

FIDELITY BOND RESOLUTION

RESOLVED, that the Fidelity Bond, No. 106655806, that has been issued for TANAKA Funds, Inc. (the “Trust”) with respect to its series, the TANAKA Growth Fund (the “Fund”), by the St. Paul Fire and Marine Insurance Company in the amount of \$300,000.00, to protect the Trust and the Fund against loss due to larceny and embezzlement of Fund assets by officers and employees of the Trust, is hereby approved as reasonable in form and amount; and it is further

RESOLVED, that the term of the Fidelity Bond from December 15, 2020 through December 15, 2021 and payment of the premium in the amount of \$845 are hereby approved; and it is further

RESOLVED, that the appropriate officers of the Trust be, and hereby are, authorized to renew the fidelity bond coverage of the Trust for the period December 15, 2020 through December 15, 2021, in an aggregate amount sufficient to maintain compliance with Rule 17g-1 of the Investment Company Act of 1940, as amended, and to provide substantially the same coverage as the existing policy; and it is further

RESOLVED, that the appropriate officers of the Trust be, and hereby are, authorized and directed to file, or cause to be filed, such documents, papers and other items as may be required, with the Securities and Exchange Commission in conformity with applicable requirements of law.



SelectOne+®

Lauren C Turner
485 Lexington Ave
NEW YORK, NY 10017
Email: LTURNER3@travelers.com

December 14, 2020

KRISTINA ALLEN
RSC INS BRKG INC
420 LEXINGTON AVE STE 2700
NEW YORK, NY 10170

RE: Insured Name: TANAKA CAPITAL MANAGEMENT, INC.
Binder Type: Premium Only
Product: **INVESTMENT COMPANY BOND**
IVBB-15001 (01-16)
Bond Number: 106655806
Bond Period: December 15, 2020 to December 15, 2021
Binder Expiration Date: January 13, 2021

Dear KRISTINA ALLEN:

On behalf of **Travelers Casualty and Surety Company of America** we are pleased to bind coverage for the following Insurance.

INVESTMENT COMPANY BOND:

Insuring Agreement	Single Loss Limit of Insurance	Single Loss Deductible Amount
A. FIDELITY Coverage A.1. Larceny or Embezzlement Coverage A.2. Restoration Expenses	\$300,000 \$300,000	\$0 \$5,000
B. ON PREMISES	\$300,000	\$5,000
C. IN TRANSIT	\$300,000	\$5,000
D. FORGERY OR ALTERATION	\$300,000	\$5,000
E. SECURITIES	\$300,000	\$5,000
F. COUNTERFEIT MONEY AND COUNTERFEIT MONEY ORDERS	\$300,000	\$5,000
G. CLAIM EXPENSE	\$50,000	\$5,000
H. STOP PAYMENT ORDERS OR WRONGFUL DISHONOR OF CHECKS	\$50,000	\$5,000
I. COMPUTER SYSTEMS Coverage I.1. Computer Fraud Coverage I.2. Fraudulent Instructions Coverage I.3. Restoration Expense	\$300,000 Not Covered Not Covered	\$5,000
J. UNCOLLECTIBLE ITEMS OF DEPOSIT	\$50,000	\$5,000

If "Not Covered" is inserted opposite any specified Insuring Agreement above, or if no amount is included, in the Single Loss Limit of

Insurance, such Insuring Agreement and any other reference thereto is deemed to be deleted from this bond.

DISCOVERY PERIOD FOR BOND COVERAGE:

Additional Premium Percentage: 100% of the annualized premium
Additional Months: 12 months

TOTAL ANNUAL PREMIUM - \$845.00

(Other term options listed below, if available)

PREMIUM DETAIL:

Term	Payment Type	Premium	Taxes	Surcharges	Total Premium	Total Term Premium
1 Year	Prepaid	\$845.00	\$0.00	\$0.00	\$845.00	\$845.00

BOND FORMS APPLICABLE:

IVBB-15001-0116 Investment Company Bond Declarations
IVBB-16001-0116 Investment Company Bond

ENDORSEMENTS APPLICABLE:

IVBB-17022-1019 New York Insurance Mandatory Regulation 209 Endorsement
IVBB-18023-1217 New York Cancellation, Termination, Change or Modification Endorsement
IVBB-19002-0116 Social Engineering Fraud Insuring Agreement
IVBB-19004-0116 Named Insured Endorsement
IVBB-19010-0116 Unauthorized Signature Endorsement
IVBB-19044-0518 Automatic Increase In Insuring Agreement A.1. Single Loss Limit of Insurance Endorsement
IVBB-19045-0319 Replace General Agreement A. Organic Growth Endorsement

CONTINGENCIES:

This binder is contingent on the acceptable underwriting review of the following information prior to the Binder expiration date.

None

This binder is a conditional binder, valid until January 13, 2021. This binder will expire on the noted date, at the noted time, unless the required underwriting information stated in the Contingencies section is provided to Travelers and then reviewed and accepted by Travelers prior to the noted expiration date and time.

This bond will not take effect unless Underwriting Information is received and satisfactorily reviewed by January 13, 2021 (Binder Expiration Date). If you do not submit the Underwriting Information on or before the Binder Expiration Date, no bond will be issued.

COMMISSION: 15.00%

NOTES:

NOTICES:

It is the agent's or broker's responsibility to comply with any applicable laws regarding disclosure to the bondholder of commission or other compensation we pay, if any, in connection with this bond or program.

Important Notice Regarding Compensation Disclosure

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website:

http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Agency Compensation, One Tower Square, Hartford, CT 06183.

Sincerely,

Lauren C Turner

Travelers Bond & Specialty Insurance