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Return of Organization Exempt From Income Tax

OMB No 1545-0047

SCANNED JUN 22

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Open to Public Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection Internal Revenue Service JUL 1, 2009 and ending JUN 30, For the 2009 calendar year, or tax year beginning D Employer identification number C Name of organization Check if applicable Please use IRS label or Address change JBUNTU EDUCATION FUND, print of Name change 31-1705917 type Doing Business As Initial E Telephone number See Number and street (or P.O. box if mail is not delivered to street address) Room/suite Specific Termin-646-827-1190 32 BROADWAY Instruc-Amended City or town, state or country, and ZIP + 4 1,683,409. G Gross receipts \$ Applica-NEW YORK, NY 10004 H(a) Is this a group return pendina F Name and address of principal officer JACOB LIEF Yes X No for affiliates? H(b) Are all affiliates included? Yes No Tax-exempt status X 501(c) ( 3 ) ◀ (insert no ) If "No." attach a list (see instructions) 4947(a)(1) or J Website: ► HTTP: //WWW.UBUNTUFUND.ORG H(c) Group exemption number ▶ K Form of organization. X Corporation Year of formation: 1998 M State of legal domicile: NY Trust Part I | Summary Briefly describe the organization's mission or most significant activities. SEE SCHEDULE O Activities & Governance Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. 15 Number of voting members of the governing body (Part VI, line 1a) 4 0 Number of independent voting members of the governing body (Part VI, line 1b) 11 5 Total number of employees (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) 6 0. Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 0. Net unrelated business taxable income from Form 990-T, line 34 RECEIVED **Prior Year Current Year** 2,702,225. 1,682,815. Contributions and grants (Part VIII, line 1h) Revenue RS-OS Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines (4, and 70) 23 2011 838 594. 10 <174,481. Other revenue (Part VIII, column (A), lines 5, 6t, 8c, 9c, 10c, and <33,168.> 11 Total revenue - add lines 8 through 11 (must equal Part (4) Column (A) line 12) 2,528,582 1,650,241. 12 2,023,490. 888,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 458,508. 651,010. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 237,123. 467.754. 361,000. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 2,949,752. 1,900,010. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) <421,170.> <249,769.> Revenue less expenses Subtract line 18 from line 12 **Beginning of Current Year** End of Year 795,278. 571,110. Total assets (Part X, line 16) 7,507. 22,858. Total liabilities (Part X, line 26) 21 787,771. 548,252. Net assets or fund balances Subtract line 21 from line 20 Signature Block Part II

Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Signature of officer		The
lere	JACOB LIEF, PRESIDENT Type or print name and title		
aid	Preparer's signature Date Check if self-employed	<b>▼</b>	Preparer's identifying number (see instructions)
reparer's Ise Only	Firm's name (or yours if self-employed), address, and NEW YORK NY 10018	EIN ▶	▶ 212-790-5700

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes Form 990 (2009)

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

	III   Statement of Program Service A		31-170	)5917 Page 2
	Briefly describe the organization's mission			
	SEE SCHEDULE O			
•				
	Did the organization undertake any significant pro	ogram services during the year which we	ere not listed on	
	the prior Form 990 or 990-EZ?	_		Yes X No
	f "Yes," describe these new services on Scheduli			Yes X No
	Did the organization cease conducting, or make s f "Yes," describe these changes on Schedule O.	_	my program services?	L Tes LA No
	Describe the exempt purpose achievements for e		rogram services by expenses	
	Section 501(c)(3) and 501(c)(4) organizations and			
	allocations to others, the total expenses, and reve		-	
		EE SCHEDULE O FOR CO		
	Code ) (Expenses \$ 81 SEE SCHEDULE O	10,704. including grants of \$	488,000.)(Revenue\$	)
•				
łb	(Code ) (Expenses \$ 65	53,594. including grants of \$	400,000.)(Revenue\$	)
	SEE SCHEDULE O			
		12 150		
	(Code ) (Expenses \$ SEE SCHEDULE O	13,150. including grants of \$	) (Revenue \$	
4d	Other program services (Describe in Schedule O		nue \$	
4e				
	(Expenses \$ including gr Total program service expenses ► \$		nue \$ )	Fo

Form 990 (2009) UBUNTU EDUCATION FUND, INC Part 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_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? 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		
6	Did the organization maintain any donor advised funds or any similar funds or 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	<u> </u>	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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	<u> </u>	X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11	X	<u> </u>
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		Ì	
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		1	
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's separate or consolidated limitations statements for the tax year modele a feeting that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			1
12	Schedule D, Parts XI, XII, and XIII	12	x	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No		<u> </u>	· · · ·
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X	1	1	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	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 United States? If "Yes," complete Schedule F, Part I	14b	X	<u> </u>
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	<u> </u>
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	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		1	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1		
	complete Schedule G, Part III .	19	<u> </u>	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	000	X
		Form	<b>990</b>	(2009)

Part IV | Checklist of Required Schedules (continued)

			res	NO
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u> X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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			.,
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	-	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's pnor Forms 990 or 990-EZ? If "Yes," complete	051		<b>.</b>
^^	Schedule L, Part I	25b		<u>X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	06		x
07	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		
27	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	,		
	Schedule L. Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			-
20	instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X_
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
_	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	ļ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		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			
	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	<u> </u>
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	X	<b>↓</b>
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	<del> </del>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<del> </del>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		,,	
	Note. All Form 990 filers are required to complete Schedule O	38	000	(0000)
		rorm	990	(2009)

Form 990 (2009) UBUNTU EDUCATION FUND, INC
Part V 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			1
	U.S. Information Returns. Enter -0- if not applicable			,
	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		<u> </u>
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	X	-
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<u>3a</u>		<u>X</u>
	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
b	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			v
	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?  If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	5b		
C	Tax Shelter Transaction?	5c		
62	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	ŞC		<del></del>
- Cu	any contributions that were not tax deductible?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			
	provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с	ļ	X
	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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<u> </u>	X
_	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		<u>-</u> ^
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year?	8		x
9	Sponsoring organizations maintaining donor advised funds.	-		
а	Did the organization make any taxable distributions under section 4966?	9a		x
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			l
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them)	1		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<b>↓</b>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	<u> </u>	000	12262
		Form	991	(2009)

932005 02-04-10

31-1705917

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body  1a 15			
b	Enter the number of voting members that are independent	·		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	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		<u>X</u>
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 X X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	Ì		
	governing body?	7a		$\frac{x}{x}$
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following.	İ		
а	The governing body?	8a	Х	
þ	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, 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	9		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No_
	Does the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,		v	
	and branches to ensure their operations are consistent with those of the organization?	10b	X	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		_
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990  Does the organization have a written conflict of interest policy? If "No," go to line 13	100	х	
12a	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	12a	Α	
Ü	to conflicts?	12b	x	
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	X	L
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14	ļ	_X_
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	X	<u> </u>
b	Other officers or key employees of the organization	15b	X	<u> </u>
4-	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			٠,,
	taxable entity during the year?	16a	<del> </del>	X
Þ	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	405	1	
500	exempt status with respect to such arrangements?	16b	<u> </u>	
17	List the states with which a copy of this Form 990 is required to be filed MD , PA , FL , ME , AZ , CT , IL , NJ , N	7 (7)		<del></del>
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available		.,	
.5	public inspection. Indicate how you make these available. Check all that apply			
	X Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	and fina	ancial	
-	statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ation.	▶ _	
	JACOB LIFF C/O UBUNTU EDUCATION FUN - 646-827-1190			
	32 BROADWAY, NEW YORK, NY 10004			
		Form	990	(2009)

932006 02-04-10

# 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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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)	(E)	(F)	
Name and Title	Average hours	(6)		Posi		on at apply)		Reportable	Reportable	Estimated amount of	
	per week	Indiwdual trustee or director	Institutional trustee	Officer		Highest compensated Employee	compensation from from related organizations (W-2/1099-MISC)		other compensation from the organization and related organizations		
JACOB LIEF											
PRESIDENT & FOUNDER	40.00	X	_	X		X		119,333.	0.	0 .	
MALIZOLE BANKS GWAXULA			l					_ 1	_	_	
PRESIDENT & FOUNDER	40.00	X		X				0.	0.	0.	
DANIEL OSORIO											
CHAIRMAN	5.00	X		X		ļ		0.	0.	0.	
DR. VELILE NOTSHULWANA-MQOTA											
DIRECTOR	5.00	X		X				0.	0.	0.	
DAVID LAMOND					ĺ	1					
DIRECTOR	5.00	X	L	X		<u> </u>		0.	0.	0	
STUART LITWIN											
SECRETARY	5.00	X		X				0.	0.	0 .	
TOM JAFFE							1				
DIRECTOR	5.00	X	<u> </u>	X				0.	0.	0	
DR. FRANK LIPMAN					ļ		ļ				
DIRECTOR	5.00	X		X				0.	0.	0	
MERAFE MOLOTO							İ				
CHAIRMAN	5.00	X		X				0.	0.	0	
RUSH MCCLOY											
FINANCE CHAIRPERSON	5.00	X		X				0.	0.	0.	
THERESA MOORE							ĺ				
BOARD MEMBER	5.00	X		X				0.	0.	0	
ANDREW ROLFE											
BOARD MEMBER	5.00	X		X			ļ	0.	0.	0	
LUNGI NJEZA							ļ				
BOARD MEMBER	5.00	X		X	<u> </u>	L	L	0.	0.	_ 0	
WEZA MOSS				1			l				
BOARD MEMBER	5.00	X	<u> </u>	X	ļ	<u> </u>	<u> </u>	0.	0.	0	
PHILIP VASSILIOU											
BOARD MEMBER	5.00	X	├	X	-		-	0.	0.	0	
			1			1	1				
		┼─	┼	-		+	┢		<u> </u>		

Form 990 (2009)

	(A) Name and title	(B) Average hours	(c)		Posi	ition	app	Iv)	(D) Reportable compensation	(E) Reportable compensation		(F) Estimat	
		per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	other compens		r ation ne ition ited
												<del>- · ·- ·</del>	·-·
													<del></del>
1b	Total		1		i	J .	┢		119,333.		) .		0.
2	Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed a	bov	e) w	ho r	eceived more than \$100	0,000 in reportable			1
												Yes	No
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the s	such individual										3	x
•	and related organizations greater than \$15	50,000? If "Yes	, " cc	mpl	ete .	Sch	edul	e J	for such individual	_		4	X
5	Did any person listed on line 1a receive or the organization? If "Yes," complete Scheen				from	an	y un	relat	ted organization for serv	rices rendered to		5	X
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest countries the organization NONE	ompensated in	dep	ende	ent c	cont	ract	ors 1	that received more than	\$100,000 of comp	ensatı	on from	
	(A) Name and busines	s address							(B) Description of	services	Cor	(C) npensat	ion
		<del></del>											
							-						
<u> </u>	Total number of independent contractors \$100,000 in compensation from the organ		not I	ımıte	ed to		ose I 0	ste	d above) who received r	nore than		QQ1	\ (0005)

