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Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

benefit trust or private foundation)

OMB No 1545-0047

Open to Public Inspection

			the Treasury ue Service	► The organization may have to use a copy of this return to satisfy s	tate reporting requireme	ents	Open to Po	
				dar year, or tax year beginning JUL 1, 2008 and endin			mspectio	<u></u>
	Che	eck If	C C	Name of organization	D Employer ide	_	on number	
_		olicable	use IRS					
بِ	الــــــــــــــــــــــــــــــــــــ	Addre: chang: Name	print or UE	BUNTU EDUCATION FUND, INC		170	501 2	
Ļ		changi Initial		Doing Business As		-170	5917	
F		return Termin	Specific 2 7	Number and street (or P 0 box if mail is not delivered to street address) Room, 2 BROADWAY 414			7-1190	
	∵ 1.	ation Ameno retum		City or town, state or country, and ZIP + 4	G Gross receipts \$	0 02	2,703,3	331.
Ë	_1	Applic tion		EW YORK, NY 10004	H(a) Is this a gro	up return		
		pendir	F Name a	and address of principal officer:JACOB LIEF	for affiliates	?	Yes 🖸	X No
				ROADWAY, STE 414, NEW YORK, NY 10004	H(b) Are all affiliate	es includer	d? ☐ Yes ☐	No
				X 501(c) (3) ◀ (Insert no.)			(see instruction	ns)
	_			P://WWW.UBUNTUFUND.ORG X Corporation	H(c) Group exem			
-		pe or	organization Summary		Year of formation 199	OJ MI Sta	ite of legal domic	TINE IN I
-	Т				EDULE O			
e e								
Activities & Governance		2	Check this be	ox If the organization discontinued its operations or disposed of	more than 25% of its a	ssets.		
) O				oting members of the governing body (Part VI, line 1a)		3		$\frac{16}{2}$
8	3			dependent voting members of the governing body (Part VI, line 1b)		4		$\frac{0}{11}$
ties				r of employees (Part V, line 2a)		6		$\frac{11}{0}$
ctivi				of volunteers (estimate if necessary) nrelated business revenue from Part VIII, line 12, column (C)		7a		0.
Ā			-	business taxable income from Form 990-T, line 34		7b		0.
, —	7				Prior Year		Current Yea	ar
SC/TV:	2			s and grants (Part VIII, line 1h)	1,906,08	14.	2,702,	<u> 225.</u>
		9	Program ser	rice revenue (Part VIII, line 29) EIVED	12 16			020
ស្ត្រនឹ	1				12,16		<174,	838.
	-	11 12	Other revenu	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10d, and 11e) - add lines 8 through 10 most equal Part VIII column (A), line 12)	2,068,93		2,528,	
	-+-			Imilar amounts paid (Part IX, column (A), lines (\$	1,586,15		2,023,	
	1			to or for members (Par XX splyman (A), line (4)				
V.	3	15	Salanes, othe	er compensation, employee benefits (Part-IX, column (A), lines 5-10)	468,10		458,	508.
Fxnenses	2			fundraising fees (Part IX, column (A), line 11e)	32,30	0.		
X Z	}			sing expenses (Part IX, column (D), line 25) 352,178.	343,65		167	751
				ses (Part IX, column (A), lines 11a-11d, 11f-24f) es. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,430,22		467, 2,949,	
			•	s expenses. Subtract line 18 from line 12	<361,29		<421,	
0	8		7.0.0.100.100.		Beginning of Yea		End of Yea	
Net Assets or	ää	20	Total assets	(Part X, line 16)	1,026,33		795,	
t As	2	21	Total liabilitie	s (Part X, line 26)	17,48	$\overline{}$		507.
Ž	킨.			r fund balances. Subtract line 21 from line 20	1,008,85	50.	<u>787,</u>	<u>771.</u>
F	a	rt II		re Block of perfury. I declare that I have examined this return, including accompanying schedules and state	ments and to the best of my kr	nowledge ar	nd belief it is true o	correct
			and complete.	of perjury, I declare that I have examined this return, including accompanying schedules and state observation of preparer (other than officer) is based on all information of which preparer has any kno	wledge			
Si	gn				11211	YIIC)	
	ere	,		re of officer	Date			
				OB LIEF, PRESIDENT				
_			_	print name and title	Chack if	Omnomr's L	dentifung number	
Pa	id		Preparer's signature	Jan ~ 5 M MA 12/03/1	colf-	(see instruc	dentifying number tions)	
	•	arer's	Firm's name (or yours if		EIN >			
Us	e C	nly		 :				
_			address, and ZIP + 4	1065 AVENUE OF THE AMERICAS NEW YORK, NY 10018	Phone no	► 212	<u>-790-57</u>	00
M	ay	the I	RS discuss th	nis return with the preparer shown above? (see instructions)			X Yes	No
83	200	1 12-	8-08 LHA	For Privacy Act and Paperwork Reduction Act Notice, see the separa	te instructions.		Form 99 0	0 (2008)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Par	t IV Checklist of Required Schedules			
			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	
	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
-	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	_5		X
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			
-	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
-	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	_X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Х	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
		14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schedule F, Part II	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16	_X_	ļ
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	ļ
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	ļ	X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	ļ	Х
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.			,.
	If "No", go to question 25	24a	<u> </u>	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	_	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	_		
	any tax-exempt bonds?	24c		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	-
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a		1	,,
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			U
	prior year? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified		1	v
_	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	├	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			X
	contributor, or to a person related to such an individual? If "Yes." complete Schedule L. Part III	27	1	A

Form **990** (2008)

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

		(Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			į
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			į
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c	_ X	
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	ĺ		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35	Х	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			

Form **990** (2008)

Form	990 (2008) UBUNTU EDUCATION FUND, INC 31-1705	917	P	age 5
Par	Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			,
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		X
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 11			
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 e-file this return. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
ь	If "Yes," enter the name of the foreign country: ►			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
	Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	-	X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			!
	Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		X
ь	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).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	X	<u></u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282? .	7c	X	
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have			
_	excess business holdings at any time during the year?	8		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter: N/A			
a	Initiation fees and capital contributions included on Part VIII, line 12	-		
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: N/A			
a	Gross income from members or shareholders 11a	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1	l	

Form **990** (2008)

12a

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

amounts due or received from them.)

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			,
	processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 1a 16			
ь	Enter the number of voting members that are independent 0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		1	
	of officers, directors or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	X	
ь	Each committee with authority to act on behalf of the governing body?	8b	Х	
9a	Does the organization have local chapters, branches, or affiliates?	9a	X	
ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	9b	Х	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Х	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		X
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
а	The organization's CEO, Executive Director, or top management official?	15a	Х	
b	Other officers or key employees of the organization?	15b	Х	
			1	
	Describe the process in Schedule O. (see instructions)			
	Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a		Х
16a	·			X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			Х
16a b	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	16a		Х
16a b	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16a	, co	
16a b Sec	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16a 16b	, CO	
16a b Sec 17	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Stion C. Disclosure List the states with which a copy of this Form 990 is required to be filed MD, PA, FL, ME, AZ, CT, IL, NJ, NY	16a 16b	, CO	
16a b Sec 17	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Etion C. Disclosure List the states with which a copy of this Form 990 is required to be filed MD, PA, FL, ME, AZ, CT, IL, NJ, NY Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	16a 16b	, co	
16a b Sec 17	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Etion C. Disclosure List the states with which a copy of this Form 990 is required to be filed MD, PA, FL, ME, AZ, CT, IL, NJ, NY. Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available public inspection. Indicate how you make these available. Check all that apply. X. Own website Another's website X. Upon request	16a 16b , CA		
16a b Sec 17 18	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Etion C. Disclosure List the states with which a copy of this Form 990 is required to be filed MD, PA, FL, ME, AZ, CT, IL, NJ, NY Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available public inspection. Indicate how you make these available. Check all that apply.	16a 16b , CA		
16a b Sec 17 18	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? It the states with which a copy of this Form 990 is required to be filed MD, PA, FL, ME, AZ, CT, IL, NJ, NY Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available public inspection. Indicate how you make these available. Check all that apply. X Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a statements available to the public.	16b , CA	ancial	
16a b Sec 17 18	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Extion C. Disclosure List the states with which a copy of this Form 990 is required to be filed MD, PA, FL, ME, AZ, CT, IL, NJ, NY. Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available public inspection. Indicate how you make these available. Check all that apply. X. Own website Another's website X. Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, as	16b , CA	ancial	

