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Internal Revenue Service

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

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047 Open to Public -Inspection

A	For the	2011 calendar year, or tax year beginning $$	ng JU	JN 30, 2012	2					
В	Check if	C Name of organization		D Employer identif						
á	applicable	3								
	Address	UBUNTU EDUCATION FUND, INC	- 1							
\vdash	Name	Doing Business As		31_1	1705917					
\vdash	lchange lnitial		n /ourto							
\vdash	iretum Termin-		n/suite i	E Telephone numb						
<u> </u>	ated Amende	32 BROADWAY			<u>-827-1190</u>					
늗	ireturn	City or town, state or country, and 219 + 4		G Gross receipts \$ 3,549,677.						
L	Applica- tion pending			H(a) Is this a group						
		F Name and address of principal officer. JACOB LIEF		for affiliates? Yes X No						
				H(b) Are all affiliates in						
		mpt status: X 501(c)(3) 501(c)() ((Insert no.) 4947(a)(1) or	527		a list (see instructions)					
		E ► HTTP://WWW.UBUNTUFUND.ORG		H(c) Group exempti						
			L Year of	formation: 1998	M State of legal domicile: NY					
P		Summary								
Ð	1 E	Briefly describe the organization's mission or most significant activities: ${f SEE} {f SCH}$	IEDUI	LE O						
vities & Governance	_									
ž	2 0	Check this box $lacktriangle$ if the organization discontinued its operations or disposed ${f o}$	of more t	than 25% of its net	assets.					
Š	3 1	lumber of voting members of the governing body (Part VI, line 1a)		3	20					
Ğ	1	lumber of independent voting members of the governing body (Part VI, line 1b)		4	20					
8	1	otal number of individuals employed in calendar year 2011 (Part V, line 2a)	•	5	1.0					
ij	1	otal number of volunteers (estimate if necessary)		6						
~=	1	otal unrelated business revenue from Part VIII, column (C), line 12		7:						
 		Net unrelated business taxable income from Form 990-T, line 34		7						
	- B !	Not differenced business taxable income from Form 550-1, line 54	'	Prior Year	Current Year					
 ₹		Contributions and grants (Doct VIII line 1h)	<u> </u>	3,205,353						
E E	8 (Contributions and grants (Part VIII, line 1h)	·	0,203,333						
JUN Revenue	9 F	Program service revenue (Part VIII, line 2g)	-	429						
≓,å	10 1	nvestment income (Part VIII, column (A), lines 3 (4 and 7d)	\vdash							
	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	- ├		***************************************					
규.	12 7	otal revenue - add lines 8 through 11 (must equal Part VIII column (A), line 12)	-	2,934,053						
SCAIMINE Expenses	13 (Grants and similar amounts paid (Frant IX) column (A), lines (3)	<u> </u>	1,954,534						
-	14 E	Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>	0						
E S	15 9	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)	699,264							
ည္တင္ဆ	16a F	Professional fundraising tees (Par W column (A), line 11e)	0	0.						
ž	. b ¹	otal fundraising expenses (Part IX, column (D), line 25) 707,070	<u>. </u>							
ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<u>478,856</u>	. 863,631.					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,132,654	3,068,142.					
		Revenue less expenses Subtract line 18 from line 12		<198,601	.> <144,764.>					
ets or	ß		Beg	inning of Current Yea	r End of Year					
sets	20 7	Total assets (Part X, line 16)		663,877						
Net Ass	21 1	Fotal liabilities (Part X, line 26)		42,443						
Se Se	22 1	Net assets or fund balances Subtract line 21 from line 20		621,434						
_		Signature Block								
_		ties of perjury, I declare that I have examined this return, including accompanying schedules and	d stateme	ents, and to the best of	my knowledge and belief, it is					
		, and complete. Declaration of preparer (other than officer) is <u>bas</u> ed on all information of which p		•	,					
	1	, and destributed by property (constraint constraint co	рторалол	5//	3/2011					
o:		Signature of officer		Date	7 7 0,					
Sig	- 1									
He	ere	JACOB LIEF, PRESIDENT Type or print name and title								
_			. In	Other Charles	PTIN					
_		Print/Type preparer's name Preparer's signature	ا	ate Check	—					
Pai	1	JAY GRAHAM		5 1 3 13 seif-emp						
	eparer	Firm's name CBIZ MHM, LLC		Firm's EIN	34-1883473					
Us	e Only	Firm's address 1065 AVENUE OF THE AMERICAS								
		NEW YORK, NY 10018		Phone no.	<u>212-790-5700</u>					
Ma	ay the IF	RS discuss this return with the preparer shown above? (see instructions)			. X Yes No					

1	Briefly describe the organization's mission:
	SEE SCHEDULE O
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ? Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to
4a	others, the total expenses, and revenue, if any, for each program service reported. (Code) (Expenses \$2,055,998 • including grants of \$1,462,287 •) (Revenue \$)
	SEE SCHEDULE O
4b	(Code) (Expenses \$57,019. including grants of \$57,019.) (Revenue \$)
	SEE SCHEDULE O
4c	(Code) (Expenses \$
	SEE SCHEDULE O
	,
	Other and the second of the se
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
	Total program service expenses 2,113,017.