# Part IX | Statement of Functional Expenses

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

	Section 501(c)(3) All other organizations must compl	and 501(c)(4) organizati ete column (A) but are :			D).
	not include amounts reported on lines 6b,		(B)	(C)	
	3b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				<del></del>
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 US	000 000	000 000		
	See Part IV, lines 15 and 16	888,000.	888,000.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	110 222	60 500	26 222	20 477
	trustees, and key employees	119,333.	62,523.	26,333.	30,477.
6	Compensation not included above, to disqualified	İ			
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	4EE 207	220 E40	100 460	116 201
7	Other salaries and wages	455,297.	238,548.	100,468.	116,281.
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)			· · · · · · · · · · · · · · · · · · ·	
9	Other employee benefits	76,380.	38,547.	13,347.	24,486.
10	Payroll taxes	70,380.	30,34/.	13,34/•	24,400.
11	Fees for services (non-employees)	j		1	
a	Management				
b	Legal	113,097.	77,887.	13,486.	21,724.
C	Accounting	113,097.	11,001.	13,400.	21,124.
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				<del> </del>
g	Other				
12	Advertising and promotion Office expenses	14,577.	10,157.	1,825.	2,595.
13	Information technology	14,5//	10,137.	1,025.	2,333.
14	Royalties				
15	Occupancy	45,809.	34,241.	5,784.	5,784.
16	Travel	36,535.	27,103.	4,637.	4,795.
17	Payments of travel or entertainment expenses	30,333.	27,103.	=,05/.	<u> </u>
18	for any federal, state, or local public officials				
40	Conferences, conventions, and meetings				
19 20	Interest			.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,855.	5,655.	1,100.	1,100.
23	Insurance	9,431.	7,573.	929.	929.
23 24	Other expenses, Itemize expenses not covered	3/1011	.,,,,,,,	,,,,,	
24	above. (Expenses grouped together and labeled				
	miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
9	DEVELOPMENT & MARKETING	92,086.	65,938.	13,027.	13,121.
a b	COMPUMED EXPENCE	12,064.	8,632.	1,054.	2,378.
c	TAIDTDEON CDEOTAL EVENIO	9,605.	-,	161.	9,444.
d	COMMITCAMION	8,230.	5,667.		1,430.
e	DAMPOLI GENTLOS SES /DAM	7,277.	4,176.		946.
f		4,434.	2,801.		1,633.
25	Total functional expenses. Add lines 1 through 24f	1,900,010.	1,477,448.		237,123.
26	Joint costs. Check here				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined	1			
	educational campaign and fundraising solicitation				
	10.02.04.10				Form <b>990</b> (2009)

932010 02-04-10

Form 990 (2009)

Part X	Balance	Sheet

Pai	rt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing			1	
	2	Savings and temporary cash investments	ļ	237,352.	2	247,388.
	3	Pledges and grants receivable, net	Į	511,976.	3	266,969.
	4	Accounts receivable, net	Į		4	
	5	Receivables from current and former officers, di				
		employees, and highest compensated employee	es Complete Part II			
		of Schedule L			5	
	6	Receivables from other disqualified persons (as	defined under section			
		4958(f)(1)) and persons described in section 495	58(c)(3)(B) Complete			
		Part II of Schedule L			6	
sts	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
⋖	9	Prepaid expenses and deferred charges		8,888.	9	26,155.
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	10a 66,896.			
	b	Less accumulated depreciation	10ь 50,798.	22,562.	10c	16,098.
	11	Investments · publicly traded securities		<del></del>	11	
	12	Investments - other securities See Part IV, line		<del></del>	12	
	13	Investments - program-related See Part IV, line	11		13	· ,
	14	Intangible assets	44.500	14	·····	
	15	Other assets. See Part IV, line 11		14,500.	15	14,500.
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	795,278.	16	<u>571,110.</u>
	17	Accounts payable and accrued expenses		5,551.	17	20,902.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities	5 . 11/ (6 5		20	<del></del>
Liabilities	21	Escrow or custodial account liability Complete	ŀ		21	
Ē	22	Payables to current and former officers, director				
Lia		highest compensated employees, and disqualif of Schedule L	ed persons. Complete Part II			
	00		oted third parties		22	
	23	Secured mortgages and notes payable to unrelate Unsecured notes and loans payable to unrelate			23	
	24 25	Other liabilities Complete Part X of Schedule D	d third parties	1,956.	24 25	1,956.
	26	Total liabilities. Add lines 17 through 25		7,507.	26	22,858.
	20	Organizations that follow SFAS 117, check h	are X and complete	7,307.	20	22,030.
s	1	lines 27 through 29, and lines 33 and 34.	and complete			
၁၁	27	Unrestricted net assets		377,244.	27	264,537.
alaı	28	Temporarily restricted net assets		410,527.		283,715.
B)	29	Permanently restricted net assets			29	
Ē		Organizations that do not follow SFAS 117, c	heck here 🕨 🔲 and		1	
<u> </u>	1	complete lines 30 through 34.				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			30	
SSE	31	Paid-in or capital surplus, or land, building, or ed			31	
et A	32	Retained earnings, endowment, accumulated in			32	
ž	33	Total net assets or fund balances		787,771.	33	548,252.
	34	Total liabilities and net assets/fund balances		795,278.	34	571,110.
		·				Form <b>990</b> (2009)

Form **990** (2009)

			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	l
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			<b>[</b>
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			1
	consolidated basis, separate basis, or both		:	
	X Separate basis Consolidated basis Both consolidated and separate basis			ĺ
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			İ
	Act and OMB Circular A:133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		Form	990 (	2009)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

2009

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Inspection
Employer identification number

				EDUCATION FU		NC		_		31	<u>-1705</u>	<u>917</u>	
Pa	rt I	Reason f	for Public Chari	ty Status (All organiz	ations mus	st complete	this part	) See inst	ructions.				
The	organ	zation is not a	private foundation l	pecause it is. (For lines 1	through 1	1, check o	nly one b	ox.)					
1		A church, cor	nvention of churches	s, or association of churc	hes descr	nbed in sec	ction 170(	b)(1)(A)(i).					
2		A school desc	cribed in section 17	<b>0(b)(1)(A)(ii).</b> (Attach Sci	nedule E )								
3		A hospital or	a cooperative hospit	al service organization o	lescribed i	n section	170(b)(1)(	A)(iu).					
4		A medical res	search organization o	perated in conjunction v	with a hosp	pital descri	bed in see	ction 170(	b)(1)(A)(ii	i). Enter the	e hospital'	s name	е,
		city, and state	e										
5		An organization	on operated for the l	penefit of a college or un	iversity ov	vned or op	erated by	a governn	nental uni	t described	l in		
		section 170(	(b)(1)(A)(iv). (Comple	ete Part II)									
6		A federal, sta	te, or local governme	ent or governmental unit	described	l in section	n 170(b)(1	)(A)(v).					
7	X	An organizati	on that normally rec	eives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general pu	ıblıc desci	nbed ir	า
		section 170(	b)(1)(A)(vi). (Comple	te Part II)									
8		A community	trust described in s	ection 170(b)(1)(A)(vi). (	Complete	Part II.)							
9		An organizati	on that normally rec	eives <sup>.</sup> (1) more than 33 1	/3% of its	support fr	om contril	outions, m	embershi	p fees, and	gross red	eipts f	from
		activities relat	ted to its exempt fur	nctions - subject to certa	ın exceptio	ons, and (2	) no more	than 33 1	/3% of its	support fr	om gross	ınvestı	ment
		income and u	unrelated business ta	axable income (less sect	ion 511 ta:	x) from bus	sinesses a	cquired b	y the orga	nızatıon af	ter June 3	0, 197	5.
		See section	<b>509(a)(2).</b> (Complete	Part III)									
10		An organizati	on organized and op	erated exclusively to tes	st for publi	c safety S	ee sectio	n 509(a)(4	·).				
11		An organizati	ion organized and op	erated exclusively for th	ie benefit d	of, to perfo	rm the fur	ictions of,	or to carr	y out the p	urposes o	f one o	or
		more publicly	supported organiza	itions described in section	on 509(a)(1	l) or sectio	n 509(a)(2	) See sec	tion 509(	<b>a)(3).</b> Chec	k the box	that	
		describes the	e type of supporting	organization and comple		•							
	a Type I b Type II c Type III - Functionally integrated d Type III - Other												
е	Ш	By checking	this box, I certify tha	t the organization is not	controlled	directly or	ındırectly	by one or	more dis	qualified pe	ersons oth	er thai	n
		foundation m	nanagers and other t	han one or more publicly	/ supporte	d organiza	tions desc	ribed in s	ection 509	9(a)(1) or se	ection 509	(a)(2).	
f		If the organiz	ation received a writ	ten determination from t	he IRS tha	at it is a Tyl	oe I, Type	II, or Type	) III				
		supporting or	rganization, check th	nis box									لـــا
g		•		rganization accepted ar			•						
		••		rectly controls, either al	one or tog	ether with	persons d	escribed i	n (II) and (	iii) below,		Yes	No
		=		upported organization?							11g(i)		
		• • •	•	n described in (i) above?							11g(ii)		
		• •	•	person described in (i) o							11g(iii)		
h		Provide the f	ollowing information	about the supported or	ganization	(s)							
			1	/iii) Type of	I	· 1			1,,,) 16	a the			
(i)		of supported	(ii) EIN	(iii) Type of organization		organization sted in your	(v) Did you organizat		organizati	on in col.	(vii) An		f
	org	anization		(described on lines 1-9		document?	(i) of your		(i) organiz U.S	ed in the j	sup	port	
				above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
				(see instructions))	163	140	163	140	165	110		-	
									1				
		·											
	_										-		
						ļ · · · - ·		<u> </u>	<b>_</b>	<del>                                     </del>			
T-4	~ I												
<u>Tota</u>	al		<u> </u>			J	L	<u> </u>	<u> </u>				

Form 990 or 990-EZ.