832006 12-18-08

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			(C				(D) Reportable	(E) Reportable compensation	(F)
Name and Title	Average hours	(c		Posi all t			ly)			Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated emptoyee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
JACOB LIEF			Į							
PRESIDENT & FOUNDER	40.00	X	<u> </u>	Х		X	<u> </u>	104,000.	0.	0
MALIZOLE BANKS GWAXULA				'					_	
PRESIDENT & FOUNDER	40.00	X	ļ	X	<u> </u>	<u> </u>		0.	0.	0
DANIEL OSORIO						İ				_
CHAIRMAN	5.00	X	<u> </u>	X		<u> </u>		0.	0.	0
DR. VELILE NOTSHULWANA		l								
DIRECTOR	5.00	X	<u> </u>	X	ļ	ļ		0.	0.	0
DAVID LAMOND								_	_	_
DIRECTOR	5.00	X	<u> </u>	X				0.	0.	0
STUART LITWIN					ļ			•		
SECRETARY	5.00	X		X				0.	0.	0
TOM JAFFE	Ì									
DIRECTOR	5.00	X		Х				0.	0.	0
DR. FRANK LIPMAN										
DIRECTOR	5.00	X		X	<u> </u>			0.	0.	0
MERAFE MOLOTO		l								
DIRECTOR	5.00	Х		X				0.	0.	0
SARAH COURT					1					
DIRECTOR	5.00	X		X				0.	0.	0
THERESA MOORE							i			i
BOARD MEMBER	5.00	X		X				0.	0.	0
ANDREW ROLFE										
BOARD MEMBER	5.00	X		X				0.	0.	0
LUNGI NJEZA										
BOARD MEMBER	5.00	X		X	<u> </u>			0.	0.	0
WEZA MOSS										
BOARD MEMBER	5.00	X		X	<u> </u>			0.	0.	0
PHILIP VASSILIOU										
BOARD MEMBER	5.00	X		X	L		L	0.	0.	0
RUSH MCCLOY										
FINANCIAL CHAIRPERSON	5.00	X		X				0.	0.	0

Form 990 (2008)

(A) Name and title	(B) Average		ı	osi ^o				(D) Reportable	(E) Reportable	(F) ble Estimated			ed
	hours per week	· director	ec estatutoral trustæe	all t		Highest compensated O		compensation from the organization (W-2/1099-MISC)	compensation from related organization (W-2/1099-MIS	on a d ns con SC) f org		amount of other compensation from the organization and related organization	
				J	_	1.0							
								-		-			
		_											
								104 000				····	
Total Total number of individuals (included compensation from the organization)		celv	ed n	nore	tha	<u>►</u> ın \$1	00,0	104,000.	L	0.	ļ	Yes	0 . No
3 Did the organization list any forme line 1a? If "Yes," complete Schedt	ule J for such individua	1									3	163	Х
 For any individual listed on line 1a and related organizations greater Did any person listed on line 1a re 	than \$150,000? <i>If</i> "Yes ceive or accrue compe	," co ensat	mpl tion t	ete S	Sch	edul	e J 1	for such individual	-		4		X
the organization? If "Yes," comple Section B. Independent Contractors	te Schedule J for such	pers	son								5		X
1 Complete this table for your five h the organization. NONE	ighest compensated in	dep	ende	ent c	ont	racte	ors t	that received more than	\$100,000 of con	npens	ation f	rom	
	(A) business address							(B) Description of	services		(C Compe		'n
	 												
f													
2 Total number of independent con-													

832009 02-02-09

12

150

118

268

,528,582.

Business Code

900099

900099

d All other revenue

c Net income or (loss) from sales of inventory

Miscellaneous Revenue

Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e

OTHER INCOME

OTHER INCOME

Total. Add lines 11a-11d

150

<173,643.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.	2 022 400	2 022 400		
	See Part IV, lines 15 and 16	2,023,490.	2,023,490.		······································
4	Benefits paid to or for members				·····
5	Compensation of current officers, directors,	104,000.	49,920.	27,040.	27 040
6	trustees, and key employees Compensation not included above, to disqualified	104,000.	49,920.	27,040.	27,040
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	•			
7	Other salaries and wages	310,746.	149,158.	80,794.	80,794.
8	Pension plan contributions (include section 401(k)			337.732	<u> </u>
-	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	43,762.	21,006.	11,378.	11,378.
11	Fees for services (non-employees):				
а	Management				
b	Legal .				
С	Accounting	23,806.	8,280.	13,916.	1,610.
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Other	·	· · ·		
12	Advertising and promotion .	14,237.	10,251.	1,993.	1,993.
13	Office expenses	14,237.	10,231.	1,773.	1,993
14 15	Information technology Royalties				
16	Occupancy	36,850.	26,532.	5,159.	5.159
17	Travel	41,481.	19,911.	10,785.	5,159. 10,785.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	12,107.	8,717.	1,695.	1,695
23	Insurance				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
а	expenses shown on line 25 below) INDIRECT SPECIAL EVENT	193,710.			193,710.
b	DEVELOPMENT & MARKETING	47,793.	34,411.	6,691.	6,691
c	CONSULTING	22,248.	7,738.	13,005.	1,505
d	PAYROLL SERVICE FEE/BAN	20,289.	3,688.	14,603.	1,998
e	COMPUTER EXPENSE	17,614.	12,682.	2,466.	2,466
f	All other expenses	37,619.	26,911.	5,354.	5,354
25	Total functional expenses. Add lines 1 through 24f	2,949,752.	2,402,695.	194,879.	352,178
26	Joint Costs. Check here ▶ ☐ If following				
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
83201	0 12-18-08				Form 990 (2008)