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? 1 If Yes, "complete Schedule S, Schedule of Contributors? 2 Is the organization required to complete Schedule S, Schedule of Contributors? 3 Is the organization and the complete Schedule S, Schedule of Contributors? 3 Is the organization as eaches 501(c)(6) (Spin(c)(6), 501(c)(6), 501(c)(6				Yes	No
2 is the organization required to complete Schedule 8, Schedule 67 Contributors 3 Det the organization engage in direct or underse to problet or obtacl campage activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II 5 estection 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(f)) electron in effect during the tax year? If "Yes," complete Schedule C, Part II 5 is the organization assection 501(c)(4), 501(c)(5), or 501(c)(5), organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedured 18-19? If "Yes," complete Schedule C, Part III or provide advised in the organization mantain any donor advised funds or accounts for which donors have the right to provide advised on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 but the organization receive or hold a conservation easiement, including essements to preserve open space, the environment, historic land areas, or historic activations? If "Yes," complete Schedule D, Part III 8 but the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 9 but the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit courseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 but the organization assertion and organization, and assets in temporally restricted endowments, permanent and ownersh, permane	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3			 -		
Section SOI(\$3) organizations. Ddt the organization engage in lobbying activities, or have a section 501(\$1) election in effect during the tax year? If "Yes," complete Schedule C, Part II	2		2	<u> </u>	
4 X X section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part III is the organization a section 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III is Did the organization mannan any donor advised funds or any similar funds or accounts for which 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 II is Did the organization researce or hold a conservation easement, including easements to preserve open space, the environment, historic fund areas, or historic structure? If "Yes," complete Schedule D, Part II is 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, dobt management, credit repair, or debt negotation services? If "Yes," complete Schedule D, Part II is organization, directly or through a related organization, hold assets in temporarily restricted endowments, provided and provided and provided acredit counseling, dobt management, credit repair, or debt negotation services? If "Yes," complete Schedule D, Part IV is different to the organization, directly or through a related organization, hold assets in temporarily restricted endowments, provided assets as spiciosite. a bid the organization report an amount for investments - order related to the organization report an amount for investments - order related to the organization report an amount for investments - order related to the organization report an amount for investments - order related to 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 167 If "Yes," complete Schedule D, Part X is a patient of the tax y	3				
dung the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 99:197 If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have their part to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part III Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic fand areas, or historic structures II "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IVI Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide order documents, or quasi-endowments? If "Yes," complete Schedule D, Part VI Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide order documents, or the organization report an amount for lead, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part VI Did the organization report an amount for lead, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part VI Did the organization report an amount for or westments - order securities in Part X, line 10° If "Yes," complete Schedule D, Part VII Did the organization report an amount for order labilities in Part X, line 10° If "Yes," complete Schedule D, Part X III Did the organization report an amount for order labilities in Part X, line 10° If "Yes," complete Schedule D, Part X III Did the organization report an amount for order labilities in Part X, line 10° If "Yes," complete Schedule D, Part X III Did the organization report and part X, line 10° If			3_		<u>X</u>
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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 III 8 Did the organization maintain collections of works of art, historical treasures, or other similar assests? If "Yes," complete Schedule D, Part III 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 negotation services? If "Yes," complete Schedule D, Part VI 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part VI 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part VI 12 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 VI 11 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 VI 11 Did the organization report an amount for other assets 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 VI 11 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 VI 11 Did the organization report an amount for other assets in Part X, line 25° If "Yes," complete Schedule D, Part X 11 Did the organization report an amount for other assets in Part X, line 25° If "Yes," complete Schedule D, Part X 11 Did the organization assets assets reported in Part X, line 25° If "Yes," comp	6				7.5
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8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 10 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 negotation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization senser to any of the following questions is "Yes," then complete Schedule D, Part V II, VIII, IVI, or X as applicable. 12 Did the organization report an amount for Indi, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII 13 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 14 Did the organization report an amount for westments - other securities 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 15 Did the organization report an amount for other lassificiation of the Part X, line 16? If "Yes," complete Schedule D, Part VIII 16 Did the organization's lability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X X III 16 Did the organization battery of the part and the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X X III A and XIII 17 Was the organization maintain an office, employees, or agents outside of the United States? 18 X 19 Did the organization maintain an office, employees, or agents outside of the United States? 19 Did the organization report an Derivative outside the United States, If "Yes," complete Schedule F, Parts II and IV 19 Did the organization report at total of more than \$15,000 of expenses for professional fundraising ser	7		_		7.7
Schedule D, Part III Death 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 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V III. If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V II Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V II Did the organization report an amount for investments - program related 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 V III Did the organization report an amount for other labelities 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 IX III Did the organization report an amount for other labelities 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 III Did the organization report an amount for other labelities 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 III Did the organization organization amount for other labelities 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 X III Did the organization organization amount for other labelities in Part X, line 15 that is 5% or more of its total assets reported in Part X. III Did the organization organization an amount for other labelities in Part X, line 15 that is 5% or more of its total assets reported in Part X. III Did the organization organization expect a consolida			7		_ <u>x</u> _
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13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14 Did the organization maintain an office, employees, or agents outside of the United States? 14 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 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, Parts II and IV 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, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 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 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule III this return?	b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
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b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		,		-	
				+	<u> </u>
	<u>b</u>	if the sitted into a copy of its audited financial statements to this return?		990	/2011\

Form 990 (2011) UBUNTU EDUCATION FUND, INC Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	L
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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u></u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			ĺ
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			ĺ
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	١.		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	about and ask and a	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	1. 1.	ا المستحدة	17.
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X_
С				
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	ļ <u>.</u>
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	L	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	ļ		
	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_		X
34	Was the organization related to any tax-exempt or taxable entity?		l	
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	-
35a	, , , , , , , , , , , , , , , , , , , ,	35a	X	ļ
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	 	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
_	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	ļ	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	X	<u> </u>

UBUNTU EDUCATION FUND, INC Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V					
					Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0		-	.
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	. 0		-	, 1
C	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gamıng	٠		ار. الم
	(gambling) winnings to prize winners?	,		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			7 - L	·	6
	filed for the calendar year ending with or within the year covered by this return	2a	13	1	<i>.</i>	أت عد
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ms?	•	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)		î.T	<u>, , , , , , , , , , , , , , , , , , , </u>	***
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	nty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			, g., g.,		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	nts.			1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action	?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he org	anızatıon solicit			
	any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions o	or gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			ا المحمد المحمد	6 . B	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and see	rvices	provided to the payor?	7a	X	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as rec	luired			
	to file Form 8282?		,	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		4.12		区区
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contra	ct?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8	899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation 1	file a Form 1098-C?	7h	t 1.	X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.	od the	supporting		To be	47.00
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings a	t any tir	ne during the year?	8	- 44 150-	X
9	Sponsoring organizations maintaining donor advised funds.				47. 12	*
а	Did the organization make any taxable distributions under section 4966?			9a	<u> </u>	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	• • • • •		9b	E-W-T-	X
10	Section 501(c)(7) organizations. Enter:	1	ı	清海	,	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				, a
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				155' 3.33 102' 3.33
11	Section 501(c)(12) organizations. Enter:	1	1	陸擊	1	
а	Gross income from members or shareholders	11a		W.	原 第	一类
b	Gross income from other sources (Do not net amounts due or paid to other sources against			4	1	
	amounts due or received from them.)	11b	<u></u>	6.2.	d, 79	
12a	σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ		?	12a	<u> </u>	1 -/2
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			K.K.	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			t + hard	関係	12.2
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		1 72.0
	Note. See the instructions for additional information the organization must report on Schedule O.			, d		3.7
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ı	1	الهيمة المجار المارة المجارة	F. Alm	4
	organization is licensed to issue qualified health plans	13b		100		
С	Enter the amount of reserves on hand	13c		7 7 5	157.	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Did the organization receive any payments for indoor tanning services during the tax year?			14a	-	X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	ile O	··	14b	000	400
				Form	990	(2011)

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Rativi: 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.

