIAN	CHILDRENS	FUND,	INC.	74-3087284	P
Part IV Foreign Form	S						

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	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 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? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	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 Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	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 Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020 THE TANZANIAN CHILDRENS FUND, INC. 74-3087284 Page 4 Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
Schedule F, Part II, Procedures For Monitoring the use of its grants
All monies granted to Rift Valley Children's Village (RVCV) in Karutu,
Tanzania, will be monitored through accepted accounting practices.
RVCV won't receive additional funding until a full and detailed
reporting of previous grants has been received, reviewed and approved
by the Foundation's Board of Directors to ensure that monies granted
are used for the purposes that they are intended. In addition, the
President and another member of the Board of Directors will conduct a
field investigation to ensure that the funds donated by the Foundation
to RVCV are being used properly, The Executive Director, who is a
board member of the organization, is also a member of the board of
directors of RVCV.
032075 12-03-20 Schedule F (Form 990) 202 35

SCHEDULE I		G	arants and Oth	er Assistan	ce to Orgai	nizations,		OMB No. 1545-0047
(Form 990)		Go	vernments, ar	nd Individua	ls in the Ŭn	ited States		2020
Department of the Treasury Internal Revenue Service		Compi	ete if the organizatio	Attach to For s.gov/Form990 for	m 990.			Open to Public Inspection
Name of the organization		NIAN CHIL	DRENS FUND,	INC.				Employer identification number $74 - 3087284$
Part I General In	formation on Grants a							
1 Does the organiz	ation maintain records	to substantiate the	e amount of the grants	s or assistance, the	grantees' eligibili	ty for the grants or ass	sistance, and the selec	ction
criteria used to a	ward the grants or assi	stance?						
2 Describe in Part	IV the organization's pr	ocedures for moni	toring the use of grant	funds in the Unite	d States.			
	d Other Assistance to	-				anization answered "א	es" on Form 990, Par	t IV, line 21, for any
	nat received more than					(f) Method of		(1) 5
	Idress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
FOUNDATION FOR AF	RICAN MEDICINE							TO SUPPORT THE INCREDIBLE
AND EDUCATION "FA	ME" - 4553							WORK ON THE FRONTLINES OF
CRIMSONWOOD DRIVE	- REDDING, CA							THE COVID-19 CRISIS AND
96001		22-3883033	501(C)(3)	10,000.	0.	CASH VALUE		ADVANCE EQUITABLE,
2 Enter total numb	er of section 501(c)(3) a	and government or	ganizations listed in th	ne line 1 table	•	•	•	▶1.
3 Enter total numb	er of other organization	is listed in the line	1 table					
LHA For Paperwork								Schedule I (Form 990) 2020
	See Part	IV for Co	lumn (h) de	scription	S			

74-3087284

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part II, line 1, Column (h):

Name of Organization or Government:

FOUNDATION FOR AFRICAN MEDICINE AND EDUCATION "FAME"

(h) Purpose of Grant or Assistance: TO SUPPORT THE INCREDIBLE WORK ON

THE FRONTLINES OF THE COVID-19 CRISIS AND ADVANCE EQUITABLE,

PATIENT-CENTERED CARE FOR SOME OF THE MOST UNDER-RESOURCED COMMUNITIES IN

NORTHERN TANZANIA.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

20

Department of the Treasury	
Internal Revenue Service	

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

Attach to Form 990

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

Inspection Employer identification number 74-3087284

20

THE TANZANIAN CHILDRENS FUND, INC.

Par	rt i Types of Property							
		(a)	(b)	(c)	(d)	A a una fur f		
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu		•	~
		applicable	items contributed	Form 990, Part VIII, line 1g	Honcash contribu	nion an	nount	5
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		18	204,073.	Market valu	e		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
	Securities - Miscellaneous							
13	Qualified conservation contributio	n -						
	Historic structures							
14	Qualified conservation contributio							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other 🕨 ()						
26	Other 🕨 ()						
27	Other 🕨 (
28	Other 🕨 ()						
29	Number of Forms 8283 received b	by the organization durin	ig the tax year for c	contributions				
	for which the organization comple	eted Form 8283, Part V, I	Donee Acknowledg	jement 29				
							Yes	No
30a	During the year, did the organizati	ion receive by contributi	on any property rep	ported in Part I, lines 1 throug	gh 28, that it			
	must hold for at least three years	from the date of the initi	al contribution, and	d which isn't required to be u	sed for			
	exempt purposes for the entire ho	olding period?				30a		X
b	If "Yes," describe the arrangemen	it in Part II.						
31	Does the organization have a gift	acceptance policy that r	equires the review	of any nonstandard contribu	tions?	31		X
32a	Does the organization hire or use	third parties or related o	rganizations to soli	cit, process, or sell noncash				
						32a		X
	If "Yes," describe in Part II.							
33	If the organization didn't report an	n amount in column (c) fo	or a type of propert	y for which column (a) is che	cked,			

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

Schedule M (Form 990) 2020

032141 11-23-20

describe in Part II.

<u>Schedu</u> le M	(Form 990) 2020	$\mathbf{T}\mathbf{H}\mathbf{E}$	TANZANIA	N CHILDREN	NS FUND	, INC.	74-3087284	Page
Part II	Supplemental	Inform	nation. Provide nn (b), the number	the information re-	quired by Par	t I, lines 30b, 3	2b, and 33, and whether the organiz d, or a combination of both. Also cor	zation
032142 11-23-2	20						Schedule M (Form	n 990) 2(
	000100 -				39			
20730	807196 Ta	nzan	ia7284 2	020.04010	THE TA	ANZANIAN	CHILDRENS FUN TAN	IZANI

74 - 3087284

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization



74-3087284

Form 990, Part I, Line 1, Description of Organization Mission:

provides a permanent home for 97 children in the Karatu District of

THE TANZANIAN CHILDRENS FUND, INC.

Tanzania, as well as additional community-based programs to improve the

lives of children and their families.

Form 990, Part III, Line 1, Description of Organization Mission:

families.

Form 990, Part VI, Section B, line 11b:

A copy of the form 990 is given to the governing body for review prior to

submittal of the return to the Internal Revenue Service

Form 990, Part VI, Section B, Line 12c:

The organization requires each new key employee, officer or director to

review a copy of the "Policy on Conflicts of Interest and Disclosure of

Certain Interests" and to acknowledge in writing that he or she has done

so. Additionally, each key employee, officer or director, annually

complete a disclusure form identifying any relationships, positions or

circumstances in which the employee is involved that he or she believes

could contribute to a conflict of interest arising.

Form 990, Part VI, Section B, Line 15:

The Board of Directors establishes the compensation for the Officers or key employees that is within the range of organizations similar in size and scope to the Tanzanian Children's Fund.

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization

THE TANZANIAN CHILDRENS FUND, INC.

Employer identification number 74-3087284

Form 990, Part VI, Section C, Line 19:

All organization's related documents are made available for public

inspection upon request