					(A) Beginning of year		(B) End of		
	1	Cash - non-interest-bearing				1			
	2	Savings and temporary cash investments		-	96,285.	2	23	7,3	<u>52.</u>
1	3	Pledges and grants receivable, net		-	826,687.	3	51	1,9	76.
	4	Accounts receivable, net		-		4	_		
	5	Receivables from current and former officers, d		·					
	_	employees, or other related parties. Complete F		<u> </u>		5			
	6	Receivables from other disqualified persons (as		E .					
		4958(f)(1)) and persons described in section 49	58(c)(3)	3). Complete					
	7	Part II of Schedule L				6	_ .		
Assets	7 8	Notes and loans receivable, net Inventories for sale or use		-		8			
As	9	Prepaid expenses and deferred charges			22,403.	9		8,8	88
	10a		10a	65,507.	22,703.	9		0,0	00.
		Less: accumulated depreciation. Complete	108	03/3071					
	J	Part VI of Schedule D	10Ь	42,945.	24,668.	10c	2	2,5	62.
	11	Investments - publicly traded securities	100	22,5200	21,0001	11		2,3	<u> </u>
	12	Investments - other securities. See Part IV, line	11		·	12			
	13	Investments - program-related. See Part IV, line				13			
	14	Intangible assets				14			
	15	Other assets. See Part IV, line 11			56,294.	15	1	4,5	00.
	16	Total assets. Add lines 1 through 15 (must equ	ual line 3)	1,026,337.	16		5,2	
	17	Accounts payable and accrued expenses			10,307.	17		5,5	
ļ	18	Grants payable				18			
	19	Deferred revenue				19			
	20	Tax-exempt bond liabilities		20					
တ္ထ	21	Escrow account liability. Complete Part IV of So		21					
	22	Payables to current and former officers, director							
Liabilities		highest compensated employees, and disqualif	ied pers	ons. Complete Part II					
_		of Schedule L				22			
	23	Secured mortgages and notes payable to unrel	ated thi	d parties		23			
	24	Unsecured notes and loans payable		-		24			
	25	Other liabilities. Complete Part X of Schedule D		-	7,180.	25		1,9	
	26	Total liabilities. Add lines 17 through 25		[32]	<u>17,487.</u>	26		7,5	07.
		Organizations that follow SFAS 117, check h	ere 🟲	A and complete					
Ses		lines 27 through 29, and lines 33 and 34.			247 270		27	7 2	4.4
Net Assets or Fund Balances	27	Unrestricted net assets		-	247,370. 761,480.			$\frac{7,2}{0.5}$	
Ва	28	Temporarily restricted net assets		-	701,400.	28	41	0,5	21
Pun	29	Permanently restricted net assets Organizations that do not follow SFAS 117, or	haalı b	re 🕨 🔲 and		29			
Ē.		complete lines 30 through 34.	meck II	ie 🕨 🔛 and					
ts o	30	Capital stock or trust principal, or current funds	•	Ĭ		30			
SSe	31	Paid-in or capital surplus, or land, building, or e		fund		31			
¥	32	Retained earnings, endowment, accumulated in		7		32			
ž	33	Total net assets or fund balances	1001110,		1,008,850.		78	7,7	71
	34	Total liabilities and net assets/fund balances		<u> </u>	1,026,337.			5,2	
Pai	t XI		3					Yes	No
	Acco	ounting method used to prepare the Form 990:	□ ca	h X Accrual	Other			165	140
1		the organization's financial statements compile					2a	1	Х
1 2a	Were						2b	Х	
2a		the organization's financial statements audited		,			L-4		1
2a b	Were	e the organization's financial statements audited es" to lines 2a or 2b, does the organization have		tee that assumes respon	isibility for oversight of the	e audit	ı		
2a b	Were	es" to lines 2a or 2b, does the organization have	a comm		-	e audit,	20	х	
2a b c	Were	es" to lines 2a or 2b, does the organization have w, or compilation of its financial statements and	a comm selectio	of an independent accou	untant?		2c	х	
2a b c	Were If "Ye revie As a	es" to lines 2a or 2b, does the organization have	a comm selectio	of an independent accou	untant?		2c 3a	х	х

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Inspection

OMB No 1545-0047

Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

lame of t	he organizati	on						E	mployer id	lentificatio	n num	ber
		UBUNTU	EDUCATION FU	ND, I	NC				31	-17059	17	
Part I	Reason	for Public Char	ity Status (All organiz	ations mus	st complet	e this part	.) (see inst	tructions)				
Part 1 The organ 1	Ization is not a A church, cor A school desc A hospital or A medical res city, and state An organizate section 170(A federal, sta An organizate section 170(A community An organizate activities relate income and u See section sec	private foundation invention of churches cribed in section 17 a cooperative hospital accoperative hospital accoperation of the invention of t	because it is: (Please ches, or association of churce (O(b)(1)(A)(ii). (Attach Scital service organization of operated in conjunction of the Part II.) enter Part III.) perated exclusively to temperated exclusively to temperated exclusively for the part in section organization and complete the organization and complete the organization is not than one or more publicly then determination from the part in the organization from the public of the organization is not than one or more publicly then determination from the part in the organization from the part in the organization is not than one or more publicly then determination from the part in the part in the organization is not than one or more publicly then determination from the part in the part i	eck only or controlled by supporte the IRS that any gift or controlled any gift or controll	st completed in the organization of the organi	ation.) ction 170(b)(1)(libed in secondary related by n 170(b)(1) governme rom contril 2) no more sinesses a see section rim the fur on 509(a)(2 11h. tionally int r indirectly ations desc pe I, Type	A)(iii). (Attetion 170) a governr)(A)(v). ntal unit of than 33 1 acquired b n 509(a)(4 nctions of, a). See sec	tach Sche (b)(1)(A)(i mental un from the membersh /3% of its y the orga or to carr etion 509 from the etion 509 etion 509 etion 509	edule H) ii). Enter the described ageneral purification afformation afformation afformation and ageneration and ageneration and ageneration afformation and ageneration afformation and ageneration and ageneration and ageneration ageneration and ageneration ageneration and ageneration agenerati	e hospital's d in ublic describ d gross rece om gross in ter June 30 urposes of sk the box ti Type III - Ot ersons othe ection 509(a	name, bed in elpts from the core or than a)(2).	om nent
h	Provide the fo	ollowing information	about the organizations	the organ	zation sur	ports.						
(i) Name	of supported	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	(iv) Is the o	rganization sted in your document?	(v) Did you organizati	ion in col	(vi) I organizati (i) organi U S Yes	on in col zed in the	(vii) Amo supp		
			(see instructions))	res	NO	res	NO	res	NO			
F-4-1												
Total				<u> </u>	<u> </u>				<u> </u>			
.HA For F	Privacy Act an	d Paperwork Redu	ction Act Notice, see t	he Instruc	tions for f	Form 990.		Schedu	le A (Form	990 or 990)-EZ) 2	2008

Schedule A (Form 990 or 990-EZ) 2008 UBUNTU EDUCATION FUND, INC 31-1705917 Page 2 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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 994,516. 1387982. 2166376. 2216169. 2813868. 9578911. include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 994,516. 1387982. 2166376. 2216169. 2813868. 4 Total. Add lines 1 - 3 9578911. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 2874550. 6704361. 6 Public Support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006(d) 2007 (e) 2008 (f) Total 994,516. 1387982 2166376. 2216169. 2813868. 9578911. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 4,393. 2,605. 12,165. 838. 20,001. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital 4,691 150 4,841. assets (Explain in Part IV.) 9603753. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 1,378,920. 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 69.81 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 75.73 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization $\triangleright X$ b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Schedule A (Form 990 or 990-EZ) 2008

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

	etion A. Public Support	(5) 2004	(F) 2005	(6) 0000	(4,0007	(=) 0000	(A T-2 1
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	, <u> </u>			-			<u> </u>
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in		1				1
	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		-				1
			 	 -			
4	Tax revenues levied for the organ-					į	
	ization's benefit and either paid to					-	
	or expended on its behalf	-			 		
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	ļ 					
-	Total. Add lines 1 - 5	ļ 		<u> </u>			-
7 a	Amounts included on lines 1, 2, and		1				
	3 received from disqualified persons			-			
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of 1% of the total of lines 9,						
	10c, 11, and 12 for the year or \$5,000				ļ		
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)		<u>.</u>	<u> </u>	<u> </u>	<u>.l</u>	<u> </u>
	ction B. Total Support	Τ.		1	T		7~~~
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6			ļ			
10a	Gross income from interest, dividends, payments received on	1					
	securities loans, rents, royalties						
	and income from similar sources			ļ <u>-</u>	ļ		
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included 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 IV.)						
13	Total support (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	r the organization	's first, second, th	rd, fourth, or fifth t	tax year as a sect	ion 501(c)(3) organ	ization,
	check this box and stop here						▶
Sec	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2008 (line 8, column (f) o	divided by line 13,	column (f))		15	
16	Public support percentage from 2007			,		16	· · · · · · · · · · · · · · · · · · ·
<u>Se</u>	ction D. Computation of Inve	stment Incom	ne Percentage	<u> </u>			
17	Investment income percentage for 20	308 (line 10c, colu	mn (f) divided by I	ine 13, column (f))		17	
18	investment income percentage from	2007 Schedule A.	, Part IV-A, line 27h	า		18	
19a	33 1/3% support tests - 2008. If the	organization did	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	and stop here. The	e organization qua	difies as a publicly	supported organ	ızatıon	▶ _
t	33 1/3% support tests - 2007. If the	organization did	not check a box o	n line 14 or line 19	a, and line 16 is r	more than 33 1/3%	, and
	line 18 is not more than 33 1/3%, che	eck this box and s	top here. The org	anızatıon qualıfies	as a publicly sup	ported organization	n ▶ 🗀
20	Private foundation. If the organization	on did not check a	box on line 14, 19	9a, or 19b, check t	this box and see i	nstructions	▶□
	- gameone					chedule A (Form 9	90 or 990-EZ) 2