932021 02-08-10

Schedule A (Form 990 or 990-EZ) 2009

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

	organization, check this box and stop nere		▶∟
Sec	ction C. Computation of Public Support Percentage		
14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	72.85 %
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	76.92 %
16a	33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or m	ore, che	ck this box and
	stop here. The organization qualifies as a publicly supported organization		ightharpoons X
b	33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% and stop here. The organization qualifies as a publicly supported organization	or more,	check this box
17a	10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, a and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Pa		•
	meets the "facts and-circumstances" test. The organization qualifies as a publicly supported organization		▶□
t	10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 1 more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain	•	
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	anızatıon	. ▶□
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box a	nd see ir	nstructions
	Sche	dule A (	Form 990 or 990-EZ) 2009

Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or bus iness under section 513 4 Tax revenues levied for the organization'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 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses 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 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 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage % 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f) 17 18 18 Investment income percentage from 2008 Schedule A, Part III, line 17 % 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

# Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	UBUNTU EDUCATION F		31-1705917				
Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accounts. Complete if the				
	organization answered "Yes" to Form 990, Part IV, Iir						
		(a) Donor advised funds	(b) Funds and other accounts				
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	sed funds				
9	are the organization inform all dorlors and dorlor advisors in	•					
6			——————————————————————————————————————				
6	Did the organization inform all grantees, donors, and donor						
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose					
Do.	impermissible private benefit?		Yes No				
Par	·		Paπ IV, line /.				
1	Purpose(s) of conservation easements held by the organizar						
	Preservation of land for public use (e.g., recreation or	· —	storically important land area				
	Protection of natural habitat	Preservation of a cer	tified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form	of a conservation easement on the last				
	day of the tax year						
			Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b							
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c				
d	Number of conservation easements included in (c) acquired	after 8/17/06	2d				
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	e organization during the tax				
	year ▶						
4	Number of states where property subject to conservation ea	asement is located >					
5	Does the organization have a written policy regarding the pe						
-	violations, and enforcement of the conservation easements		Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting						
7	Amount of expenses incurred in monitoring, inspecting, and						
8	Does each conservation easement reported on line 2(d) abo						
-	and section 170(h)(4)(B)(ii)?		Yes No				
9	In Part XIV, describe how the organization reports conserva	tion easements in its revenue and expens	<del></del>				
9	include, if applicable, the text of the footnote to the organization						
	conservation easements	and, o manda diatomonio mai doscribes	J. gameaton o accounting to				
Pai	t III Organizations Maintaining Collections	of Art, Historical Treasures. or C	Other Similar Assets.				
	Complete if the organization answered "Yes" to Form						
19	If the organization elected, as permitted under SFAS 116, n	ot to report in its revenue statement and I	balance sheet works of art, historical				
14	treasures, or other similar assets held for public exhibition,	·					
	the footnote to its financial statements that describes these	·	dend dervice, provide, in real Art, the text of				
L			nce sheet works of art, historical transcers				
D	If the organization elected, as permitted under SFAS 116, to	-	·				
	or other similar assets held for public exhibition, education,	or research in furtherance of public service	e, provide the following amounts relating to				
	these items.		<b>.</b> .				
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$				
	(ii) Assets included in Form 990, Part X	•					
2	If the organization received or held works of art, historical tr		ial gain, provide				
	the following amounts required to be reported under SFAS	116 relating to these items:					
а	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$				
b	Assets included in Form 990, Part X		<b>&gt;</b> \$				

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

Schedule D (Form 990) 2009

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

1,956.

24

#### Schedule F (Form 990)

# **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990,

Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions. Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Inspection **Employer identification number** 

OMB No 1545-0047

Part I. General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990. Part IV, line 14b  1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance?  2 For grantmakers. Describe in Part IV the organization's procedurate for information of the grants or assistance?  3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed.)  (a) Region (b) Number of offices in the region organis in the region in the region organis organ	UBUNTU EDUCATI	ON FUND.	INC		31-17059	17
1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance; the grants or assistance, and the selection criteria used to award the grants or assistance?  2 For grantmakers. Describe in Part IV the organization's procedure.  3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)  (a) Region (b) Number of (b) Number of (c) Number of employees or agents in region.  FUNDRATSING, PROGRAM.  SERVICES INCLUDING: HIV PREVENTION, CLINICAL.  DEBINTU EDUCATION (URD SOUTH APRICA) 0 SERVICES, CARB 4 (1,477, 448.)  Totals  PROVIDED SOUTH APRICA 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Part I General Inf	ormation on A	ctivities Out	tside the United States. Comple		
Totals  Per grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States  Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)  (a) Region. (b) Number of (Ic) Number of (Ic) Number of (Ic) Vype) (i.e., fundaming), program services, grants to program services, grants to program services, describe specific type of service(s) in region.  FUNDRATETING, PROGRAM SERVICES INCLIDING-BITV PREVENTION CLINICAL  JEUNTU BDUCATION  JEUNTU BDUCATION  JEUNTU BOUGH AFRICA. 0 SERVICES, CARE 4 1, 477, 448.  Totals  Policy of the description of the program service, describe specific type of service(s) in region.  JEUNTU SOUTH AFRICA. 0 SERVICES, CARE 4 1, 477, 448.	to Form 990, F	art IV, line 14b				
2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States  3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed.)  (a) Region (b) Number of offices in the region of offices in the region of offices in the region of the region of offices in the region of offices in the region of the region of offices in the region of offices in the region of offices of the region of offices of region of offices of o	1 For grantmakers. Do	es the organization	n maintain record	ds to substantiate the amount of the gr		
3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed)  (a) Region (b) Number of offices in the region of spents in the region in the region of service (s) in region o	grantees' eligibility for	the grants or assi	stance, and the	selection criteria used to award the gra	ints or assistance?	∐Yes ∟No
(a) Region  (b) Number of offices in the region  (c) Number of offices in the region  (d) Activities conducted in region  (by type) (e , fundraising, program service, grants to recipients located in the region)  (e) If activity listed in (d) expenditures (expenditures describe specific type of service(e) in region  (g) Total expenditures  (	_				rant funds outside the United S	tates
offices in the region agents in region segments to recipients located in the region of service(s) in region service, grants to recipients located in the region of service(s) in region services including the region of service(s) in region services including the region of service(s) in region services including the region of service(s) in region services including the region of service(s) in region services including the region of service(s) in region services including the region of service(s) in region services including the region of service(s) in region services including the region of service(s) in region services, cannot service services in region services, cannot service services in region services, cannot service services in region services, cannot service services in region services, cannot service services in region services, cannot service services in region services, cannot service services in region services, cannot service services in region services, cannot service services in region services, cannot service services in region services, cannot service services in region services, cannot service services in region services				T		(0.T.)
SERVICES INCLUDING.HIV PREVENTION, CLINICAL  1,477,448.  SERVICES, CARE &  1,477,448.	(a) Hegion	offices	employees or agents in	(by type) (i e , fundraising, program services, grants to	is a program service, describe specific type	expenditures
DEUNTU EDUCATION UND SOUTH AFRICA  0 SERVICES, CARE   1,477,448.  1,477,448.  Totals  ▶ 0 0 1 1,477,448.				FUNDRAISING, PROGRAM		
Totals  0 0 SERVICES, CARE & 1,477,448.				SERVICES INCLUDING: HIV		
Totals    0 0 1,477,448	UBUNTU EDUCATION			PREVENTION, CLINICAL		
	FUND SOUTH AFRICA	0	0	SERVICES, CARE &		1,477,448.
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) 2009	Totals		·	<u> </u>		1,477,448,

932071 02-01-10

INC

UBUNTU EDUCATION FUND,

Schedule F (Form 990) 2009

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Page 2

31-1705917

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

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, FM) appraisal, other)
		SOUTH AFRICA	FOR CAPITAL CAMPAIN AND OTHER PROGRAM SERVICES	888	FOR TRAINING EDUCATION, MEDI 888 000 CARE ETC	0	ш Z O О	E S
		SOUTH AFRICA	FOR FUNDRAISING EVENTS TO BENEFIT TO CHILDREN OF SOUTH AFRICA, INFECTED AND	0		0		
2 Enter total number of the IRS, or for which t	recipient organization	ns listed above that are	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	e foreign country,	recognized as tax-ex	kempt by		

SEE PART IV FOR COLUMN (D) DESCRIPTIONS

Schedule F (Form 990) 2009

932072 02-01-10

3 Enter total number of other organizations or entities

INC UBUNTU EDUCATION FUND,

Page 3

31-1705917

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) 2009

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

١. ١	1	1	ı		t	I	I	ı	6
(h) Method of valuation (book, FMV, appraisal, other)									Schedule F (Form 990) 2009
(g) Description of non-cash assistance									Schedu
(f) Amount of non-cash assistance	0								
(e) Manner of cash disbursement	PAYMENTS FOR PROGRAM SERVICES								
(d) Amount of cash grant	PAYMENTS 888,000,SERVICES								
umber of apients	4,000								
(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								

Schedule F (Form 990) 2009   UBUNTU EDUCATION FUND, INC   31-1705917   Page   Part IV   Supplemental Information
Complete this part to provide the information required in Part I, line 2, and any additional information
PART II, COLUMN (D):
PART II, COLOMN (D):
REGION: SOUTH AFRICA
(D) PURPOSE OF GRANT: FOR FUNDRAISING EVENTS TO BENEFIT TO CHILDREN OF
SOUTH AFRICA, INFECTED AND AFFECTED BY HIV/AIDS
PART III, COLUMN (A):
REGION: SOUTH AFRICA
(A) TYPE OF GRANT OR ASSISTANCE: EDUCATION/ TRAINING/ HEALTHCARE/
COUNSELING ETC FOR CHILDREN OF SOUTH AFRICA INFECTED OR AFFECTED BY
HIV/AIDS

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

► Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Open To Public

Name of the organization

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

Inspection

Name of the organization		_					ntification number
	EDUCATION FUND, IN			· · · - · · .		31-1705	
Part I Fundraising Activities required to complete this part	. Complete if the organization answer	ered "Y	'es" to	Form 990, Part IV, I	ine 1	7 Form 990-EZ	filers are not
Indicate whether the organization rais	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) purs	tion of tion of fundra (includ	non-ga govern using a ding of ional f	overnment grants nment grants events fficers, directors, trus undraising services?		Yes	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribi	Did aiser ustody trol of utions?	(iv) Gross receipts from activity		Amount paid or retained by) fundraiser ted in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No		-		
					-		
						·	
						·	
Total	<b>.</b>						
3 List all states in which the organization		funds	or has	been notified it is ex	emp	t from registrati	on or licensing.
					-		
			•				