	Check if Schedule O contains a response to any question in this Part VI					LX.				
Sect	tion A. Governing Body and Management									
					Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20		5.2.6	# F				
	If there are material differences in voting rights among members of the governing body, or if the governing				4. Arti					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1 1			proper					
ь	Enter the number of voting members included in line 1a, above, who are independent	1b	20		10 ale 1	连盟				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh				19.77					
_	officer, director, trustee, or key employee?	ıp wıdı	arry outer	2	كالترابط	X				
•						<u> </u>				
3	Did the organization delegate control over management duties customarily performed by or under the	ie direc	t supervision			v				
_	of officers, directors, or trustees, or key employees to a management company or other person?			3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form		s tilea?	4						
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X				
6	Did the organization have members or stockholders?	•	· · · · ·	6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or							
	more members of the governing body?			7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockho	olders, or							
	persons other than the governing body?			7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by th	e following:			要是				
а	The governing body?			8a	X	<u> </u>				
b	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 re	ached a	at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		_X_				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue	e Code.)							
			- · · · · · · · · · · · · · · · · · · ·		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a	Х					
	If "Yes," did the organization have written policies and procedures governing the activities of such of	hapter	s. affiliates.							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	•	, ,	10b	Х					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dv befo	re filing the form?	11a	X					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	-,								
12a										
120 h	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to con	flicts?	12a 12b	X	 				
•	Did the organization regularly and consistently monitor and enforce compliance with the policy? If *			120		 				
С	In Schedule O how this was done	763, U	escribe	12c	X					
12						x				
13	Did the organization have a written whistleblower policy?			13		X				
14	Did the organization have a written document retention and destruction policy?			14	\$#@ \$ \$	A PERS				
15	Did the process for determining compensation of the following persons include a review and approve		idependent			4				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	ť		i .						
a	The organization's CEO, Executive Director, or top management official	•		15a	X	 				
b	Other officers or key employees of the organization			15b	X	ACCA N				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				1	記憶				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement v	vith a	0345		100				
	taxable entity dunng the year?			16a	मुख्युल धरा	X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	anizatıo	n's		巴亞	2.				
	exempt status with respect to such arrangements?			16b		<u> </u>				
<u>Sec</u>	tion C. Disclosure		· · · · · · · · · · · · · · · · · · ·							
17	List the states with which a copy of this Form 990 is required to be filed ►MD, PA, FL, ME,	CT,I	L,NJ,NY,C	Y,CC	, KY	,DC				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	-T (Sect	ion 501(c)(3)s only)	avaılat	le					
	for public inspection. Indicate how you made 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 made its governing documents, or	conflict	of interest policy, ar	nd fina	ncial					
	statements available to the public during the tax year.		,,,		-**					
20	State the name, physical address, and telephone number of the person who possesses the books	and rec	ords of the organiza	ation:	-					
	JACOB LIFF C/O UBUNTU EDUCATION FUN - 646-827-119									
	32 BROADWAY, NEW YORK, NY 10004	<u> </u>								
13200	SEE SCHEDILE O FOR FILL LIST OF STATES			Form	gan	(2011)				

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

Check this box if fleither the organization	ni ilor arry resaced	Jiga	11120		0011	ı.pci	1000		-	
(A)	(B)	(B) (C)						(D)	(E)	(F)
Name and Title	Average	(do not check more than one box, unless person is both an						Reportable	Reportable	Estimated
	hours per			ss per d a di				compensation from	compensation from related	amount of other
	week (describe	ţō.					Ė	the	organizations	compensation
,	hours for	trustee or director				-		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)		organization
	organizations	l trus	nal tri		oyee	E o	ł			and related
	in Schedule	Individual	institutional trustee	Officer	Key employee	Highest compensated employee	Богшег			organizations
	0)	ם	SE	통	ą	운동	훈			
(1) ANDREW ROLFE	5 00	x						0.	0.	0.
BOARD MEMBER	5.00	Α						0.	U •	<u> </u>
(2) BILL VOGE	F 00	. ·						0.	0.	0.
BOARD MEMBER	5.00	X						0.	U •	<u> </u>
(3) CIKO THOMAS	F 00		ļ			l				^
BOARD MEMBER	5.00	X	-			 	-	0.	0.	0.
(4) DANIEL OSORIO	F 00	7.]				_	^	_
BOARD MEMBER; CHAIRPERSON	5.00	X	_	<u> </u>		-		0.	0.	0.
(5) DAVID LAMOND	F 00		İ				i			١
BOARD MEMBER; DIRECTOR	5.00	X	-	<u> </u>	ļ	<u> </u>	-	0.	0.	0.
(6) DR.FRANK LIPMAN	5 00									١ .
BOARD MEMBER; DIRECTOR	5.00	X	 	-		 -	 	0.	0.	0.
(7) JACOB LIEF	40.00							154 500		
PRESIDENT & FOUNDER	40.00	X	├_	X		X	 	154,500.	0.	0.
(8) KATHERINE SCOTT				1			1			
BOARD MEMBER	5.00	X	1	-		+	-	0.	0.	0.
(9) KEVIN LAW							1			
BOARD MEMBER; DIRECTOR	5.00	X	-	-	<u> </u>	┿	├	0.	0.	0.
(10) KIM HOWARD										
BOARD MEMBER	5.00	X	├-	ļ	<u> </u>	╀	\vdash	0.	0.	0.
(11) MALIZOLE BANKS GWAXULA										
PRESIDENT & FOUNDER	40.00	X	<u> </u>	╄		<u> </u>	1-	0.	0.	0.
(12) NOMKHIA NQWENI		Ì								
BOARD MEMBER; SA CHAIR	5.00	X	↓_	-	<u> </u>	1_	1	0.	0.	0.
(13) PAULO EAPEN		İ			Ì		l			
BOARD MEMBER	5.00	X	╽	-		_	↓_	0.	0.	0.
(14) PETER MICHAU										
BOARD MEMBER/SECRETARY	5.00	X	1	↓	<u> </u>	↓_	╄	0.	0.	0.
(15) PHILIP VASSILIOU										
BOARD MEMBER	5.00	X	1	1	1-	\bot	\perp	0.	0.	0.
(16) RUSH MCCLOY	1									
TREASURER/FINANCE CHAIRPERSON	5.00	X	\bot	1	<u> </u>	\bot	\perp	0.	0.	. 0
(17) SCOTT SHLEIFER					Ì		-			
BOARD MEMBER	5.00	<u> </u>	Т.	_L_	<u></u>		<u> </u>	0.	. 0.	0.
132007 01-23-12										Form 990 (2011)