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that

OMB No 1545-0047 Open to Public Inspection

Name of the organization

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number 31-1705917

	UBUNTU EDUCATION F	UND, INC		31-170591	7
Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Acc	counts. Complete if the	
	organization answered "Yes" to Form 990, Part IV, lin			·	
		(a) Donor advised funds	(b) l	Funds and other accounts	s
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate 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 advis	ed 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 a	advisors in writing that grant funds may be	used onl	ly	
_	for charitable purposes and not for the benefit of the donor	or donor advisor or other impermissible pri	vate bene	efit? Tyes	No
Par	til Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, P	art IV, line	e 7.	
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	· <u>-</u>		
	Preservation of land for public use (e.g., recreation or	oleasure) Preservation of an his	torically ii	mportant land area	
	Protection of natural habitat	Preservation of certific	ed histori	c structure	
	Preservation of open space				
2	Complete lines 2a-2d if the organization held a qualified con-	servation contribution in the form of a cons	servation	easement on the last day	,
	of the tax year.				
				Held at the End of the	he Year
а	Total number of conservation easements		2	2a	
b	Total acreage restricted by conservation easements		2	2b	
С	Number of conservation easements on a certified historic st	ructure included in (a)	2	2c	
d	Number of conservation easements included in (c) acquired	after 8/17/06	_2	2d	
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organiza	ation during the taxable	
	year ▶				
4	Number of states where property subject to conservation ea	sement is located -			
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, violations, a	nd		
	enforcement of the conservation easements it holds?			└── Yes	No
6	Staff or volunteer hours devoted to monitoring, inspecting, a				
7	Amount of expenses incurred in monitoring, inspecting, and				
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170	(h)(4)(B)(ı)		 -,
_	and section 170(h)(4)(B)(ii)?			L Yes	No
9	In Part XIV, describe how the organization reports conservation	•		•	id
	include, if applicable, the text of the footnote to the organiza	ition's financial statements that describes	the organ	ilzation's accounting for	
Day	conservation easements. ↑ III Organizations Maintaining Collections of	of Art. Historical Transuras, or O	than Ci	milas Assats	
Fai	Complete if the organization answered "Yes" to Form	-	riner Sil	milar Assets.	
	Complete if the organization answered Tes to Form	1 930, 1 art IV, line 0.			
15	If the organization elected, as permitted under SFAS 116, no	at to report in its revenue statement and b	olongo ob	and works of ort histories	.l
10	treasures, or other similar assets held for public exhibition, e				
	the footnote to its financial statements that describes these		DIIC SEI VIC	se, provide, in Fait XIV, til	ie text oi
h	If the organization elected, as permitted under SFAS 116, to		nce sheet	works of art, historical tre	201100
_	or other similar assets held for public exhibition, education,				
	these items:	or research in further allow of public service	e, provide	the following amounts re	ating to
	(i) Revenues included in Form 990, Part VIII, line 1		I	▶ \$	
	(ii) Assets included in Form 990, Part X		ļ	► \$ ► \$	
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	al gain pr	ovide	
_	the following amounts required to be reported under SFAS		ganı, pı	J1,35	
а	Revenues included in Form 990, Part VIII, line 1	The state of the s	1	▶ \$	
b	Assets included in Form 990, Part X		· [► \$ ► \$	
			•	* 	
LΗA	For Privacy Act and Panerwork Reduction Act Notice se	e the Instructions for Form 000		Sahadula D /Farm 00	2009

Schedule D (Form 990) 2008

under FIN 48 832053 12-23-08

Sche	dule D (Form 990) 2008 UBUNTU EDUCATION FUND, INC			705917	Page 4
Pai	TXI Reconciliation of Change in Net Assets from Form 990 to Financial State	ements	s		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		2,528,	582.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		2,949,	752.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		<421,	170.
4	Net unrealized gains (losses) on investments	4			
5	Donated services and use of facilities	5		286	,292.
6	Investment expenses	6			
7	Prior period adjustments	7			
8	Other (Describe in Part XIV)	8		<86,	,201.
9	Total adjustments (net). Add lines 4-8	9			091.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10			079.
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Rever	nue pe	r Return	-	
1	Total revenue, gains, and other support per audited financial statements		1	2,814,	874.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments 2a				
ь		6,29	2.		
С	Recoveries of prior year grants 2c	•			
d	Other (Describe in Part XIV)				
e	Add lines 2a through 2d		2e	286	,292.
3	Subtract line 2e from line 1		3	2,528	
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				
ь	Other (Describe in Part XIV)				
	Add lines 4a and 4b		4c		0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)		5	2,528	
,	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expe	nses r			,502.
1	Total expenses and losses per audited financial statements	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4	3,035	953
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			3,033	,,,,,,
a		6,20	1		
	Prior year adjustments 2b	70720			
b	Losses reported on Form 990, Part IX, line 25		\dashv \parallel		
C					
d	Other (Describe in Part XIV)		\dashv	96	,201.
e			2e	2,949	
3	Subtract line 2e from line 1		3	2,747	, /32.
4	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				
D	Other (Describe in Part XIV)		1		^
c	Add lines 4a and 4b		4c	2 040	$\frac{0.}{752}$
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)		5	2,949	, 132.
	rt XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, line	es 1b and 2	b; Part V, line	4; Part
X; Pa	art XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.				
ו א כד	OM VI IINE O OMILED ANTHOMORAMO.				
PAI	RT XI, LINE 8 - OTHER ADJUSTMENTS:				
מסת	NAMED LEGAL EVDENCES ON ETHANGTAL NOW ON DEMILEN				
DOI	NATED LEGAL EXPENSES ON FINANCIAL NOT ON RETURN				
					··
			Sched	ule D (Form 9	990) 2008

Schedule F (Form 990)

Statement of Activities Outside the United States

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

OMB No 1545-0047
2000
2008
Open to Public
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Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

UBUNTU EDUCATI	ON FUND,	INC		31-17059	17
Part I General Inf	ormation on A	ctivities Ou	tside the United States. Comple	te if the organization answered	'Yes'
to Form 990, P	art IV, line 14b.				
1 For grantmakers. Do	es the organization	n maintain recor	ds to substantiate the amount of the gra		
grantees' eligibility for	the grants or assi	stance, and the	selection criteria used to award the gran	nts or assistance?	Yes No
2 For grantmakers. De	scribe in Part IV th	e organization's	procedures for monitoring the use of gr	rant funds outside the United St	ates.
3 Activities per Region.	(Use Schedule F-1	(Form 990) if ac	dditional space is needed.)		-
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region	(e) If activity listed in (d)	(f) Total
	offices in the region	employees or	(by type) (i.e., fundraising, program services, grants to	is a program service,	expenditures
	In the region	agents in region	recipients located in the region)	describe specific type of service(s) in region	in region
		109.511	, , , , , , , , , , , , , , , , , , , ,		
			FUNDRAISING, PROGRAM		
		1	SERVICES INCLUDING: HIV		
UBUNTU EDUCATION			PREVENTION, CLINICAL		
FUND SOUTH AFRICA	1	0	SERVICES, CARE &	 .	2,402,695.
			}		
		;			
					
		1	1		
		1			
	-				
<u></u>				1	-
			1		
	1				
Totals	▶ :	L		***************************************	2,402,695.
LHA For Privacy Act and	Paperwork Reduc	ction Act Notice	e, see the Instructions for Form 990.	Schedule F	(Form 990) 2008

×

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Schedule F (Form 990) 2008

INC

UBUNTU EDUCATION FUND,

Use Schedule F-1 (Form 990) 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
					PAYMENTS FOR			
			FOR CAPITAL CAMPAIN AND OTHER PROGRAM		TRAINING EDUCATION, MEDI			
		SOUTH AFRICA	SERVICES	2023490.	2023490.CARE,ETC	0	0.NONE	cosr.
			FOR FUNDRAISING					
			EVENTS TO BENEFIT TO					
			CHILDREN OF SOUTH					•
		UNITED KINGDOM	AFRICA, INFECTED AND	0.		0.		
2 Enter total number of	organizations that are	e recognized as charities	Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a	which the grante	e or counsel has pro	vided a		