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

Schedule G (Form 990 or 990-EZ) 2009

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events GALA/ROCK NONE (add col (a) through THE BOWL/ col (c)) (event type) (event type) (total number) Revenue 157,132 157,132. 1 Gross receipts 157,132. 2 Less Charitable contributions 157,132 Gross income (line 1 minus line 2) Cash prizes Noncash prizes 5 Direct Expenses 6 Rent/facility costs Food and beverages Entertainment 33,168 33,168. Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 33,168, 11 Net income summary Combine line 3, column (d), and line 10 <33,168. Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses 5 Yes % Yes % Yes % Volunteer labor No No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Combine line 1, column (d), and line 7 Yes No Enter the state(s) in which the organization operates gaming activities a is the organization licensed to operate gaming activities in each of these states? 9a b If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b If "Yes," explain. 11 Does the organization operate gaming activities with nonmembers? 11 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Schedule G (Form 990 or 990-EZ) 2009 UBUNTU EDUCATION FUND, INC 31-1	70591	<b>7</b> Ра	ige 3
•		Yes	No
13 Indicate the percentage of gaming activity operated in			
a The organization's facility . 13a	%	1	
b An outside facility	%		
14 Enter 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 of the third party			
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			
retain the state gaming license?	17a		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
organization's own exempt activities during the tax year > \$			

#### SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization **Employer identification number** UBUNTU EDUCATION FUND, INC 31-1705917 Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? 1 (a) Name of disqualified person (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) Approved by board or (a) Name of interested (b) Loan to or from (c) Original principal (e) In (g) Written (d) Balance due person and purpose the organization? amount default? agreement? committee? To From Yes Yes Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (c) Amount and type of (a) Name of interested person (b) Relationship between interested person and the organization assistance **Business Transactions Involving Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (c) Amount of (b) Relationship between interested (a) Name of interested person (d) Description of organization's transaction person and the organization transaction revenues? No

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

UBUNTU EDUCATION FUND - SOAN AFFILIATE

UBUNTU EDUCATIOAN AFFILIATE

Schedule L (Form 990 or 990-EZ) 2009

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0.FUND RAISIN

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

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#### **SCHEDULE M** (Form 990)

### **Noncash Contributions**

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990.

Employer identification number

	UBUNTU EDUCATION FUND, INC 31							
Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of d reven	etermin	ing	
1	Art · Works of art		1-1					
2	Art · Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities · Publicly traded	X	1	10,250.	FMV			
10	Securities · Closely held stock							
11	Securities · Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate Commercial							
17	Real estate · Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ( GOOD & SERVIC)	X	1	22,390.	FMV PROVID	ED B	Y D	ONO
26	Other							
27	Other • ()							
28	Other (							
29	Number of Forms 8283 received by the organ		-					
	for which the organization completed Form 82	283, Part IV,	Donee Acknowled	gment 29				
							Yes	No
30a	During the year, did the organization receive to	by contribution	on any property re	ported in Part I, lines 1-28 th	at it must hold for			
	at least three years from the date of the initial	contribution	, and which is not	required to be used for exe	mpt purposes for	'		
	the entire holding period?					30a		X_
b	If "Yes," describe the arrangement in Part II							1
31	Does the organization have a gift acceptance	-	•	<del>-</del>		31		X
32a	Does the organization hire or use third parties	or related o	rganizations to sol	ıcıt, process, or sell noncasl	า			
	contributions?					32a		X
b	If "Yes," describe in Part II						-	1
33	If the organization did not report revenues in	column (c) fo	r a type of proper	ty for which column (a) is ch	ecked,			1
	describe in Part II		· · · · · · · · · · · · · · · · · · ·				<u> </u>	
LHA	For Privacy Act and Paperwork Reduction	n Act Notice	e, see the instruct	tions for Form 990.	Schedule	M (For	າ 990	2009

(Form 990)

Department of the Treasury

# **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Name of the organization

Employer identification number 31-1705917

UBUNTU EDUCATION FUND, INC LINE 1, DESCRIPTION OF ORGANIZATION MISSION: DEDICATED TO PROVIDING VULNERABLE CHILDREN AND THEIR FAMILIES IN SOUTH AFRICA WITH AN EMPOWERING ENVIRONMENT AND ACCESS TO LIFE SAVING HIV SUPPORT SERVICES AND EDUCATIONAL RESOURCES. PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: UBUNTU EDUCATION FUND INC.'S MISSION IS TO ASSIST THE VULNERABLE YOUTH OF PORT ELIZABETH TO ACCESS HIGHER, FURTHER EDUCATION AND THE WORLD OF UBUNTU'S STATEGIES MAKEUP A HOLISTIC APPROACH BASED ON BUILDING SUSTAINABLE COMMUNITY ORGANIZATION, AND BY DOING SO, CREATED A TRUSTED INSITIUTION THAT THE COMMUNITY CAN COUNT ON FOR HIGH-QUALITY SERVICES. THROUGHT COMMUNITY OUTREACH, UBUNTU IDENTIFIES CHILDREN WHO HAVE BEEN ABUSED, ARE HIV POSITIVE OR ORPHANED. WE CREATE A HOLISITC PATHWAY TO STABILIZE THEIR HOUSEHOLD WITH SOCIAL, PSYCHOSOCIAL, AND MEDICAL INTERVENTIONS, AND THEN PROVIDE ACADEMIC AND SKILLS SUPPORT TO ALLOW THEM TO ACCESS OPPORTUNITIES. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: THE US OFFICE ADMINISTERS FUNDRAISING ACTIVITIES FOR UBUNTU'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, WHICH WAS USED FOR PROGRAMMING IN THE TOWNSHIP OF PORT ELIZABETH. UBUNTU'S PREVENTION PROGRAMME USES MULTIPLE STRATEGIES TO MAKE HIV TESTING ACCESSIBLE,

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

Schedule O (Form 990) 2009

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Attach to Form 990.

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Name of the organization  UBUNTU EDUCATION FUND, INC	Employer identification number 31-1705917					
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 NUMB	ER OF NEW HIV					
INFECTIONS WE SEE IN OUR COMMUNITIES EACH YEAR.						
HIV PREVENTION OUTREACH:						
COUNSELING AND TESTING OUTREACH:						
COUNSELING AND TESTING FIVE DAYS A WEEK AT UBUNTU HEADQUA	RTERS AND IN					
REMOTE, UNDERSERVED AREAS TB SCREENING; CONDOM DEMONSTRATI	ONS AND FAMILY					
PLANNING ADVICE.						
COMMUNITY EVENTS FOCUSED ON HIV PREVENTION:						
EVENTS THAT TARGET MEN AND BOYS, INCLUDING MALE INITIATIO	N CEREMONIES					
TESTING CAMPAIGNS FOR COMMUNITY MEMBERS; QUARTERLY EVENTS	AT UBUNTU					
HEADQUARTERS THAT OFFER COUNSELING AND TESTING, AS WELL A	S FOCUSED					
PREVENTION MESSAGING.						
UBUNTU JOINED SOUTH AFRICA'S DEPARTMENT OF HEALTH AND THE	INTERNATIONAL					
CENTRE FOR AIDS CARE AND TREATMENT PROGRAMS IN AN INTENSI	VE STRATEGIC					
PLANNING PROCESS AIMED AT IMPROVING CLINIC CAPACITY IN THE	IE EASTERN CAPE					
PROVINCE. SINCE WE LAUNCHED OUR PILOT INITIATIVE WITH KWA	ZAKHELE DAY					
HOSPITAL, THIS PRIMARY CARE CLINIC HAS TESTED MORE CLIENT	S THAN ANY					
OTHER FACILITY IN THE REGION.UBUNTU CONTINUES TO PROVIDE	COMPREHENSIVE					
CARE SERVICES AT KWAZAKHELE DAY HOSPITAL AND HAS LAUNCHEL	SIMILAR					
SERVICES AT THREE OTHER CLINICS						
CLINICAL SERVICES INCLUDED:						

(Form 990)

## Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Attach to Form 990. Internal Revenue Service Name of the organization **Employer identification number** UBUNTU EDUCATION FUND, INC 31-1705917 CLINICAL SUPPORT FOR HIV-INFECTED CHILDREN AND THEIR HIV-INFECTED FAMILY MEMBERS: ASSISTANCE TO ACCESS HIV TREATMENT AND MAINTAIN TREATMENT SCHEDULE; CD4 AND VIRAL LOAD TESTING; NUTRITIONAL ASSESSMENTS AND DIETARY PLANNING. OTHER HEALTH-RELATED SERVICES: GROWTH MONITORING FOR YOUNG CHILDREN; HIV COUNSELING AND TESTING AT UBUNTU'S HEADQUARTERS AND IN THE COMMUNITY; TB SCREENING, HIV BASELINE TESTING, AND DIABETES SCREENING FOR ALL NEWLY-IDENTIFIED HIV-POSITIVE INDIVIDUALS. CAPACITY-BUILDING AT A LOCAL CLINIC: REFERRALS OF HIV-INFECTED PREGNANT WOMEN AND CHILDREN TO UBUNTU FOR FURTHER SUPPORT; ORGANIC VEGETABLE GARDEN ; EXPERT UBUNTU STAFF PLACED AT THE CLINIC TO PROVIDE TECHNICAL ASSISTANCE AND MONITORING AND EVALUATION SUPPORT. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: EMPOWERMENT: BY PROVIDING RESOURCES AND SERVICES, UBUNTU'S EMPOWERMENT PROGRAMS MAKES HIGHER EDUCATION AND EMPLOYMENT ACCESSIBLE TO YOUTH IN OUR COMMUNITIES. THE OPPORTUNITIES PRESENTED THROUGH THE EMPOWERMENT PROGRAMS HELP TO LAY THE GROUNDWORK FOR PERSONAL SUCCESS, WHICH IN TURN PROMISES TO BENEFIT THE BROADER COMMUNITY IN THE YEARS TO COME: UBUNTU

CAREER GUIDANCE; AND MENTORING TO THE COMMUNITY.