132007 01-23-12

Rank Mill Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, a	nd ł	ligh	est	Compensated Employ	ees (continued)		
(A)	(B) (C)							(D)	(E)		(F)
Name and title	Average	(do	not cl		rtion		one	Reportable	Reportable		Estimated
	hours per	box	unle:	ss pe	rson	ıs bot	h an	compensation	compensation	;	amount of
	week (describe	_	Jer an	uau	I ecit	J/u us	100)	from	from related		other
	hours for	individual trustee or director						the organization	organizations (W-2/1099-MISC		mpensation from the
	related	50	. E			sated		(W-2/1099-MISC)	(44-271099-141150	·	rganization
	organizations	ruste	ıl trus		8	mpen		(***271033*****100)			ind related
	ın Schedule	qua	utions	<u>.</u>	e e	st co	5				ganizations
	O)	indivi	Institutional trustee	Officer	Key	Highest compensated employee	E G				•
(18) STEPHEN SCHAFFER		i									
BOARD MEMBER	5.00	X						0.	+	0.	0.
(19) WINSTON GINSBERG				ļ	İ						
BOARD MEMBER	5.00	X						0.		0.	0.
(20) ZIYANDA NTSHONA		ļ			ŀ						
BOARD MEMBER; SECRETARY	5.00	X		_	L			0.		0.	0.
				\vdash	\vdash	┼-	-				
					<u>.</u>		<u> </u>				
1b Sub-total								154,500.		0.	0.
c Total from continuation sheets to Part	VII, Section A							0.		0.	0.
d Total (add lines 1b and 1c)						>		154,500.		0.	0.
2 Total number of individuals (including but	not limited to the	nose	e liste	ed a	bov	e) w	ho r	received more than \$100	0,000 of reportable		
compensation from the organization											1
										19	Yes No
3 Did the organization list any former office			e, K	ey e	mpi	oyee	e, or	nignest compensated e	mployee on	1	
line 1a? If "Yes," complete Schedule J for 4 For any individual listed on line 1a, is the					 atıa		d at	· · · · · · ·	the ergenization	3	
4 For any individual listed on line 1a, is the and related organizations greater than \$1									the organization	- 1 -	1 70
5 Did any person listed on line 1a receive o										4	
rendered to the organization? If "Yes," co								ted organization or indiv	iddai ioi services	5	
Section B. Independent Contractors	implete ochedu	<i>1</i> 0 0	101 3	uci.	per	3011				1.9	<u></u>
Complete this table for your five highest of	compensated in	dep	end	ent (conf	tract	ors	that received more than	\$100,000 of comp	ensatio	n from
the organization. Report compensation for	·='										
(A)								(B)			(C)
Name and busine	ss address	N	ON	E				Description of	services	Com	pensation
	-										 .
							-		•		
Total number of independent contractors	s (includina but	not	limite	ed t	o th	ose	liste	d above) who received	more than		
\$100,000 of compensation from the orga	_					0		·	<u> </u>		

PartiX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

-	olete columns (B), (C), and (D). Check if Schedule O contains a response	se to any question in this	s Part IX		
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,	1			
	organizations, and individuals outside the	1 510 206	1 510 206		
	United States. See Part IV, lines 15 and 16	1,519,306.	1,519,306.	TOTAL SERVICE THE PROPERTY OF	
4	Benefits paid to or for members		···	MACON SHEET CANADA	
5	Compensation of current officers, directors,	154 500	26 722	40 010	CO 557
	trustees, and key employees	154,500.	36,733.	49,210.	68,557.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	400 140	101 704	126 270	100 005
7	Other salanes and wages	428,149.	101,794.	136,370.	189,985.
8	Pension plan accruals and contributions (include				
_	section 401(k) and section 403(b) employer contributions)	C1 01 F	10 016	0 (01	20 400
9	Other employee benefits	61,817.	19,816.	9,601.	32,400.
10	Payroll taxes	40,739.	13,210.	6,402.	21,127.
11	Fees for services (non-employees).				
а	Management				
b	Legal				
C	Accounting		·		
d	Lobbying		A CANADA SA NA PARA PARA PARA PARA PARA PARA PARA		
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	449,541.	332,195.	17,708.	99,638.
g	Other	443,341.	334,133.	11,100.	33,030.
12	Advertising and promotion	14,236.	685.	3,347.	10,204.
13	Office expenses	14,230.	005.	3,341.	10,204.
14	Information technology				
15	Royalties	50,295.			50,295.
16	Occupancy	93,373.	52,879.	22,412.	18,082.
17	Payments of travel or entertainment expenses	23,313.	52,015.	24, 712.	10,002.
18	for any federal, state, or local public officials				
10	Conferences, conventions, and meetings				
19 20	Interest	·			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,684.			5,684.
23	Insurance	12,134.	1,354.	-	10,780.
24	Other expenses, Itemize expenses not covered	VIS PER CONTRACT	24.50.00		
£-4	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)	THE PERSON NAMED IN		对于一种的一种	
а	DEVELOPMENT & MARKETING	122,648.			122,648.
b	COMPUTER EXPENSE	39,279.	24,872.	359.	14,048.
c	CONTRIBUTED GOODS & SER	28,550.			28,550.
d	DAMPOLY OFFICE THE /DAM	23,243.	5,093.	2,310.	15,840.
	All other expenses	24,648.	5,080		19,232.
25	Total functional expenses. Add lines 1 through 24e	3,068,142.	2,113,017		707,070.
26	Joint costs. Complete this line only if the organization	- , ,	,		,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				
					Form 990 (2011)

	330 (2 3XX	Balance Sheet	<u> </u>	I OND , INC		<u> </u>	1703317 Fage 11
				_	(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing				1	
	2	Savings and temporary cash investments			330,669.	2	375,465.
	3	Pledges and grants receivable, net			283,443.	3	383,354.
	4	Accounts receivable, net			4		
İ	5	Receivables from current and former officers, dire	ectors	, trustees, key		贖	
		employees, and highest compensated employee	s Cor	nplete Part II			
		of Schedule L				5	
1	6	Receivables from other disqualified persons (as	d under section				
		4958(f)(1)), persons described in section 4958(c)	(3)(B),	and contributing		3	
		employers and sponsoring organizations of secti					
		employees' beneficiary organizations (see instruc	ctions)			6	
Assets	7	Notes and loans receivable, net				7	
Ass	8	Inventories for sale or use			8		
`	9	Prepaid expenses and deferred charges	17,014.	9	49,728.		
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	73,547.			
	b	Less: accumulated depreciation	10b	63,731.	14,301.	10c	9,816.
,	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	18,450.	15	14,500.		
	16	Total assets. Add lines 1 through 15 (must equa	663,877.	16	832,863.		
	17	Accounts payable and accrued expenses			39,00 <u>6</u> .	17	56,944.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Complete F	art IV	of Schedule D		21	
Liabilities	22	Payables to current and former officers, director	s, trus	tees, key employees,		0	
api		highest compensated employees, and disqualifie	ed per	sons. Complete Part II			新疆,一个大学
_		of Schedule L	_			22	
	23	Secured mortgages and notes payable to unrela	ted th	ird parties		23	
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, page	yables	to related third			
	ŀ	parties, and other liabilities not included on lines	17-24). Complete Part X of			
		Schedule D			3,437.	25	3,762.
	26	Total liabilities. Add lines 17 through 25		,	42,443.	26	60,706.
		Organizations that follow SFAS 117, check he	ere 🕨	► X and complete		13.3	
မွ		lines 27 through 29, and lines 33 and 34.					
anc	27	Unrestricted net assets			397,509.		475,651.
Bai	28	Temporarily restricted net assets			223,925.	28	296,506.
Net Assets or Fund Balances	29	Permanently restricted net assets				29	
3		Organizations that do not follow SFAS 117, c	neck I	nere 🕨 🔲 and	學。例如自由主義教	1 1 P	
ō	1	complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ed				31	
et .	32	Retained earnings, endowment, accumulated in	come,	or other funds	604 454	32	
Z	33	Total net assets or fund balances			621,434.		772,157.
	34	Total liabilities and net assets/fund balances			663,877.	34	832,863.