SEE PART IV FOR COLUMN (D) DESCRIPTIONS

Enter total number of other organizations or entitles

က

section 501(c)(3) equivalency letter

Schedule F (Form 990) 2008

INC

Page 3

31-1705917

UBUNTU EDUCATION FUND,

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16 Schedule F (Form 990) 2008

Use Schedule F-1 (Form 990) if additional space is needed

(h) Method of valuation (book, FMV, appraisal, other)	LSOST					Schedule F (Form 990) 2008
(g) Description of non-cash assistance	0 NONE					Schedul
(f) Amount of non-cash assistance	0				-11	
(e) Manner of cash disbursement	PAYMENTS FOR PROGRAM SERVICES					
(d) Amount of cash grant	PAYMENTS 2023490 SERVICES					
(c) Number of recipients	47 691					
(b) Region	SOUTH AFRICA					
(a) Type of grant or assistance (b) Region rec	EDUCATION/ TRAINING/ HEALTHCARE/ COUNSELING ETC FOR CHILDREN OF SOUTH AFRICA INFECTED OR AFFECTED BY					

SEE PART IV FOR COLUMN (A) DESCRIPTIONS 25

832073 12-18-08

Schedule F (Form 990) 2008 UBUNTU EDUCATION FUND, INC	31-1705917 Page 4
Part IV Supplemental Information	
Complete this part to provide the information required by Part I, line 2, and any other additional information	on.
PART II, COLUMN (D):	
(D) PURPOSE OF GRANT: FOR FUNDRAISING EVENTS TO BENEFIT TO	CHILDREN OF
SOUTH AFRICA, INFECTED AND AFFECTED BY HIV/AIDS	
Booth Mikieny Iki Bellb Mik Milbelb Bi Miv/Mibo	
PART III, COLUMN (A):	
(A) TYPE OF GRANT OR ASSISTANCE: EDUCATION/ TRAINING/ HEAL	IHCARE/
COUNSELING ETC FOR CHILDREN OF SOUTH AFRICA INFECTED OR AF	FECTED BY
HIV/AIDS	
MOBILE HIV TESTING, ENROLLING IN CLIENT SERVICE PACKAGE PRO	JGRAM: FULL-DAY
EVENTS THAT ASSIST COMMUNITY MEMBERS TO REGISTER FOR GOVERN	MENT
GRANTS, TEST FOR HIV, LEARN MORE ABOUT NUTRITION AND HYGIENE	TRAINING FOR
FOOD GARDENING SKILLS, SCHOOL FEEDING PROGRAM	
	
	-
	-

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a

OMB No 1545-0047

Open To Public Inspection

Name of the organization	EDIICAMTON EIND IN	ıc.			1 ' '	ntification number
	EDUCATION FUND, IN Complete if the organization answer		'es" to	Form 990 Part IV i	31-1705	917
·······················						
 Indicate whether the organization rais a Mail solicitations b Email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or 	e Solicitat f Solicitat g X Special pr oral agreement with any individual	tion of tion of fundra	non-g gover using o	overnment grants nment grants events fficers, directors, trus	stees or	- File
key employees listed in Form 990, P. b If "Yes," list the ten highest paid indi compensated at least \$5,000 by the	ividuals or entities (fundraisers) purs	uant to	agre	ements under which	the fundraiser is to	
(i) Name of Individual or entity (fundraiser)	(ii) Activity	(iii) fund have co or cor contrib	aiser	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
					<u> </u>	
					-	
		 	<u> </u>			
					<u>-</u>	
		ļ			-	
Total	<u> </u>					
3 List all states in which the organization	in is registered or licensed to solicit	funds	or has	been notified it is ex	kempt from registrat	ion or licensing.
					·	
HA For Privacy Act and Paperwork Re	duction Act Notice, see the Instru	etions	for F	form 990.	Schedule G (Form !	990 or 990-EZ) 2008

	on Form 990-EZ, line 6a. List events with			(a) Other Free to			
		(a) Event #1	(b) Event #2	(c) Other Events	(d) To	tal Even	ts
		GALAS/SILENT		NONE	(Add col		
ļ		AUCTIONS/LI			t	ol. (c))	
		(event type)	(event type)	(total number)			
	1 Gross receipts	916,990.			9	16,9	90
	2 Less: Charitable contributions	916,990.			9	16,9	90
	3 Gross revenue (line 1 minus line 2)						
	4 Cash prizes					_	
	5 Non-cash prizes						
	6 Rent/facility costs				-		<u>_</u>
	7 Other direct expenses	174,749.			1	74,7	49
	8 Direct expense summary. Add lines 4 through	gh 7 in column (d)		•	(1	74,7	49
	9 Net income summary. Combine lines 3 and	8 in column (d)		_	<1	74,7	49
a	rt III Gaming. Complete if the organization	answered "Yes" to Form	990, Part IV, line 19, or i	reported more than		14,1	1)
	\$15,000 on Form 990-EZ, line 6a.			·			
ì		(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total		
			bingo/progressive bingo	·	col. (a) th	rougn c	DI (C)
+	1 Gross revenue						
	2 Cash prizes						
	3 Non-cash prizes						
	4 Rent/facility costs						
	5 Other direct expenses						
1	<u> </u>	Yes %	Yes %	☐ Yes %			
l	6 Volunteer labor	No	No No	□ No			
	7 Direct expense summary. Add lines 2 through	gh 5 in column (d)		•	(
- 1	8 Net gaming income summary. Combine line	s 1 and 7 in column (d)		•			
						Yes	No
	Test garning income summary. Combine line						
•	Enter the state(s) in which the organization open	rates gaming activities:	·				
	Enter the state(s) in which the organization open is the organization licensed to operate gaming a	_	states?		9:	a	ļ
а	Enter the state(s) in which the organization oper	_	states?		9:	3	
а	Enter the state(s) in which the organization open is the organization licensed to operate gaming a	_	states?		9:	a	
a b	Enter the state(s) in which the organization open is the organization licensed to operate gaming a	activities in each of these :		year?	9.		
a b	Enter the state(s) in which the organization oper is the organization licensed to operate gaming a lf "No," Explain:	activities in each of these :		year?			
a b a b	Enter the state(s) in which the organization oper is the organization licensed to operate gaming a if "No," Explain: Were any of the organization's gaming licenses if "Yes," Explain:	revoked, suspended or te		year?	10	a	
a b Da	Enter the state(s) in which the organization oper is the organization licensed to operate gaming a if "No," Explain: Were any of the organization's gaming licenses	revoked, suspended or te	rminated during the tax			a	

Schedule G (Form 990 or 990-EZ) 2008 UBUNTU EDUCATION FUND, INC 31-170	591	7 _{Pa}	ige 3
		Yes	No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility 13a %			
b An outside facility 13b %			
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:			
Name ▶			
Address ▶			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		,
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount			
of gaming revenue retained by the third party > \$:
c If "Yes," enter name and address:			
Name ▶			
Address ▶			
16 Gaming manager information:			
Name ▶			
Gaming manager compensation ▶ \$			
Description of services provided ▶			
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	1 1		ĺ
retain the state gaming license?	17a	:	İ
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the			
organization's own exempt activities during the tay year			Ĺ

Schedule G (Form 990 or 990-EZ) 2008

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ.

► To be completed by organizations that answered

OMB No 1545-0047

Open To Public

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, lines 38a or 40b.