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

Schedule O (Form 990) 2009

PROVIDES UNIVERSITY LOAN ADMINISTRATION; SCHOLARSHIPS; INTERNSHIPS;

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization Employer identification number UBUNTU EDUCATION FUND, INC 31-1705917 SERVICES INCLUDED: AFTER-SCHOOL PROGRAMME FOR STUDENTS IN GRADES 7-12: EDUCATIONAL AND ENRICHMENT CLASSES AND HOLIDAY CAMPS ACADEMIC AND APTITUDE ASSESSMENTS; CAREER GUIDANCE. GRADE 12 INTENSIVE SUPPORT PROGRAMME: CLASSES SIX DAYS A WEEK TO PREPARE FOR THE MATRIC NATIONAL EXAM, WHICH WILL QUALIFY STUDENTS TO ENTER UNIVERSITY CHAPERONED UNIVERSITY VISITS; UNIVERSITY APPLICATION SUPPORT. SCHOLARSHIP SUPPORT FOR UNIVERSITY STUDENTS: FULL AND PARTIAL SCHOLARSHIP PACKAGES ACADEMIC TUTORING INTERNSHIP AND FELLOWSHIP OPPORTUNITIES; QUARTERLY VISITS TO CAMPUS BY AN UBUNTU COUNSELOR FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: CARE AND SUPPORT: UBUNTU'S OBJECTIVE IS TO CREATE STABLE ENVIRONMENTS WHERE CHILDREN AND THEIR FAMILIES CAN THRIVE. TO SERVE THIS GOAL, OUR CARE AND SUPPORT TEAM HAS SPENT THE PAST YEAR INTENT ON IMPROVING THE QUALITY OF OUR PROGRAMMING. NOW NUMBERING MORE THAN 4,000 CLIENTS, OUR CASELOAD HAS DOUBLED IN THE PAST SIX MONTHS. AS A RESULT WE HAVE PROVIDED FURTHER TRAINING AND EDUCATION FOR OUR STAFF IN SPECIFIC AREAS INCLUDING VOLUNTARY COUNSELLING AND TESTING (VCT), TREATMENT ADHERENCE AND STATUS NOTIFICATION AS WELL AS COUNSELLING IN NUTRITION, DOMESTIC LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2009

(Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

UBUNTU EDUCATION FUND, INC

Employer identification number 31-1705917

VIOLENCE AND TRAUMA.
SERVICES INCLUDE: INITIAL HOME ASSESSMENTS TO EVALUATE THE LEVEL OF
NEED; PSYCHO-SOCIAL SUPPORT, INCLUDING INDIVIDUAL, FAMILY, AND GROUP
COUNSELING; ASSISTANCE TO ACCESS ESSENTIAL LEGAL DOCUMENTS AND SOCIAL
WELFARE GRANTS; COMMUNICATION WORKSHOPS FOR FAMILIES; TRAININGS ON
FINANCIAL PLANNING, CARING FOR VULNERABLE CHILDREN, AND GENDER
EQUALITY; BACKYARD ORGANIC FOOD GARDENS FOR HIV-AFFECTED FAMILIES.
FORM 990, PART VI, SECTION B, LINE 11: 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 IS MANDATORY.
FORM 990, PART VI, SECTION B, LINE 15: PRESIDENT AND CEO OF THE
ORGANIZATION IN CONSULTATION WITH THE BOARD OF DIRECTORS
FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL STATEMENTS AVAILABLE UPON REQUEST AND ON WEBSITE
FORM 990 PART XI, LINE 2C
DRAFT FINANCIAL STATEMENTS ARE PRESENTED TO THE BOARD OF DIRECTORS FOR
REVIEW AND COMMENTS.

(Form 990)

#### Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization UBUNTU EDUCATION FUND, INC 31-1705917 BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: SCH L, PART IV, NAME OF PERSON: UBUNTU EDUCATION FUND - SOUTH AFRICA (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: AN AFFILIATE OF UBUNTU EDUCATION FUND US; UNDER COMMON CONTROL (D) DESCRIPTION OF TRANSACTION: A SIGNIFICANT AMOUNT OF GRANTS FROM UBUNTU EDUCATION FUND US ARE DISBURSED THROUGH UBUNTU EDUCATION FUND IN SOUTH AFRICA (A) NAME OF INTERESTED PERSON: FRIENDS OF UBUNTU EDUCATION FUND - UNITED KINGDOM RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: AN AFFILIATE OF UBUNTU EDUCATION FUND US; UNDER COMMON CONTROL (D) DESCRIPTION OF TRANSACTION: FUND RAISING EVENTS ARE ARRANGED WITH FRIENDS OF UBUNTU EDUCATION FUND UK WHICH ULTIMATELY BENEFIT THE CHILDREN IN SOUTH AFRICA, THROUGH UBUNTU EDUCATION FUND SA

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2009 Open to Public Inspection

Employer identification number 31-1705917 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) ► Attach to Form 990. UBUNTU EDUCATION FUND, INC Name of the organization Department of the Treasury Internal Revenue Service Part

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Part II organizations during the tax year )	zations (Complete if the organization an	Iswered "Yes" to Form 990, Par	t IV, line 34 because	e it had one or more r	elated tax-exempt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
UBUNTU EDUCATION FUND SOUTH AFRICA PO BOX 14526, SIDWELL, 6001	EDUCATION & HEALTHCARE TO CHILDREN INFECTED & AFFECTED BY HIVAIDS	SOUTH AFRICA			
	I 77.	UNITED KINGDOM			
1 1 1					
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	rtice, see the Instructions for Form 99	0.			Schedule R (Form 990) 2009

40

31-1705917 Page 2

Schedule R (Form 990) 2009 UBUNTU EDUCATION FUND, INC

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

organizations treated as a partnership during the tax year	tnersnip during trie tax year)									!
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under excluded from tax under certions 519-514)		(f) Share of total sincome er	(g) Share of end-of-year assets	(h) Disproportionate atle allocations?	(a) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?
Part IV Identification of Related Org	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year)	poration or x year)	Trust (Complete if t	the organizatio	n answered "Yes	" to Form 990, Pa	art IV, line 34	because it !	nad one or more	elated
(a) Name, address, and EIN of related organization	<u>Z</u> c	à	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total o, income	if total me (	(g) Share of Peend-of-year ovassets	(h) Percentage ownership
									_	
932162 07-21-10			41					Sch	Schedule R (Form 990) 2009	90) 2009

Page 3

Part V Transactions With Related Organizations (Complete If the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36)

			1
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		<u>*</u>	Yes No
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 or (iv) rent from a controlled entity		1a	×
<b>b</b> Gift, grant, or capital contribution to other organization(s)		1b >	×
c Gift, grant, or capital contribution from other organization(s)		10	X
d Loans or loan guarantees to or for other organization(s)		10	X
e Loans or loan guarantees by other organization(s)		1e	×
f Sale of assets to other organization(s)		11	×
g Purchase of assets from other organization(s)		19	×
		ŧ	×
i Lease of facilities, equipment, or other assets to other organization(s)		-	×
j Lease of facilities, equipment, or other assets from other organization(s)		1,	×
k Performance of services or membership or fundraising solicitations for other organization(s)		¥	×
I Performance of services or membership or fundraising solicitations by other organization(s)		=	×
m Sharing of facilities, equipment, mailing lists, or other assets		Ę	×
n Sharing of paid employees		Ę	×
			_
o Reimbursement paid to other organization for expenses		9	×
p Reimbursement paid by other organization for expenses		4	×
q Other transfer of cash or property to other organization(s)		19	×
r Other transfer of cash or property from other organization(s)		<b>-</b>	×
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	resholds		
(a) Name of other organization(s)		(c) Amount involved	lved
type (a-t)	(a-r)	į	
(1) UBUNTU EDUCATION FUND SOUTH AFRICA		909,	909,420.
(3)			
(4)		I	
(9)			
832183 02-04-10	Schedule R (Form 990) 2009	Form 96	2009

Page 4

INC UBUNTU EDUCATION FUND, Schedule R (Form 990) 2009

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI

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

(3)		dule K-1 Partner? 1065) Yes No				
(4)		tionate amount in box 20 allocations? of Schedule K-1 Yes No (Form 1065)	,			i .
(6)	Share of end-of-	year assets				
3	Are all partners	section 501(c)(3) organizations?				
(a)	nicile	_				
Asion to certain investment parties	Primary activity					
that was not a related organization See instructions regarding exclusion or certain investment plants of the	(a) Name, address, and EIN	of entity				

Department of the Treasury Internal Revenue Service (99)

## **Depreciation and Amortization** (Including Information on Listed Property)

► See separate instructions. Attach to your tax return.

990

OMB No 1545-0172

Sequence No 67

Name(s) shown on return

Business or activity to which this form relates Identifying number

	UNTU EDUCATION FUND, rt   Election To Expense Certain Propert		70 Note: If vo			PAGE 10	1/ hoforn vo	31-1705917
					ted property,	complete Fait		
	Maximum amount See the instructions	•					1	250,000.
	Total cost of section 179 property place	,					2	
	Threshold cost of section 179 property b						3	800,000.
4	Reduction in limitation. Subtract line 3 fr	om line 2 If zero	or less, ente	r -0-			4	
<b>5</b> [	Dollar limitation for tax year Subtract line 4 from line	l If zero or less, enter	-0- If married file	ng separately, see	instructions		5	
6	(a) Description of prop	perty		(b) Cost (busin	ess use only)	(c) Elected	cost	
7 l	isted property. Enter the amount from I	ine 29			7			
8	Total elected cost of section 179 proper	ty Add amounts	in column (c	), lines 6 and	7		8	
9 -	Tentative deduction Enter the smaller of	of line 5 or line 8					9	<u></u>
10 (	Carryover of disallowed deduction from	line 13 of your 2	008 Form 45	62			10	
	Business income limitation. Enter the sm	•			o) or line 5		11	
	Section 179 expense deduction Add lin		•		•		12	
	Carryover of disallowed deduction to 20				▶ 13		- '-	
	e: Do not use Part II or Part III below for							
	rt II Special Depreciation Allowan			<del></del>	de listed prop	perty )		
	Special depreciation allowance for qualif			<del></del>				
	, ,	ned property (oti	iei tiiaii iistet	a property) pr	aceu iii servic	e during		
	the tax year	ation					14	
	Property subject to section 168(f)(1) elec	tion					15	F 316
	Other depreciation (including ACRS)  rt III MACRS Depreciation (Do not	unaluda listad ni	oporty \ (Coo		·		16	5,316.
ı a	rt III   MACRS Depreciation (Do not	include listed pr	<del>i</del>		)			
	144000 1 1 1 1 1 1			ction A				<del></del>
	MACRS deductions for assets placed in	•	•	_			7   <u>17  </u>	
18	f you are electing to group any assets placed in serving							
	Section B - Assets F				Using the Ge	neral Deprecia	tion Syste	m
	(a) Classification of property	(b) Month and year placed in service	(business/in	depreciation ivestment use instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<u>19a</u>	3-year property	ļ			ļ			
b	5-year property							
С	7-year property							
d	10-year property							
e	15-year property	ļ						
f	20-year property	]						
g	25-year property				25 yrs		S/L	
	5	/		-	27 5 yrs	MM	S/L	
h	Residential rental property	/			27.5 yrs	MM	S/L	
		/		•	39 yrs.	ММ	S/L	
i	Nonresidential real property	/			1	MM	S/L	
	Section C - Assets PI	aced in Service	During 2009	Tax Year U	sing the Alte			tem
20a		1			1		S/L	
<u>zoa</u> b		1			12 yrs		S/L	<del></del>
<u>D</u>		,			40 yrs	ММ	S/L	
_	Irt IV Summary (See instructions )	<del>''.</del>	1	<del>_</del>	_ <del>TO yis</del>	1 IAIIAI	J/L	
		20	<del></del>	<del></del> -			1	
	Listed property Enter amount from line		10 0	)			21	<del></del>
	Total. Add amounts from line 12, lines 1	_			•			F 346
	Enter here and on the appropriate lines	-	•	•	ni eee - anoir.	str	22	5,316.
	For assets shown above and placed in s	_	e current yea	r, enter the				
	portion of the basis attributable to section	on 263A costs	<del></del>		23			
9162	51 I HA For Paperwork Reduction		-					Form 4562 (2009)