orm	990 (2011) UBUNTU EDUCATION FUND, INC	<u>31-1</u>	<u>705917</u>	Pag	<u>le</u> 12
Pa	t XI Reconciliation of Net Assets			_	
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,923	3,3	<u>78.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,068	3,1	42.
3	Revenue less expenses. Subtract line 2 from line 1	3	<14	1,7	64.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	623	1,4	34.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	29!	5,4	87.
6_	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	77:	2,1	57 <u>.</u>
Pa	tiXII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				\Box
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			1,5	1,5, 1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C).	ج م ان ان ان	- 1	المتاكنة أعانيا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
¢	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scher	dule O.		"	
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			, ,
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis		المتعقبة المتعقبة	د د د د	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?		. 3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		. 3b		
			Form	990 (2011)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

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

Name of the organization

Employer identification number

(Paralla)		UBUNTU		31-1705917							
(Rantil)	<u>-</u>		ty Status (All organiz					ructions.			
The organ		-	pecause it is. (For lines 1	_		-					
1 📙	•		s, or association of churc		nbed in se	ction 170	(b)(1)(A)(i).				
2			0(b)(1)(A)(ii). (Attach Scl	•							,
3 📙	•	•	al service organization of								
4 📖			pperated in conjunction	with a hos	pital descr	ibed ın se	ction 170(b)(1)(A)(iii). Enter th	e hospital's name	Э,
	city, and stat									•	
5 📖	_	•	penefit of a college or ur	niversity ov	vned or op	erated by	a governn	nental unit	describe	d in	
. —		(b)(1)(A)(îv). (Comple									
6 🖳			ent or governmental unit								
7 X	_		eives a substantial part	of its supp	ort from a	govemme	ental unit o	r trom the	general p	ublic described in	1
	section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
8							L			d:-4- &	
9 📖	-	•	eives. (1) more than 33 1								
			nctions - subject to certa axable income (less sect								
		509(a)(2). (Complete	•	.ioii 5 i i ta	x) iroin bu	511 1 0 5505 6	icquired b	y ii ie orga	HIZALIOH A	itel June 30, 1973	J.
10 🔲			perated exclusively to te	et for nubli	ic safety S	ee sectio	n 500(a)(4	۸			
11 🗔	-		perated exclusively for the						out the r	ournoses of one o	or
11	-		itions described in section								
			organization and compl		-		,		-,(-,-		
	а П Туре			Тур	-		tegrated		d 🗔	Type III - Other	
е 🔲			t the organization is not	controlled	directly o	r indirectly	by one or	more disc	qualified p	ersons other than	n
			han one or more publicly								
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	: 111			
	supporting o	rganization, check th	nis box								
g	Since Augus	t 17, 2006, has the o	organization accepted ar	ny gift or c	ontribution	from any	of the follo	owing pers	sons?		
	(i) A perso	n who directly or ind	rectly controls, either al	one or tog	ether with	persons o	described i	n (ii) and (i	ii) below,	Yes	No
	the gov	erning body of the si	upported organization?							11g(i)	
			n described in (i) above?							11g(ii)	
		•	person described in (i)							11g(iii)	
h	Provide the f	ollowing information	about the supported or	ganızatıon	(s).						
		1	I (iii) Type of	I				(.3) 10			
	of supported	(ii) EIN	(iii) Type of organization		organization sted in your		u notify the tion in col.	Lorganizatio	on in col.	(vii) Amount of	f
org	anızatıon		(described on lines 1-9		document?		r support?	(i) organiz U.S	ed in the j	support	
			above or IRC section (see instructions))	Yes		Yes	No	Yes	No		
			(acc manuchona))	162	140	163	140	163	140	·	
-				-			<u> </u>				
							1				
				†	<u> </u>		1				
							1				
								<u> </u>			
Total				图				製織			

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

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12

Schedule A (Form 990 or 990-EZ) 2011 UBUNTU EDUCATION FUND, INC 31-17059 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

	rails to qualify differ the tests			,					
Section A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received (Do not		1						
	ınclude any "unusual grants.")	2216169.	2813868.	1682287.	3205406.	3218770.	13136500.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities				·				
_	furnished by a governmental unit to								
	the organization without charge						į		
4	Total. Add lines 1 through 3	2216169.	2813868.	1682287.	3205406.	3218770.	13136500.		
	The portion of total contributions			RAPIDUE DE		BERNEY CONTRACTOR	232303001		
Ŭ	by each person (other than a								
	governmental unit or publicly								
	supported organization) included				4.2	1.11			
	on line 1 that exceeds 2% of the								
	amount shown on line 11,	+			2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
	column (f)						2001005		
_		SCHOOL STREET	TO SUPPLIE A PLANT	LINE STATES	· 对公司人们的时间的公司。	A CHARLES MADE AND A CONTROL	3001885.		
	Public support. Subtract line 5 from line 4	LIFE CONTROL		TO THE PERSON NAMED IN	新洲、加加州岛北京省	A CONTRACTOR OF THE CONTRACTOR	10134615.		
	ction B. Total Support								
	ndar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
	Amounts from line 4	2216169.	2813868.	1682287.	3205406.	3218770.	13136500.		
8	Gross income from interest,								
	dividends, payments received on						1		
	securities loans, rents, royalties						1		
	and income from similar sources	12,165.	838.	594.	429.	95.	14,121.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part IV.)	150.					150.		
11	Total support. Add lines 7 through 10	STATE OF THE STATE	河流 地位温度		然是是巴莱斯	经验证	13150771.		
12	Gross receipts from related activities	, etc (see instructi	ons)			12 1	,012,286.		
13	First five years. If the Form 990 is fo	•	•	d, fourth, or fifth t	ax year as a sectio				
	organization, check this box and sto	_					▶□		
Sec	ction C. Computation of Pub	ic Support Pe	rcentage			-			
14	Public support percentage for 2011 (line 6. column (f) d	ivided by line 11.	column (f))		14	77.06 %		
	Public support percentage from 2010				• • • • • • • • • • • • • • • • • • • •	15	76.39 %		
	33 1/3% support test - 2011. If the			n line 13, and line	14 is 33 1/3% or r	\			
	stop here. The organization qualifies	•		•			> X		
H	33 1/3% support test - 2010. If the		•						
•	and stop here. The organization qua	=				0 0. moro, oriook (▶ □		
17-	10% -facts-and-circumstances tes	• •	• • •	• •		 and line 1/l ie 1/0/	🕶 🗀		
110	and if the organization meets the "fac								
	•			•	-	_			
	meets the "facts-and-circumstances"						100/		
t	10% -facts-and-circumstances tes	-							
	more, and if the organization meets t				•		le		
	organization meets the "facts-and-cir		-	•					
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16	ia, 16b, 17a, or 17	D, check this box	and see instruction	ns <u>P</u>		