Inspection

	JNTU ED	UCA	TIO	N FU	ND, I	NC_						r identifi 70591		number
Part I Excess Benefit														
To be completed by	organization	s that a	answe	ered "Ye	s" on Form	<u>1990,</u>	Part IV,	line 25a or 2	25b, or l	orm 99	0-EZ, Pa	rt V, line		
(a) Name of dis	qualified pers	son					(b) [Description (of transa	action			(c) Cori	1
		•			1				-				Yes	No
					 									
2 Enter the amount of tax imposection 49583 Enter the amount of tax, if an				_	·		•	s during the	year ur	oder	▶ \$ ▶ \$	i		
Part II Loans to and/o	r From Int	erest	ted F	Person	s.									
To be completed by	organization	s that a	answe	ered "Ye	s" on Form	n 990,	Part IV,	line 26, or F	orm 990)-EZ, Pa	ırt V, line	38a.		
(a) Name of interested person and purpose	(b) Loan the orga				ınal princij imount	pal	(d) Bala	ance due) In ault?	by bo	proved pard or nittee?		/ritten ment?
	То	Fro	m						Yes	No	Yes	No	Yes	No
						_			<u> </u>			-		ļ
						+			ļ	1				-
	1													
				<u> </u>										
Total Part III Grants or Assis	tanca Rai	nofitir	na In	torost		s one			<u></u>		<u> </u>		L	
To be completed by			_				Part IV	line 27						
(a) Name of interested					tionship be	etweer		sted person	and			ount of gr		/pe
		1						-		_				
													• •	
·														
														
	· <u></u> -								-					-
Part IV Business Trans	sactions Ir	ıvolvi	ng lı	nteres	ted Pers	sons.				<u> </u>				
To be completed by	organization	s that a	answe	ered "Ye	s' on Forn	<u>n 990,</u>	Part IV,	lines 28a, 2	28b, or 2	8c				
(a) Name of interested	person				hip betweend the org			(c) Amo		(d)	Descrip transac		organi	aring of zation's nues?
UDUNIMU EDUGAMION	THIND		7. 3.7	ADDT	T T 2 00 17	O.E.	TIDII				77077		Yes	No
<u>UBUNTU EDUCATION</u> FRIENDS OF UBUNTU					LIATE LIATE							IFICA AISIN		X
INITIADO OF ODOMIC	LDOCE			*** 1 1		<u> </u>	000			, •μ· Ο1	אַן עוי.	77.011/		^
<u></u>														T
													ļ .	 _

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

NonCash Contributions

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No 1545-0047

Inspection

Employer identification number

Schedule M (Form 990) 2008

Name of the organization

	UBUNTU EDUCA	TION F	UND, IN	C		31-1	705	917	
Par	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1	g	(d) Method of dete revenue		g	
1	Art - Works of art	Х	4	24,800	.FMV	PROVIDED	BY	DON	OR
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		1	-					
9	Securities - Publicly traded	X	1	26,814	.FMV				
10	Securities - Closely held stock		_						
11	Securities - Partnership, LLC, or		<u> </u>						
••	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution								
	(historic structures)								
14	Qualified conservation contribution (other)	<u> </u>			-				
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other					•			
18	Collectibles	X	3	9.900) FMV	PROVIDED	RV	DOM	OR
	Food Inventory			3,700	, • L 11 V	TROVIDED	<u> </u>	DON	<u> </u>
19	•		-						
20 21	Drugs and medical supplies								
	Taxidermy Historical artifacts		<u> </u>			·			
22			1		-				
23	Scientific specimens				-				
24	Archeological artifacts Other ▶ (GOODS & SERVI)	X	65	155 201	EM77	PROVIDED	DV	DOM	OΒ
25		X	1			PROVIDED			
26			-	10,000) - F PIV	PROVIDED	DI	DOM	<u>UK</u>
27	Other ()		1		_				
28	Other (1		+				
29	Number of Forms 8283 received by the organi		-						
	for which the organization completed Form 82	283, Part IV,	Donee Acknow	wledgment 2	9			T.,	
	5						F	Yes	No
30a	During the year, did the organization receive b	-		• •					
	at least three years from the date of the initial	contribution	i, and which is	not required to be used to	or exempt	purposes for			,,
	the entire holding period?						30a	1	X
	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance	•	-	•		ons?	31	-	X
32a	Does the organization hire or use third parties	or related o	rganizations to	solicit, process, or sell no	oncash				l
	contributions?						32a	ļ	X
b	If "Yes," describe in Part II.								
33	If the organization did not report revenues in o	column (c) fo	or a type of pro	perty for which column (a) is check	ed,		1	

832141 03-11-09

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

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

UBUNTU EDUCATION FUND, INC	31-1705917
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
DEDICATED TO PROVIDING VULNERABLE CHILDREN AND THEIR FAMI	LIES IN SOUTH
AFRICA WITH AN EMPOWERING ENVIRONMENT AND ACCESS TO LIFE	SAVING HIV
SUPPORT SERVICES AND EDUCATIONAL RESOURCES.	
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION M	HISSION:
UBUNTU EDUCATION FUND INC.'S MISSION IS TO ASSIST THE VUI	NERABLE YOUTH
OF PORT ELIZABETH TO ACCESS HIGHER, FURTHER EDUCATION AND	THE WORLD OF
WORK. UBUNTU'S STATEGIES MAKEUP A HOLISTIC APPROACH BASE	D ON BUILDING
A SUSTAINABLE COMMUNITY ORGANIZATION, AND BY DOING SO, CRE	CATED A TRUSTED
INSITIUTION THAT THE COMMUNITY CAN COUNT ON FOR HIGH-QUAL	ITY SERVICES.
THROUGHT COMMUNITY OUTREACH, UBUNTU IDENTIFIES CHILDREN W	HO HAVE BEEN
ABUSED, ARE HIV POSITIVE OR ORPHANED. WE CREATE A HOLISI	TC PATHWAY TO
STABILIZE THEIR HOUSEHOLD WITH SOCIAL, PSYCHOSOCIAL, AND	MEDICAL
INTERVENTIONS, AND THEN PROVIDE ACADEMIC AND SKILLS SUPPO	ORT TO ALLOW
THEM TO ACCESS OPPORTUNITIES.	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHME	ents
THE US OFFICE ADMINISTERS FUNDRAISING ACTIVITIES FOR UBUN	NTU'S GLOBAL
OPERATIONS. NOT REFLECTED IN THE FORM 990 IS MORE THAN \$3	MILLION THAT
WAS DIRECTLY SENT TO THE UK AND SOUTH AFRICAN OFFICES, WE	HICH WAS USED
FOR PROGRAMMING IN THE TOWNSHIP OF PORT ELIZABETH.	
HIV PREVENTION OUTRICH: UBUNTU'S PREVENTION PROGRAMME USES	S MULTIPLE
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 832211 12-18-08	Schedule O (Form 990) 2008

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

UBUNTU EDUCATION FUND, INC 31-1705917 STRATEGIES TO MAKE HIV TESTING ACCESSIBLE, DECREASE STIGMA AND DELIVER RELIABLE INFORMATION TO YOUNG PEOPLE. RELAYING FACTS THROUGH ENTERTAINING ACTIVITIES AND OFFERING ACCESS TO RESOURCES HAVE BOTH PROVEN EFFECTIVE IN REDUCING THE NUMBER OF NEW HIV INFECTIONS WE SEE IN OUR COMMUNITIES EACH YEAR UBUNTU JOINED SOUTH AFRICA'S DEPARTMENT OF HEALTH AND THE INTERNATIONAL CENTRE FOR AIDS CARE AND TREATMENT PROGRAMS IN AN INTENSIVE STRATEGIC PLANNING PROCESS AIMED AT IMPROVING CLINIC CAPACITY IN THE EASTERN CAPE PROVINCE. SINCE WE LAUNCHED OUR PILOT INITIATIVE WITH KWAZAKHELE DAY THIS PRIMARY CARE CLINIC HAS TESTED MORE CLIENTS THAN ANY OTHER FACILITY IN THE REGION. UBUNTU CONTINUES TO PROVIDE COMPREHENSIVE CARE SERVICES AT KWAZAKHELE DAY HOSPITAL AND HAS LAUNCHED SIMILAR SERVICES AT THREE OTHER CLINICS FORM 990, PART VI, SECTION A, LINE 10: DRAFT RETURN IS DELIVERED TO JACOB LIEF FOR DISTRIBUTION AND REVIEW BY MEMBER OF THE BOARD OF DIRECTORS FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST POLICY REVIEWED PERIODICALLY BY BOARD MEMBERS, ALL PARTIES ARE EDUCATED ON SUCH POLICY FOR THE MOST PART DISCLOSURE ALTHOUGH MANDATORY IS VOLUNTARY FORM 990, PART VI, SECTION B, LINE 15: PRESIDENT AND CEO OF THE ORGANIZATION