For	m 4562 (2009)	וומוז	NTU EDU	<u> </u>	ON E	רוואוזי	TNC	1				<b>31</b> _	1705	917	Pane o
_	art V Listed Propert								s, certain	compute	rs, and				
	recreation, or a	ımusement )								•					
	Note: For any v through (c) of S							dedu	cting leas	se expense	e, comp	leteonly	24a, 24	b, colum	ıns (a)
			on and Other		•			ınstruc	tions for	limits for p	passeng	er autor	nobiles)		
248	Do you have evidence to s	support the bu	siness/investme	nt use cl	aimed?	Y	es 🗀	No	24b lf "	Yes," is th	e evide	nce writt	en?	] Yes [	No
	(a)	(b)	(c)		(d)		(e)		(f)	(	g)	(	h)		(i)
	Type of property	Date placed in	Business/ investment		Cost or	fhu	sis for depri		Recover		hod/	Depre	ciation	Elec sectio	cted
	(list vehicles first )	service	use percentag	je ot	her basis	, , ,	use only		period	Conv	ention	aeai	uction	CC	
25	Special depreciation allo	owance for q	ualified listed	property	/ placed	ın servic	ce during	g the t	ax year a	nd					
	used more than 50% in	a qualified b	usiness use								25				
26	Property used more tha	n 50% in a c	qualified busine	ess use						_					
			9	6										ļ <u>.</u>	
			9	6											
			9	6	<del></del> .				<u> </u>			<u> </u>		l	
<u>27</u>	Property used 50% or le	ess in a qual	ified business	use					1	1				1	
			<b>†</b>	6						S/L -		<b> </b>		<u> </u>	
			9	<del>-   -</del>					-	S/L -		-		-	
_		<u> </u>		6						S/L	T	-	•	-	
	Add amounts in column						, page 1				28	L.,	1		
<u>29</u>	Add amounts in column	(i), line 26 E						-634-1					29	<u> </u>	
•						rmation			-		4				
	mplete this section for ve ou provided vehicles to y										•		na thie	section fo	or.
•	ou provided verticles to s ese vehicles	your employe	ees, mat answe	or title qu	163110113	in Gecu	011 0 10	300 11	you mee	an excep	illoit to t	Joinpieti	ing tins	Section it	וכ
						,	h\		(a)	1	-1\	,	۵۱	14	n.
20	Total business/investment	miles driven d	turing the	'	a) hicle	1 -	<b>b)</b> hicle	Ι,	(c) /ehicle	'	d) ncle		e) nicle	(1 Veh	•
30	year (do not include comi		Jurning the	V C1	IIIOIG	V 61	ilicie	<u> </u>	v emere	761	11016	1	11016	Ven	III G
21	Total commuting miles		the year			<del> </del>		1				<del> </del>			
	Total other personal (no					<del>                                     </del>		1					·	<del>                                     </del>	
<u>-</u>	driven		g,cc	}											
33	Total miles driven during	o the vear										1			
•	Add lines 30 through 32	- •													
34	Was the vehicle availab		nal use	Yes	No	Yes	No	Ye	s No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
35	Was the vehicle used p	rımarıly by a	more												
	than 5% owner or relate	ed person?				ļ		1							
36	Is another vehicle availa	able for perso	onal			Ì			Ì		1				
_	use?			<u> </u>				<u> </u>				<u> </u>			
			- Questions f		•					-					
Αn	swer these questions to	determine if	you meet an e	xceptio	n to con	npleting	Section	B for	vehicles i	ised by er	nployee	s who a	re not r	nore thar	า 5%
_	ners or related persons				<u>-</u>		<del></del>				<del></del>				
37	Do you maintain a writte	en policy sta	tement that pr	ohibits	all perso	nal use	of vehic	les, ind	cluding c	ommuting	, by you	ır		Yes	No
	employees?														
38	Do you maintain a writte										our/				
	employees? See the ins				•	micers, α	airectors	s, or 19	% or mor	e owners					
	Do you treat all use of v						<i></i>			bt					+
40	Do you provide more the the use of the vehicles,					ППОППа	tion noi	ii youi	employe	es about					
						omonetr	ation ile	<b>~</b> 2						<u> </u>	-
41	Do you meet the require Note: If your answer to								covered	vehicles					+
P	Part VI Amortization	37, 30, 33, 4	+0, 01 41 IS TE	3, 0011	Ot COM	viete Sec	AUDIT D'I	or trie	COVERED	vernoles.					
•	(a)		· · · · · · · · · · · · · · · · · · ·	(b)		(c)		T	(d)		(e)			(f)	
	Description of	of costs	Date	amortization begins	1	Amortiza amoun	ıble it		Code		Amortiz period or pe	ation	,	mortization for this year	
42	Amortization of costs the	nat begins di	uring your 200		ar						· · · · · · · · · · · · · · · · · · ·			•	
		<u> </u>					-			T					
_								$\Box$							
43	Amortization of costs the	hat began be	efore your 200	9 tax ye	ar							43			

Form 4562 (2009)

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

### Form **8868**

(Rev April 2009)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev 4-2009)

• If yo	u are filing for an Automatic 3-Month Extension, complete only Part I and check this box	ightharpoons X
	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	•
Do no	t complete Part II unless you have already been granted an automatic 3-month extension on a previously fil	ed Form 8868.
Part	Automatic 3-Month Extension of Time. Only submit original (no copies needed).	
A corp	oration required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	plete
Part I	only	▶
	er corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an income tax returns.	extension of time
noted (not at you m	onic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronication at the file Form 990-BL, 6069, or 8870, group returns, or a composite or collust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic files gov/efile and click on e-file for Chanties & Nonprofits.	cally if (1) you want the additional nsolidated Form 990-T. Instead,
Туре	Name of Exempt Organization	Employer identification number
print	HOLINGH EDUCATION FUND INC	21 1705017
File by t		31-1705917
filing you	32 BROADWAY	
return S		
Chec	k type of return to be filed (file a separate application for each return):	
X	Form 990 Form 990-T (corporation) Form 47	720
	Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52	
	Form 990-EZ Form 990-T (trust other than above) Form 60	069
	Form 990-PF Form 1041-A Form 88	370
Tel  If to	JACOB LIFF C/O UBUNTU EDUCATION FUN be books are in the care of ▶ 32 BROADWAY - NEW YORK, NY 10004  ephone No. ▶ 646-827-1190  FAX No. ▶  the organization does not have an office or place of business in the United States, check this box  this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If the light is for part of the group, check this box  If the light is for part of the group, check this box  If the light is for part of the group, check this box	
1	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unifEBRUARY 15, 2011 , to file the exempt organization return for the organization named a	
	is for the organization's return for:	
	calendar year or	
	► X tax year beginning JUL 1, 2009 , and ending JUN 30, 2010	·
2	If this tax year is for less than 12 months, check reason: initial return Final return	Change in accounting period
3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	
	nonrefundable credits. See instructions.	3a \$
ь	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	25
С	tax payments made. Include any prior year overpayment allowed as a credit.  Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	3b   \$
•	deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).	
	See instructions.	3c \$
Cauti	ion. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	n 8879-EO for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1:2011)					Page 2
If you are filing for an Additional (Not Automatic) 3-Month	Extension, o	complete only Part II and check this b	ох	<b>&gt;</b>	X
Note. Only complete Part II if you have already been granted a		•	Form 8	3868	
If you are filing for an Automatic 3-Month Extension, com				<del></del>	
Part II Additional (Not Automatic) 3-Month	Extensio	n of Time. Only file the original (no	1	<del></del>	<del></del>
Type or Name of exempt organization			Empl	oyer identification	number
print UBUNTU EDUCATION FUND, INC	•		3	1-1705917	
File by the Number street and room or suite no. If a D.O. has		tions		1 1703317	<del></del>
due date for 32 BROADWAY	.,				
return See City, town or post office, state, and ZIP code For	a foreign add	lress, see instructions			
NEW YORK, NY 10004					
					<del>ر</del>
Enter the Return code for the return that this application is for	(file a separa	te application for each return)			0 1
Application	0-4	Annication		<del></del>	
Application Is For	Return	Application Is For			Return Code
Form 990	01	15 F 01			Code
Form 990-BL	02	Form 1041-A		·	08
Form 990·EZ	03	Form 4720		<del> </del>	09
Form 990-PF	04	Form 5227			10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already gran	ited an autor	natic 3-month extension on a previo	usly file	d Form 8868.	
<ul> <li>The books are in the care of</li></ul>	TU EDUCATI	ON FUN - 32 BROADWAY - NEW YO	ORK, N	Y 10004	
Telephone No ▶ <u>646-827-1190</u>	_	FAX No 🕨			
If the organization does not have an office or place of busing					
If this is for a Group Return, enter the organization's four d	_	•		=	
box If it is for part of the group, check this box	and aπa MAY	ach a list with the names and EINs of a 15, 2011	ıı memb	ers the extension is	tor.
<ul> <li>I request an additional 3-month extension of time until</li> <li>For calendar year, or other tax year beginning</li> </ul>			.TITN	30, 2010	
6 If the tax year entered in line 5 is for less than 12 month			Final r		·
Change in accounting period	.,				
7 State in detail why you need the extension					
ALL THE NECESSARY INFORMATION	ON TO P	REPARE A COMPLETE A	ND A	CCURATE RI	ETURN
ARE NOT AVAILABLE AT THIS T	ME				
			1	<del></del>	
8a If this application is for Form 990-BL, 990-PF, 990-T, 475	20, or 6069, e	enter the tentative tax, less any			•
nonrefundable credits See instructions			8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 60 tax payments made. Include any prior year overpayments.	•				
previously with Form 8868	it allowed as	a credit and any amount paid	8b	s	0.
c Balance due. Subtract line 8b from line 8a Include you	ır payment wi	th this form, if required, by using	100	<del>* -</del>	
EFTPS (Electronic Federal Tax Payment System) See ii			8c	s	0.
		nd Verification	····	<u> </u>	
Under penalties of perjury, I declare that I have examined this form, in	cluding accom	panying schedules and statements, and to t	he best c	of my knowledge and t	oelief,
it is true, correct, and complete, and that I am authorized to prepare the					
Signature Title	► ACCOU	NTANT	Date	<del></del>	
				Form <b>8868</b> (R	lev. 1-2011)