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Suppor	t						
Calendar year (or fiscal year beginni	ng in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, a	· · —						
membership fees received. (Do not						
include any "unusual grants.	.")						
2 Gross receipts from admission	ons,						
merchandise sold or service:							
formed, or facilities furnished							
any activity that is related to organization's tax-exempt pu							
3 Gross receipts from activities				· · · · · · · · · · · · · · · · · · ·	<u> </u>		
are not an unrelated trade or							
iness under section 513	203				~		
4 Tax revenues levied for the d	·· ·				 		
ization's benefit and either p	·						
or expended on its behalf	aid to						
•							
5 The value of services or facil		,					
furnished by a governmental						1 1	
the organization without cha	_					 	
6 Total. Add lines 1 through 5	_			ļ			
7a Amounts included on lines 1	· ·	ļ					
3 received from disqualified	` -						
b Amounts included on lines 2 and 3 red from other than disqualified persons ti	I						
exceed the greater of \$5,000 or 1% of				İ		1	
amount on line 13 for the year							
c Add lines 7a and 7b							
8 Public support (Subtract line 7c fro	m line 6) 🎇	diveloped the second		加州では大学			
Section B. Total Support						-, -	
Calendar year (or fiscal year beginn		(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	<u>L</u>				<u> </u>		
10a Gross income from interest,							
dividends, payments receive securities loans, rents, royal							
and income from similar sou	rces						
b Unrelated business taxable inco	me						
(less section 511 taxes) from bu	ısınesses					1	
acquired after June 30, 1975							
c Add lines 10a and 10b							
11 Net income from unrelated b	ousiness					•	
activities not included in line							
whether or not the business regularly carried on	IS					1	
12 Other income. Do not includ	e gain				 		
or loss from the sale of capit							
assets (Explain in Part IV.)			 	†	†		
13 Total support (Add lines 9, 10c, 11			o first seemed **	rd fourth or fifth	lay year on a sect	on 501(a)(2) area-	L
14 First five years. If the Form check this box and stop her		ie organization:	s iirst, secona, thi	ia, iourui, or illth i	ax year as a secti	on son(c)(3) organiz	auon, ⊾□
Section C. Computation		Support Pa	rcentage	<u> </u>	·· · · · · · · · · · · · · · · · · · ·		
15 Public support percentage f				column (fi)	-	15	%
	-		-	COIGHIII (I))			
16 Public support percentage f Section D. Computation						16	9/
						47	
17 Investment income percents	_	•	*			17	9/
18 Investment income percent	-					18	9/
19a 33 1/3% support tests - 20		-					i / is not
more than 33 1/3%, check t		•	•	• •		* * * **	▶□
b 33 1/3% support tests - 20		-					
line 18 is not more than 33			•	•	• • •		▶⊨
20 Private foundation If the o	rganization i	did not check a	hox on line 14 19	a or 19h check!	this hov and see it	netriictions	▶

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.



Name of the organization

UBUNTU EDUCATION FUND, INC

Employer identification number

in==	UBUNTO EDUCATION FO UBUNTO EDUCATION FO UBUNTO EDUCATION FO	Funds or Other Similar Fund	le or Accounts Complete of the
Par			is of Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		() F
		(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 w	riting that the assets held in donor adv	rised funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad		e used only
	for charitable purposes and not for the benefit of the donor or		
			Yes No
Par	Conservation Easements. Complete if the orga		
	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or ed		nistorically important land area
	Protection of natural habitat	· —	ertified historic structure
	Preservation of open space		
•	Complete lines 2a through 2d if the organization held a qualifie	od conservation contribution in the for	n of a conservation easement on the last
2		ed Conservation Contribution in the for	If of a conservation casement on the last
	day of the tax year.		Held at the End of the Tax Year
_	Tatal would are of accessively accessively		2a
a	Total number of conservation easements		"
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic stru		2c
đ	Number of conservation easements included in (c) acquired a	mer 8/17/06, and not on a historic struc	+ I
	-		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by t	the organization during the tax
	year >		
4	Number of states where property subject to conservation eas		-
5	Does the organization have a written policy regarding the pen	_	
	violations, and enforcement of the conservation easements it	** * * * *	
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 1	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describe	es the organization's accounting for
I - S	conservation easements.		Oll Oiil AA-
Fa	Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		erance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describ		
b	• • •		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of	public service, provide the following amounts
	relating to these items:		
	(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 trea		
_	the following amounts required to be reported under SFAS 1		
а	D 000 D-43/III 44		▶ \$
b		·	\$
IJ	, additional and an anni dought was a		• • •

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

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011

	(a) Description of security or category (including name of security)	(b) Book value		od of valuation: of-year market value
 (1)	Financial derivatives		333. 3. 3114	
	Closely-held equity interests			
	Other	-		
	(A)			
	(B)			
	(C)			
	(D)			
	(E)			
	(F)			
	(G)			
	(H) (I)			
	(I) II. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶			
	in too to must equal to misso, rait x, cor(b) into 12.		e 13	<u> 1990. B. British y Arrest Marie II an Lucio</u>
13272	(a) Description of investment type	(b) Book value	(c) Meth	od of valuation: of-year market value
	(1)		-	
	(2)			
	(3)			
	(4)			
	(5)			
	(6)			
	(7)			
	(8)			
	(9) 10)			
	al. (Col (b) must equal Form 990, Part X, col (B) line 13.)			
	Other Assets. See Form 990, Part X, I		159 Call Mark Market Liberter - 1900	
		(a) Description		(b) Book value
	(1)			
	(2)			
	(3)			
	(4)			
	(5)			
	(6)			
	(7)	.		
	(8)	·		
	10)			
	tal. (Column (b) must equal Form 990, Part X, col (B)	line 15.)		•
1	Other Liabilities. See Form 990, Part			
1.	(a) Description of liability		(b) Book value	
	(1) Federal income taxes			
	(2) DEFERRED RENT		3,762.	
	(3)			
	(4)			
	(m)			
_	(5)			
_	(6)			
	(6) (7)			
	(6) (7) (8)			
	(6) (7) (8) (9)			
	(6) (7) (8)			