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 832211 12-18-08

Schedule O (Form 990) 2008

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization UBUNTU EDUCATION FUND, INC	Employer identification number 31–1705917
FORM 990, PART VI, SECTION C, LINE 19: NOT APPLICABLE	,
PAGE 11, PART XI	
DRAFT RETURN DISTRIBUTED TO THE BOARD OF DIRECTORS FOR RE	VIEW
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTE	D PERSONS:
(A) NAME OF PERSON: UBUNTU EDUCATION FUND - SOUTH AFRICA	
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATI	ON:
AN AFFILIATE OF UBUNTU EDUCATION FUND US; UNDER COMMON CO	NTROL
(D) DESCRIPTION OF TRANSACTION: A SIGNIFICANT AMOUNT OF C	RANTS FROM
UBUNTU EDUCATION FUND US ARE DISBURSED THROUGH UBUNTU EDU	CATION FUND IN
SOUTH AFRICA	
(A) NAME OF INTERESTED PERSON:	
FRIENDS OF UBUNTU EDUCATION FUND - UNITED KINGDOM	
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION	ON:
AN AFFILIATE OF UBUNTU EDUCATION FUND US; UNDER COMMON CO	ONTROL
(D) DESCRIPTION OF TRANSACTION: FUND RAISING EVENTS ARE A	ARRANGED WITH
FRIENDS OF UBUNTU EDUCATION FUND UK WHICH ULTIMATELY BENE	FIT THE CHILDREN
IN SOUTH AFRICA, THROUGH UBUNTU EDUCATION FUND SA	
	-
FORM 990 PART VII SECTION A 1A COLLUM C	
EXPLANATION FOR AMENDED RETURN	
ALL OF THE BOARD MEMBERS ARE VOTING MEMBERS. THE TOTAL 1	NUMBER VOTING
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 832211 12-18-08	Schedule O (Form 990) 2008

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization UBUNTU EDUCATION FUND, INC	Employer identification number 31-1705917
MEMBERS WAS CORRECTELY REPORTED ON PAGE 1, LINE 3 AND PAG	
QUESTION 1A AS 16, HOWEVER PAGE 7 PART VII, SECTION A COL	LUM C
INDICATED THAT ONLY 3 OF THE BOARD MEMBERS WERE VOTING ME	MBERS, AS A
RESULT PAGE 7 PART VII, SECTION 1A, COLLUM C HAS BEEN REV	ISED TO
CLASSIFY ALL BOARD MEMBERS HAS HAVING VOTING RIGHTS.	
<u> </u>	
	<u> </u>

Schedule R (Form 990) 2008 Employer identification number 31-1705917OMB No 1545-0047 Open to Public Inspection Direct controlling Direct controlling entity entity Ē End-of-year assets status (if section Public charity ▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. 501(c)(3)) Total income Exempt Code section 9 <u>e</u> Related Organizations and Unrelated Partnerships Legal domicile (state or Legal domicile (state or foreign country) foreign country) UNITED KINGDOM ▶ See separate instructions. SOUTH AFRICA LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. EDUCATION & HEALTHCARE TO EDUCATION & HEALTHCARE TO Primary activity AFFECTED BY HIV/AIDS Primary activity AFFECTED BY HIV/AIDS CHILDREN INFECTED & CHILDREN INFECTED & INC 0 <u>@</u> UBUNTU EDUCATION FUND, Identification of Related Tax-Exempt Organizations Identification of Disregarded Entities FRIENDS OF UBUNTU EDUCATION FUND UK UBUNTU EDUCATION FUND SOUTH AFRICA Name, address, and EIN Name, address, and EIN LONDON, UNITED KINGDOM WIG OPE of related organization of disregarded entity PORT ELIZABETH, SOUTH AFRICA PO BOX 14526, SIDWELL, 6001 Name of the organization 7 CAVENDISH SQUARE Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part Part

Part III Identification of Related Organizations Taxable as a Partnership

(A)	(8)	(C)	(Q)	(E)	(F)	(5)	Œ	8	<u>ર</u>
Name, address, and EIN of related organization	Primary activity	icile	Direct controlling entity	Predominant income (related, investment, unrelated)	Share of total income	Share of end-of-year assets	Disproportionate atle allocations?	Disproportion- ate allocations? Yes No K-1 (Form 1065)	General or managing partner?
									•
									_
									•
					•				
	:								
Part IV Identification of Related Organizations Taxable as a Corporation of Trust	ganizations Taxable as a Co	rporation or	ırust					İ	

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(A)	(9)	0	(Q)	(E)			£
Name, address, and EIN of related organization	Primary activity		Direct controlling entity	Type of entity (C corp, S corp, or trust)	Sha	Share of end-of-year assets	Percentage ownership
	•	·					
832162 12-23-08	37				•	Schedule R (Form 990) 2008	n 990) 2008

Part V Transactions With Related Organizations

				ı
Note. Complete line 1 if any entity is listed in Parts II, III, or IV.			Yes	2
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		×
h Gift grant or capital contribution to other organization(s)		10	×	
	•	10		×
		7		>
d Loans or loan guarantees to or for other organization(s)		<u> </u>	1	:اه
e Loans or loan guarantees by other organization(s)		-1e		×
			+	15
f Sale of assets to other organization(s)		+		< ∶
g Purchase of assets from other organization(s)		19	7	×
h Exchange of assets		4		×
i Lease of facilities, equipment, or other assets to other organization(s)	•	;		×
i Lease of facilities, equipment, or other assets from other organization(s)		1j	7	×
Deformance of contract or manufacture of independent of the contraction (c)		¥	7	×
R Ferontiative of services of membership of fundrating solicitations by other organization(s)		=		×
m Shanno of facilities equipment mailing lists or other assets		£	_	×
	•	5		×
n Sharing of paid employees		=	-	
		÷		×
 Neimbursement paid to other organization for expenses 		2	╁	4
p Reimbursement paid by other organization for expenses		1 _p	< .	
			•	1:
q Other transfer of cash or property to other organization(s)		19	7	×
		11	_	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	nsaction thresholds			- 1
(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved	volved	
(1) UBUNTU EDUCATION FUND- SOUTH AFRICIA	В	2,023,000	3,00(0
FRIENDS OF UBUNTU EDUCATION FUND UK UNPAID ON 6/30/09	д	4	42,000	0
832163 12-23-08	Sche	Schedule R (Form 990) 2008	990) 20	ਲ਼

Part Vf Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(4)	(8)	Q	9	(E)	(9)	(5)	£
			Are all partners	Chara of and of		Code V-1181	
Name, address, and EIN of entity	Frimary activity	(state or foreign	section 501(c)(3)	year assets	tionate	amount in box 20	managing
Comp. 15			Yes No			of Schedule K-1 (Form 1065)	1 * 1
							<u>.</u>
			•				•
							_
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					-		
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							_
					_		

Schedule R (Form 990) 2008

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property) ► See separate instructions. ► Attach to your tax return

► Attach to your tax return.