923842 01-03-11

Asset No	Description	Date Acquired	Method	Lıfe	Ling No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year • Deduction
H	l	070504SL		7.00	16	6,000.			6,000.	4,492.		857.
7	FURNITURE & 2FIXTURES	0315022	502200DB7.00	7.00	16	425.			425.	414.		0
m	3COMPUTERS	041502200DB5.00	300DB	2.00	16	1,222.			1,222.	1,222.		0
ব	4OFFICE EQUIPMENT	101504SL		7.00	16	1,564.			1,564.	1,004.		223.
Ŋ	5CORDLESS TELEPHONES 072004SL	072004		5.00	16	762.			762.	762.		0
9	PHONE SYSTEM 6EQUIPMENT	081504SL		5.00	16	236.			236.	236.		0
7	7COMPUTERS EQUIPMENT 123105SL	123105		3.00	16	5,451.			5,451.	5,451.		0
8	8COMPUTERS EQUIPMENT 061505SL	061505		2.00	16	3,565.			3,565.	3,565.		0
o.	9COMPUTERS	041504SL		2.00	16	1,058.			1,058.	1,058.		0
10	10FURNITURE	120103SL		7.00	16	3,087.			3,087.	3,087.		0
11	11COMPUTERS EQUIPMENT041505SL	041505		5.00	16	1,397.			1,397.	1,397.		0
12	12COMPUTERS EQUIPMENT011505SL	011505		5.00	16	1,415.			1,415.	1,415.		0
13		111504		5.00	16	5,925.			5,925.	5,925.		0
14	COMPUTER SOFTWARE 14MISC. COMPUTER	071504SL		3.00	16	1,262.			1,262.	1,262.		0
15		071504SL		5.00	16	208.			208.	208.		0
16	FURNITURE & 16FIXTURES	1215058	5SL	2.00	16	406.			406.	406.		0
17	17COMPUTER	031406SL	•	3.00	16	2,667.			2,667.	2,667.		0
18	18CAMERAS	041206SL		3.00	16	4,410.			4,410.	4,410.		0

928102 06-24-09

Current Year Deduction	206.	99	917.	350.	120.	0	762.	1,429.	386.	0	5,316.		
Current Sec 179											0.		
Accumulated Depreciation	498.	148.	1,910.	992.	270.	2,336.	2,286.	2,392.	-	<4,331.>	45,482.		
Basis For Depreciation	1,032.	329.	4,587.	1,752.	.665	2,336.	3,811.	10,000.	1,389.		.368,99		
Reduction In Basis											0		
Bus % Excl													
Unadjusted Cost Or Basis	1,032.	329.	4,587.	1,752.	. 663	2,336.	3,811.	10,000.	1,389.		. 4895.		
L'ne No	16	16	16	16	16	16	16	16	16	16			
Lıfe	5.00	5.00	5.00	5.00	5.00	5.00	5.00	7.00	3.00	.000			 
Method	SL	SL	SL	SL	SL	SL	SL	SL	SL			 	 
Date Acquired	012207SL	031907SL	18/08090	081606SL	032807SL	72007	32808	062509SL	91109			 	 
Description	19EQUIPMENT 0	20EQUIPMENT 0	21EQUIPMENT 0	22EQUIPMENT 0	23EQUIPMENT 0	24COMPUTERS EQUIPMENT072007SL	25COMPUTERS EQUIPMENT032808SL	26OFFICE EQUIPMENT 0		ADJUSTMENT TO 28ACCUMULATED DEPRECI	* TOTAL 990 PAGE 10 DEPR		
Asset	19	20	21	22	23	24	25	26	27	28			

928102 06-24-09

## UBUNTU EDUCATION FUND, INC.

Financial Statements

and

Supplementary Information

June 30, 2010

### UBUNTU EDUCATION FUND, INC.

### <u>Index</u>

	Page
Independent Auditor's Report	1
Statements of Financial Position as of June 30, 2010 and 2009	2
Statements of Activities for the Years Ended June 30, 2010 and 2009	3
Statements of Cash Flows for the Years Ended June 30, 2010 and 2009	4
Notes to Financial Statements	5-10
Supplementary Information	11
Independent Auditor's Report on the Supplementary Information	12
Schedule of Functional Expenses for the Year Ended June 30, 2010	13
Schedule of Functional Expenses for the Year Ended June 30, 2009	14

#### INDEPENDENT AUDITOR'S REPORT

The Board of Directors Ubuntu Education Fund, Inc.

We have audited the accompanying statements of financial position of Ubuntu Education Fund, Inc. as of June 30, 2010 and 2009, and the related statements of activities and cash flows for the years then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Ubuntu Education Fund, Inc. as of June 30, 2010 and 2009, and the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

/s/ Mayer Hoffman McCann CPAs

New York, New York February 22, 2011

### UBUNTU EDUCATION FUND, INC. Statements of Financial Position June 30, 2010 and 2009

## ASSETS (Note 8)

	2010	2009
Current assets:		
Cash	\$ 247,388	\$ 237,352
Current portion of grants receivable, net (Notes 3 and 4)	238,791	457,922
Prepaid expenses and other current assets	26,155	8,888
Total current assets	512,334	704,162
Long-term portion of grants receivable, net (Notes 3 and 4)	28,178	54,054
Property and equipment, net (Note 5)	16,098	22,562
Security deposits	14,500	14,500
	\$ 571,110	\$ 795,278
LIABILITIES AND NET ASSETS		
Current liabilities:		
Accounts payable and accrued expenses	\$ 20,901	\$ 5,551
Current portion of deferred rent (Note 11)	1,481	
Total current liabilities	22,382	5,551
Deferred rent (Note 11)	475	1,956
Commitments (Note 11)		
Net assets:		
Unrestricted	319,537	377,244
Temporarily restricted (Note 6)	228,716	410,527
Total net assets	548,253	787,771
	\$ 571,110	\$ 795,278

See accompanying notes.

UBUNTU EDUCATION FUND, INC Statements of Activities For the Years Ended June 30, 2010 and 2009

		2010			2009	
	Unrestricted	Temporarily Restricted	Total	Unrestricted	Temporarily Restricted	Total
Public support and revenue (Notes 3 and 7)	\$ 341 476	8926 \$	344.244	\$ 338 821	\$ 214 047	\$ 552.868
Grants	547.886	182,921	730,807			499,208
Capital campaign	448,000	•	448,000	733,159		733,159
Special event revenue (net of direct expenses of			770 364	140.047		140.041
\$33,106 in 2010 and \$174,749 in 2009)	119,364	1	402,411	147'74/	•	147'74/
Donated goods and services (Note 10)	32,640		32,640	286,292	ı	286,292
Other income	7,827	•	7,827	1,106	•	1,106
Net assets released from restrictions (Note 6)	367,500	(367,500)		565,000	(565,000)	•
Total public support and revenue	1,864,693	(181,811)	1,682,882	3,165,827	(350,953)	2,814,874
Expenses (Notes 7, 9 and 11)						
Capital campaign	400,000	•	400,000	23,490	•	23,490
Other program services	1,077,448	•	1,077,448	2,379,205	•	2,379,205
Total program services	1,477,448	•	1,477,448	2,402,695	•	2,402,695
Supporting services:						
Management and general services	188,839	•	188,839	281,080	•	281,080
Fundraising	256,113		256,113	352,178		352,178
Total supporting services	444,952	•	444,952	633,258		633,258
Total expenses	1,922,400	•	1,922,400	3,035,953	•	3,035,953
Change in net assets	(57,707)	(181,811)	(239,518)	129,874	(350,953)	(221,079)
Net assets, beginning of year	377,244	410,527	787,771	247,370	761,480	1,008,850
Net assets, end of year	\$ 319,537	\$ 228.716	\$ 548,253	\$ 377,244	\$ 410,527	\$ 787,771

See accompanying notes

## UBUNTU EDUCATION FUND, INC.

### Statements of Cash Flows For the Years Ended June 30, 2010 and 2009

	2010	2009
Cash flows from operating activities:		
Change in net assets	\$ (239,518)	\$ (221,079)
Adjustments to reconcile change in net assets to net cash		
provided by operating activities:		
Depreciation	7,855	12,107
Deferred rent	-	(5,224)
Donated property and equipment	-	(10,000)
Change in assets and liabilities:		
Grants receivable	245,007	314,711
Due from related party	-	41,794
Prepaid expenses and other current assets	(17,267)	13,515
Accounts payable and accrued expenses	15,350	(4,756)
Net cash provided by operating activities	11,427	141,068
Cash used in investing activities:		
Purchase of property and equipment	(1,391)	
Net increase in cash	10,036	141,068
Cash, beginning of year	237,352	96,284
Cash, end of year	\$ 247,388	\$ 237,352

See accompanying notes.

#### Note 1 - The Organization

Ubuntu Education Fund, Inc. (the "Organization") is a not-for-profit organization incorporated under the laws of the State of New York dedicated to creating programs to assist vulnerable children and families in South Africa. The Organization provides life saving HIV support services and essential educational resources to over 40,000 children and their families.

The Organization, as described in Note 7, has transactions and relationships with Ubuntu Education Fund ("UEF"), an organization incorporated in South Africa, and Friends of Ubuntu Education Fund UK, an organization incorporated in the United Kingdom. The Organization and its affiliates are all under common control.

The Organization is exempt from federal income taxes under provisions of Section 501(c)(3) of the Internal Revenue Code.

#### Note 2 - Summary of Significant Accounting Policies

#### Basis of Accounting

The financial statements of the Organization have been prepared on the accrual basis of accounting.

#### Basis of Presentation

The financial statement presentation follows Financial Accounting Standards Board Statement of Financial Accounting Standards (SFAS) No. 117, "Financial Statements of Not-for-Profit Organizations," which was codified into Topic 958, "Not-For-Profit Entities," of Financial Accounting Standards Board Accounting Standards Codification ("FASB ASC"). Under Topic 958, the Organization is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets and permanently restricted net assets. Accordingly, the net assets of the Organization and changes therein are classified and reported as follows:

#### Unrestricted Net Assets

Net assets that are not subject to donor-imposed stipulations.