	Reconciliation of Change in Net Assets from Form 990 to	Audito	d Financ	ial State		. / U 5 9 1 / Page 4
		Audite	u i manc		, ment	2,923,378.
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		3,068,142.
2	Total expenses (Form 990, Part IX, column (A), line 25)		· -	3		<144,764.
3	Excess or (deficit) for the year. Subtract line 2 from line 1 Net unrealized gains (losses) on investments			4		<u> </u>
4		•		5		
5	Donated services and use of facilities			6		
, 6	Investment expenses			7		
7	Prior period adjustments					295,487.
8	Other (Describe in Part XIV.)		·	9		295,487.
9	Total adjustments (net). Add lines 4 through 8	٠	• • •	10		150,723.
10 Par	Reconciliation of Revenue per Audited Financial Statemen	nts Wit	th Reven		Return	130,723.
1	Total revenue, gains, and other support per audited financial statements				1 1	3,218,865.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	• •	• •	• •	15.4	0/220/333
a	Net unrealized gains on investments	2a				
ь	Donated services and use of facilities	2b		6,250.		
c	Recoveries of prior year grants	2c		<u>,, </u>		
d	Other (Describe in Part XIV.)	2d	28	9,237.		
e	Add lines 2a through 2d			, , , , , , , , , , , , , , , , , , , 	2e	295,487.
3		•	• •	•	3	2,923,378.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		•			2/320/0101
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
a b	Other (Describe in Part XIV)	4b				
C	Add lines 4a and 4b	(TD)			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		•	•	5	2,923,378.
IPa	Reconciliation of Expenses per Audited Financial Statement	ents W	ith Expe	nses pei		n
1	Total expenses and losses per audited financial statements			•	11	3,045,142.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				77.52	<u> </u>
a	Donated services and use of facilities	2a				
_	Prior year adjustments	2b	•			
b	Office Local	20 2c				
ب د		2d				
d					2e	0.
e	Add lines 2a through 2d				3	3,045,142.
3	Amounts included on Form 990, Part IX, line 25, but not on line 1:	•				<u> </u>
4		امدا				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b	2	3,000		
D	Other (Describe in Part XIV.)	(4b ₁		3,000	4.0	23,000.
	Add lines 4a and 4b	•	•		4c	3,068,142.
5 IPa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information			<u> </u>	1 5 1	3,000,142
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	l lings 1	a and 4. Pa	rt IV lines	1h and 2	Ph: Part V line 4: Part
X, lin	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also comp					
NO	N CASH DONATIONS AND DONATED SERVICES					295,487
PA	RT XII, LINE 2D - OTHER ADJUSTMENTS:					
ST	OCKS	_ .				266,237
CR	EATED NEW LOGO DESIGN/BUSINESS CARDS/ANNUA	L RE	PORT	-		23,000
<u>TO</u>	TAL TO SCHEDULE D, PART XII, LINE 2D					289,237
13205 01-23	4 -12				Sched	lule D (Form 990) 201

Schedule D (Form 990) 2011 UBUNTU EDUCATION FUND, INC RankX V Supplemental Information (continued)	31-1705917 Page 5
Bankey Supplemental Information (continued)	
PART XIII, LINE 4B - OTHER ADJUSTMENTS:	
	02.000
CREATED NEW LOGO DESIGN/BUSINESS CARDS/ANNUAL REPORT	23,000.
	, 100 to
	To 1

	1 to a "Mariette
	· · · · · · · · · · · · · · · · · · ·
	······································
	 .
	
	. _

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No 1545-0047	
2011	_
LUII	
Openito Public	7
Inspection	1

Name of the organization

Employer identification number

to Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of offices offices in the region in the region of in the region in the region of in the region of in the region of in the region of in the region of in the region of services, investments, grants to recipients located in the region) FUNDRAISING, PROGRAM SERVICES INCLUDING: HIV MEDICAL TESTING & PREVENTION, CLINICAL TREATMENT EDUCATION, SERVICES, CARE & SUPPORT FOOD TRAINING 2 POST TREATMENT EDUCATION, SERVICES FOR HIV PREVENTION, CLINICAL FRIENDS OF UBUNTU	UBUNTU EDUCATIO	N FUND,	INC	-	31-1705917	7
the grantesive eighbility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers, Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of offices in the region in the region in the region in the region in the region of supplying the procedures for monitoring the use of its grants and other assistance outside the United States. (a) Region (b) Number of offices in the region in the				tside the United States. Compl	ete if the organization answered "Yo	es"
The grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No Programmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. A critivities per Region, (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c	to Form 990, Par	t IV, line 14b.				
2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region. (b) Number of offices in the region. (b) Number of offices in the region in the region. (c) Number of offices in the region. (b) Number of offices in the region. (c) Number of offices in the region. (c) Number of offices in the region. (c) Number of offices in the region. (c) Number of offices of services, in region. (c) Number of of services, in region. (c) Number of services, in region. (d) Number of services, in region. (e) Number of services, in region. (e) Number of services, in region. (e) Number of services, in region. (e) Number of services, in region. (e) Number of services, in region. (e) Number of services, in region. (e) Number of services, in region. (e) Number of services, in region. (e) Number of services, in region. (e) Number of services, in region. (e) Number of services, in region. (e) Number of services, in region. (e) Number of services, in region. (e) Number of services, in region. (e) Number of services, in region. (e) Number of services, in region. (e) Number	1 For grantmakers. Does	the organization	maintain record	ds to substantiate the amount of its gra		
United States. A Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of Offices in the region of in the region in the region in the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of services and the region of services in region of services in region of services in region of services in region of services in region of services in region of services in region of services in region of services in region of services in region of services in region of services in region of services in region of services in region of services in region of services in region of services of services in region of se	the grantees' eligibility f	or the grants or a	assistance, and	the selection criteria used to award the	grants or assistance?	res X No
United States. A Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of Offices in the region of in the region in the region in the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of services and the region of services in region of services in region of services in region of services in region of services in region of services in region of services in region of services in region of services in region of services in region of services in region of services in region of services in region of services in region of services in region of services in region of services of services in region of se						
A Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Sumber of (d) S	=	ribe in Part V the	organization's i	procedures for monitoring the use of it	s grants and other assistance outsi	de the
(a) Region (b) Number of offices offices offices in the rigion offices in the rigion offices of the rigion of the						
offices in the region of fices in the region of fices in the region of fices in the region of service, severed seconds specific type of service(s) in region of service(s) in			·			
In the region independent contractors on region contractors on region recipients located in the region) of service(s) in region recipients located in the region) of service(s) in region recipients located in the region) of service(s) in region recipients located in the region) of service(s) in region r	(a) Region	1	(c) Number of employees,	1		
contractors recipients located in the region of service(s) in region in region region of service(s) in region region problems since problems in region problems since problems in region		1	agents, and independent		, , , , ,	
FUNDRAISING PROGRAM SERVICES INCLUDING:HIV PREVENTION, CLINICAL SERVICES CARE & SUPPORT FOOD TRAINING PRIENDS OF UBUNTU EDUCATION FUND-UK 3 a Subtotal 5 b Total from continuation sheets to Part I 5 t Totals (add lines 3a) FUNDRAISING PROGRAM SERVICES CARE & SUPPORT FOOD TRAINING 2,055,998. FUNDRAISING PROGRAM SERVICES FOR HIV PREVENTION, CLINICAL SERVICES CARE & SUPPORT 57,019.			contractors	recipients located in the region)	of service(s) in region	
SERVICES INCLUDING:HIV REDICAL TESTING & TRANSMENT EDUCATION, FUND SOUTH AFRICA 0 SERVICES, CARE & SUPPORT FOOD TRAINING 2,055,998. FUNDALSING PROGRAM SERVICES FOR HIV PREVENTION, CLINICAL SERVICES, CARE & SUPPORT 57,019. SERVICES CARE & SUPPORT 57,019. 3 a Subtotal 0 0 2 2 113,017. b Total from continuation sheets to Part 1 0 0 0.			irrregion	FUNDRAISING PROGRAM		
UBUNTU EDUCATION PREVENTION, CLINICAL TREATMENT EDUCATION, FOND SOUTH AFRICA SERVICES, CARE & SUPPORT FOOD TRAINING 2.055,998. FRIENDS OF UBUNTU PREVENTION, CLINICAL SERVICES, CARE & SUPPORT 57,019. SERVICES, CARE & SUPPORT 57,019. 3 a Sub-total 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				1	MEDICAL TESTING &	
### FUND SOUTH AFRICA 0 SERVICES_CARE & SUPPORT FOOD TRAINING 2,055,998. #### FUND SOUTH AFRICA FUNDALISTING PROGRAM SERVICES FOR HIV #### PREVENTION, CLINICAL ### STRVICES_CARE & SUPPORT 57,019. ### STRVICES_CARE & SUPPORT 57,019. ### 3 a Sub-total 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UBUNTU EDUCATION					
SERVICES FOR HIV PREVENTION, CLINICAL SERVICES, CARE & SUPPORT 57,019. 3 a Sub-total b Total from continuation sheets to Part I c Totals (add lines 3a	FUND SOUTH AFRICA	0	<u> </u>	=	1	2,055,998.
### PREVENTION, CLINICAL 57,019. ### SERVICES, CARE & SUPPORT 57,019. ### SERVIC				FUNDRAISING PROGRAM		
3 a Sub-total b Total from continuation sheets to Part I c Totals (add lines 3a				SERVICES FOR HIV		
3 a Sub-total 0 0 0 2 113,017. b Total from continuation sheets to Part I 0 0 0 12 13 0, c Totals (add lines 3a	FRIENDS OF UBUNTU			PREVENTION, CLINICAL		
b Total from continuation sheets to Part I 0 0 0 c Totals (add lines 3a	EDUCATION FUND-UK	0		SERVICES CARE & SUPPORT		57,019.
b Total from continuation sheets to Part I 0 0 0 c Totals (add lines 3a						
b Total from continuation sheets to Part I 0 0 0 c Totals (add lines 3a			İ			
b Total from continuation sheets to Part I 0 0 0 c Totals (add lines 3a						
b Total from continuation sheets to Part I 0 0 0 0 0. c Totals (add lines 3a						
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b Total from continuation sheets to Part I 0 0 0 0 0. c Totals (add lines 3a			j	}		
b Total from continuation sheets to Part I 0 0 0 0 0. c Totals (add lines 3a			,			
b Total from continuation sheets to Part I 0 0 0 0 0. c Totals (add lines 3a						
b Total from continuation sheets to Part I 0 0 0 0 0. c Totals (add lines 3a						
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b Total from continuation sheets to Part I 0 0 0 0 0. c Totals (add lines 3a						
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b Total from continuation sheets to Part I 0 0 0 0 0. c Totals (add lines 3a		i				`
b Total from continuation sheets to Part I 0 0 0 0 0. c Totals (add lines 3a	 .					
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b Total from continuation sheets to Part I 0 0 0 0 0. c Totals (add lines 3a	3 a Sub-total		0			2 113 017
sheets to Part I 0 0 0 c Totals (add lines 3a	•••	<u> </u>	1			
c Totals (add lines 3a			oo	阿拉拉斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯		0.
and 3b) 0 0 2 113 017.						
	and 3b)		<u>ol</u> o			2,113,017.