Business or activity to which this form relates

990

OMB No 1545-0172

Attachment Sequence No 67

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	NINI EDUCAMION EUND	TNO		EOD	м ооо т	NCE 10		31-1705917
	NTU EDUCATION FUND		O Notes Kara		M 990 E		/ h afa	
	Election To Expense Certain Proper	· -			еа ргорепу,	complete Part	1 Defore yo	250,000 .
	aximum amount. See the instructions	•		isinesses			2	230,000.
	otal cost of section 179 property plac						3	800,000.
	nreshold cost of section 179 property						4	800,000.
_	eduction in limitation. Subtract line 3		•				5	
	ollar limitation for tax year Subtract line 4 from line		0- If marned filin		1	(c) Elected		
6	(a) Description of pri	орену		(b) Cost (busine	as use only)	(C) Elected	wsi	
								
					-			
		- U 00				. .		
	sted property. Enter the amount from							
	otal elected cost of section 179 prope	•	in column (c), ilnes 6 and	1		8	
	entative deduction. Enter the smaller			20			9	
	arryover of disallowed deduction from				\		10	
	usiness income limitation. Enter the s	11						
	ection 179 expense deduction. Add li	•				-	12	
	arryover of disallowed deduction to 2 Do not use Part II or Part III below fo				▶ 13	-		
Par	······	· · · · · · · · · · · · · · · · · · ·			de listed proc	antis l		
Fai	t II Special Depreciation Allowa	ince and Other D	epreciation	(Do not includ	ne listed blob	erty.j		
		4 /-4545						
	pecial depreciation for qualified prope		ea property)	placed in ser	vice during ti	ne tax year	14	
	roperty subject to section 168(f)(1) ele	15 16	12,107.					
Par	ther depreciation (including ACRS) † III MACRS Depreciation (Do no	st include listed or	onarty \ (See	Instructions	١		10	12,107.
FCH	t 313 MACAS Depreciation (DO III	ot include listed pr		ction A	<u>/</u>			
47 1	1ACRS deductions for assets placed	la convoc la tov vo			<u> </u>		17	
	·	-	-	-			ا ''' ا	***************************************
10 11	you are electing to group any assets placed in ser Section B - Assets						ation Syste	em
		(b) Month and	(c) Basis fo	depreciation	(d) Recovery			
	(a) Classification of property	year placed in service		ivestment use instructions)	penod	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							
<u>,,,,,</u>	5-year property	-[,
	7-year property	┪ :						, , ,, , , , , , , , , , , , , , , , ,
d	10-year property	╡						
e	15-year property	1						
_	20-year property	-						
	25-year property	7			25 yrs.		S/L	
		/			27 5 yrs.	MM	S/L	
h	Residential rental property	/			27.5 yrs.	MM	S/L	
		1			39 yrs.	MM	S/L	
i	Nonresidential real property	/			/	ММ	S/L	-
	Section C - Assets I	Placed in Service	During 200	8 Tax Year U	sing the Alte	rnative Depre	•	stem
20a	Class life						S/L	
b	12-year				12 yrs.	-	S/L	-
С	40-year	/		_	40 yrs.	MM	S/L	
Par	t IV Summary (See instructions.)							
	isted property. Enter amount from lin	e 28					21	
	otal. Add amounts from line 12, lines		es 19 and 20) ın column (c), and line 21			
	nter here and on the appropriate line	_					22	12,107
	or assets shown above and placed in	-	•	•				
	ortion of the basis attributable to sec	-			23			
816251	LHA For Paperwork Reduction	n Act Notice, see	senarate in	structions				Form 4562 (2008)

For	rm 4562 (200	8)	UBU	NTU EDU	CATI	ON F	UND,	INC					31-	1705	917	Page 2
P			ty (include a	utomobiles, ce						s, certain	compute	rs, and	property	used fo	r enterta	inment
			imusement) <i>vehicle for wi</i>	hich you are us	ing the	standare	d mileani	e rate or	dedu	ctino leas	e expens	e como	lete only	1242 2	th colur	nns (a)
	thr	ough (c) of S	Section A, all	of Section B, a	and Sec	tion C if	applical	ble			CAPCIIS	c, comp		7 2 70, 2		11113 (a)
Sec	ction A - De	preciation a	nd Other In	formation (Ca	ution: S	See the i	nstructio	ons for li	mits fo	r passeng	ger auton	nobiles)				
248	a Do you have	evidence to s	support the bu	isiness/investme	nt use cla	aimed?	Y	es	No	24b If "Y	es," is th	<u>ie evide</u>	nce writt	en?	Yes	No
	(a) Type of pro (list vehicle	operty s first)	(b) Date placed in service	(c) Business/ investment use percentag	e ot	(d) Cost or her basis		(e) is for depre iness/inve use only	stment	(f) Recovery period	Met	g) :hod/ ention	Depre	h) ciation iction	Elec section	(i) cted on 179 ost
25	Special dep	reciation alle	owance for o	qualified listed p	property	placed	ın servic	e during	the t	ax year aı	nd					
				ousiness use								25	<u> </u>		<u> </u>	
<u>26</u>	Property us	ed more tha	n 50% in a c	qualified busine	ess use:		ı									
				9	6		_				ļ		ļ			
			ļ <u> </u>	9	6			-							ļ	
			l	····	6					<u> </u>			<u> </u>		l	
<u>27</u>	Property us	ed 50% or l	ess in a qual	lified business	use:						,		·		<u> </u>	
_				9	6		_				S/L·		_			
	 		<u> </u>	9	6						S/L·		<u> </u>		[
_			<u> </u>	9	6						S/L·				l	
				through 27. E				, page 1				28				
<u>29</u>	Add amoun	ts in column	(i), line 26. E	Enter here and	on line	7, page	1							29	<u> </u>	
				s	ection	B - Infor	mation	on Use	of Vel	nicles						
				by a sole prop												
_	-	vehicles to y	our employe	ees, first answe	er the qu	uestions	ın Secti	on C to	see if y	you meet	an excep	otion to	completi	ng this :	section f	or
	se vehicles.								т				1		1	
			(a)	(b)		(c)	(d)	(e)	(r	f)		
30	Total business/investment miles driven during the					nicle	Vet	Vehicle Vehicle		Vehicle		Vet	Vehicle		Vehicle	
	year (do not include commuting miles)												-			
31	Total comm	uting miles	driven during	g the year							ļ					
32	Total other	personal (no	ncommuting	g) miles			1		ļ				-			
	driven								ļ						ļ	
33	Total miles	driven durin	g the year.								1					
	Add lines 3	0 through 32	2			·									ļ	
34	Was the ve	hicle availab	le for persor	nal use	Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
	during off-c	luty hours?						<u> </u>			<u> </u>		-		ļ	
35	Was the ve	hicle used p	rimarily by a	more							1				1	
	than 5% ov	vner or relat	ed person?			<u> </u>						ļ	ļ	ļ		
36	Is another v	ehicle availa	able for perso	onai	İ					ĺ	1	ł				
_	use?				L	<u> </u>									<u> </u>	
			Section C	- Questions f	or Emp	loyers V	Vho Pro	vide Ve	hicles	for Use	y Their	Employ	ees			
Αn	swer these c	uestions to	determine if	you meet an e	xceptio	n to com	pleting	Section	B for v	rehicles u	sed by e	mployee	es who a	re not r	nore thai	ո 5%
ow	ners or relate	ed persons.														
37	Do you mai employees	_	en policy sta	itement that pr	ohibits a	all perso	nal use	of vehicl	es, inc	cluding co	mmuting	, by you	ır		Yes	No
38			en policy sta	itement that pr	ohibits į	persona	use of v	vehicles	, exce _l	ot commu	iting, by	your				
	employees'	? See the ins	structions for	r vehicles used	by cor	porate o	fficers, c	directors	, or 19	% or more	owners					
39	Do you trea	nt all use of v	ehicles by e	mployees as p	ersonal	use?										
40	Do you pro	vide more th	an five vehic	cles to your em	ployees	s, obtain	ınforma	tion fron	n your	employe	es about				-	
	the use of t	he vehicles,	and retain ti	he information	receive	d?										
41	Do you me	et the requir	ements cond	cerning qualifie	d auton	nobile de	monstra	ation use	∍?							
_	Note: If you	ır answer to	37, 38, 39, 4	40, or 41 is "Ye	s," do n	ot comp	lete Sec	ction B f	or the	covered v	ehicles					
P	art VI Am	ortization														
		(a) Description of	of consts	Date	(b) amortization		(c)	hie		(d)		(e)			(f)	
_					begins	<u>!</u>	Amortiza amoun	it		Code section		Amortiz penod or pe			mortization or this year	'
42	Amortizatio	n of costs th	nat begins di	uring your 200	8 tax ye	ar:										
_						<u> </u>										
43	Amortizatio	n of costs th	hat began be	efore your 2008	3 tax ye	ar							43			

Form 4562 (2008)

44 Total. Add amounts in column (f). See the instructions for where to report