#### Temporarily Restricted Net Assets

Net assets subject to donor-imposed stipulations that may or will be met either by actions of the Organization and/or the passage of time.

#### Note 2 - Summary of Significant Accounting Policies (Continued)

#### Basis of Presentation (Continued)

#### Permanently Restricted Net Assets

Permanently restricted net assets is the class of net assets that is subject to donor-imposed stipulations that they be maintained permanently by an organization. As of June 30, 2010 and 2009, the Organization does not have any permanently restricted net assets.

#### Revenue and Expenses

Revenue is reported as increases in unrestricted net assets unless their use is limited by donor-imposed restrictions. Expenses are reported as decreases in unrestricted net assets. Gains and losses on investments and other assets or liabilities are reported as increases or decreases in unrestricted net assets unless their use is restricted by explicit donor stipulation or by law. The Organization reports donor-restricted contributions where restrictions are met in the same reporting period as changes in unrestricted net assets. Expirations of temporary restrictions on net assets (i.e., the donor-stipulated purpose has been fulfilled and/or the stipulated time period has elapsed) are reported as reclassifications between the applicable classes of net assets.

#### Contributions

Contributions, which include unconditional promises to give (pledges), are recognized as revenue in the period received. The Organization considers all contributions available for unrestricted use, unless specifically restricted by the donor or due in future periods, in which case they are recorded as temporarily restricted.

#### Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

#### Note 2 - Summary of Significant Accounting Policies (Continued)

#### Property and Equipment

Property and equipment is stated at cost or fair market value at the date of purchase or gift. Depreciation of property and equipment is provided on a straight-line basis over estimated useful lives of three to seven years. Upon sale or retirement of property and equipment, the related cost and accumulated depreciation are removed from the accounts and any gain or loss is reflected in operations.

#### Note 3 - Concentration of Credit Risk and Major Grantors or Contributors

#### Cash

The Organization maintains cash balances at a bank. Cash accounts at this institution are insured by the Federal Deposit Insurance Corporation up to \$250,000.

#### Major Grantors or Contributors

During the year ended June 30, 2010, one individual and one foundation accounted for approximately 40% of total public support and revenue. This individual and foundation accounted for 61% of the Organization's grants receivable at June 30, 2010. During the year ended June 30, 2009, one individual and two foundations accounted for approximately 40% of total public support and revenue. This individual and foundations accounted for 27% of the Organization's grants receivable at June 30, 2009.

#### Note 4 - Grants Receivable

As of June 30, the Organization has unconditional grants receivable as follows:

	2010	2009
Due within 1 year	\$ 238,791	\$ 461,449
Due years 2 through 5	30,000	60,000
	268,791	521,449
Present value discount (at rate of 3.2% in 2010		
and 5% in 2009)	(1,822)	(9,473)
Grants receivable, net	<u>\$ 266,969</u>	<u>\$ 511,976</u>

### Note 5 - Property and Equipment

At June 30, property and equipment consists of:

		2009
Equipment	\$ 55,415	\$ 54,024
Furniture and fixtures	<u>11,483</u>	11.483
	66,898	65,507
Less: Accumulated depreciation	50.800	42,945
	<u>\$ 16,098</u>	<u>\$ 22,562</u>

### Note 6 - Temporarily Restricted Net Assets

Temporarily restricted net assets at June 30, consist of the following:

	2010	2009
Program services:		
Capital campaign	\$ 10,000	\$ 55,000
Other program services	178,038	35,000
Supporting services:		
Time restriction	42,500	_330,000
	230,538	420,000
Present value discount (at rate of 5%)	(1,822)	(9,473)
	<u>\$ 228,716</u>	<u>\$ 410,527</u>

For the years ended June 30, the amounts released from restrictions consist of:

	2010	2009
Program services:		
Capital campaign	\$ 45,000	\$ 160,000
Other program services	-	45,000
Supporting services:		
Time restriction	322,500	<u>360,000</u>
	<u>\$ 367,500</u>	<u>\$ 565,000</u>

#### Note 7 - Related Party Transactions

During the years ended June 30, 2010 and 2009, the Organization contributed approximately \$902,000 and \$2,023,000, respectively, to UEF for funding of the capital campaign, and health and education initiatives in South Africa.

During the years ended June 30, 2010 and 2009, the Organization received a contribution of \$15,000 and \$26,000, respectively, from an individual related to the director of the Organization.

#### Note 8 - Notes Payable - Bank

The Organization has a line of credit with a bank that provides for maximum borrowings of \$50,000, which is collateralized by substantially all the assets of the Organization. Interest is charged at 4.75% at June 30, 2010. As of June 30, 2010 and 2009, the Organization was not indebted to its bank.

#### Note 9 - Functional Allocation of Expenses

The cost of providing the various program and supporting services has been summarized on a functional basis in the statement of activities. Accordingly, certain costs have been allocated among the program and the supporting services benefited.

#### Note 10 - Donated Goods and Services

For the years ended June 30, 2010 and 2009, the Organization received approximately \$33,000 and \$286,000, respectively, in donated goods and services.

Contributed legal services in 2009 include the value of services provided by an attorney in general corporate matters.

#### Note 11 - Commitments

#### Operating Lease

The Organization leases an office facility under a non-cancellable operating lease expiring through September 2014. Minimum aggregate annual lease payments are as follows:

Year Ending _ June 30, _	
2011	\$ 48,000
2012	49,000
2013	50,000
2014	50,000
2015	13,000
	<u>\$ 210,000</u>

Rent expense, including escalation costs, charged to operations for the years ended June 30, 2010 and 2009 amounted to approximately \$46,000 and \$37,000, respectively.

The accompanying financial statements reflect rent expense on a straight-line basis over the term of the lease in accordance with accounting principles generally accepted in the United States of America. An obligation of approximately \$2,000 at June 30, 2010 and 2009, representing the pro rata future rent payments, is included in the statements of financial position. Included in rent expense for the year ended June 30, 2009 is decreased rent in the amount of \$5,224, which represents the difference between the amount paid pursuant to the lease and rent expense calculated pursuant to the method referred to above.

#### Note 12 - Subsequent Events

The Organization has evaluated subsequent events through February 22, 2011, the date the financial statements were available to be issued, and has concluded that no such events or transactions took place which would require disclosure herein.

**SUPPLEMENTARY INFORMATION** 

#### INDEPENDENT AUDITOR'S REPORT ON THE SUPPLEMENTARY INFORMATION

The Board of Directors Ubuntu Education Fund, Inc.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplementary information is presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information has not been subjected to the auditing procedures applied in the audits of the basic financial statements and, accordingly, we express no opinion on it.

/s/ Mayer Hoffman McCann CPAs

New York, New York February 22, 2011 UBUNTU EDUCATION FUND, INC (Supplementary Information)
Schedule of Functional Expenses
For the Year Ended June 30, 2010

			Supporting Services		
	Program	Management and General		Total Supporting	Total
	Services	Services	Fundraising	Services	Expenses
Salaries and related expenses	\$ 301.071	\$ 126,801	\$ 146,758	\$ 273.559	\$ 574,630
Payroll taxes and health benefits	38,547	13,347	24,486	37,833	76,380
Total salaries and related expenses	339,618	140,148	171,244	311,392	010,129
Other expenses					
Contributions to UEF for capital campaign	400,000	,	·	•	400,000
Contributions to UEF for other program services	488,000		•	1	488,000
Community workshops and after school programs	r	•	1,633	1,633	1,633
Travel	27,103	4,637	4,795	9,432	36,535
Development and marketing	65,938	13,027	13,121	26,148	92,086
Rent	34,241	5,784	5,784	11,568	45,809
Utilities and insurance	7,573	929	929	1,858	9,431
Office expense	10,157	1,825	2,595	4,420	14,577
Professional fees	77,887	13,486	21,724	35,210	113,097
Сомтилісаці	5,667	1,133	1,430	2,563	8,230
Computer expense	8,632	1,054	2,378	3,432	12,064
Payroll service fees	2,455	1,184	477	199'1	4,116
Tranning and conferences	2,801	,	•	1	2,801
Bank fees	1,721	971	469	1,440	3,161
Contributed goods and services	,	3,400	18,990	22,390	22,390
Depreciation	5,655	1,100	1,100	2,200	7,855
Indirect benefit expenses		161	9,444	9,605	9,605
Total other expenses	1,137,830	48,691	84,869	133,560	1,271,390
Total expenses	\$ 1,477,448	\$ 188,839	\$ 256,113	\$ 444,952	\$ 1,922,400
_					

See independent auditor's report on the supplementary information

UBUNTU EDUCATION FUND, INC (Supplementary Information) Schedule of Functional Expenses For the Year Ended June 30, 2009

Supporting Services

	Program	Management and General	2	Total Supporting	Total
Colonian and relations	Services	Services	rundraising	Services	Cxpenses
Salaries and related expenses	\$ 199,078	\$ 107,834	\$ 107,834	\$ 215,668	\$ 414,746
Payroll taxes and health benefits	21,006	11,378	11,378	22,756	43,762
Total salaries and related expenses	220,084	119,212	119,212	238,424	458,508
Other expenses.					
Capital campaign	23,490	r	•	•	23,490
Contributions to UEF for capital campaign	1,050,000	ı	•	•	1,050,000
Contributions to UEF for other program services	950,000	•	•	•	000'056
Travel	19,911	10,785	10,785	21,570	41,481
Development and marketing	34,411	169'9	6,691	13,382	47,793
Rent	26,532	5,159	5,159	10,318	36,850
Utilities and insurance	6,021	1,171	1,171	2,342	8,363
Office expense	10,251	1,993	1,993	3,986	14,237
Professional fees	16,018	26,921	3,115	30,036	46,054
Communication	10,867	2,113	2,113	4,226	15,093
Computer expense	12,682	2,466	2,466	4,932	17,614
Payroll service fees	3,688	1,998	866'1	3,996	7,684
Training and conferences	606'1	371	371	742	2,651
Bank fees	•	12,605	•	12,605	12,605
Contributed legal services	•	86,201	•	86,201	86,201
Depreciation	8,717	1,695	1,695	3,390	12,107
Indirect benefit expenses	•	,	193,710	193,710	193,710
Miscellaneous	8,114	1,699	1,699	3,398	11,512
Total other expenses	2,182,611	161,868	232,966	394,834	2,577,445
Total expenses	\$ 2,402,695	\$ 281,080	\$ 352,178	\$ 633,258	\$ 3,035,953

See independent auditor's report on the supplementary information