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

Schedule F (Form 990) 2011

Schedule F (Form 990) 2011 UBUNT	UBUNTU EDUCATION	FUND, INC		31-17	31-1705917		Page 2.
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	ganizations or Entities (Sutside the United States. C	complete if the or	ganizatıon answered	f "Yes" to Form 99	30, Part IV, line 15, for	any
recipient who received more trian \$5,000. Check this box in no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	,ooo. Oneck mis box ii no I space is needed	ONE recipient received more	uiaii 40,000			•]
(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 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	ons listed above that are reselved has provided a section	ecognized as charities by the 501(c)(3) equivalency letter	foreign country,	recognized as tax-e:	xempt by . ■		

39

Schedule F (Form 990) 2011

3 Enter total number of other organizations or entities

INC UBUNTU EDUCATION FUND,

Page 3

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. 31-1705917 Schedule F (Form 990) 2011

Part III can be duplicated if additional space is needed

(h) Method of valuation (book, FMV, appraisal, other) FMV FMZ (g) Description of non-cash assistance (f) Amount of non-cash assistance o, Ö BENEFITS PAYMENTS FOR (e) Manner of cash disbursement DIRECT AND INDIRECT DIRECT PAYMENTS FOR 1462287, PROGRAM SERVICES 57,019, FUNDRAISING (c) Number of (d) Amount of recipients cash grant 0 16,000 UNITED KINGDOM (b) Region SOUTH AFRICA FOR CHILDREN OF SOUTH AFRICA (a) Type of grant or assistance HEALTHCARE/ COUNSELING ETC INFECTED OR AFFECTED BY EDUCATION/ TRAINING/ FUNDRAISING

SEE PART V FOR COLUMN (A) DESCRIPTIONS

Schedule F (Form 990) 2011

132073 01-23-12

Did the organization have any operations in or related to any boycotting countries during the tax year? If

"Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions

Schedule F (Form 990) 2011

Yes X No

Yes X No

6

Foreign Partnerships. (see Instructions for Form 8865)

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury

Internal Revenue Service

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.

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

րInspection ինն։

OMB No 1545-0047

ame of the organization	UCATION FUND, IN	·C			31-1705	ntification number
Fundraising Activities. Co			 s" to	Form 990, Part IV, I		
required to complete this part. 1 Indicate whether the organization raised a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or or key employees listed in Form 990, Part b If "Yes," list the ten highest paid individu compensated at least \$5,000 by the organization have a written or or key employees listed in Form 990, Part b If "Yes," list the ten highest paid individual compensated at least \$5,000 by the organization have a written or or key employees listed in Form 990, Part b If "Yes," list the ten highest paid individual compensated at least \$5,000 by the organization raised to be a listed	e Solicitat f Solicitat g Special ral agreement with any individual VII) or entity in connection with p uals or entities (fundraisers) purs	tion of no tion of go fundraisi (includin rofession	on-go overr ing e ng of nal fi	overnment grants nment grants events fficers, directors, trus undraising services?	stees or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Di fundrais have cust or contro contribution	ody of of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes I	No			
						<u></u>
		+ +				
Total		· · · · · · · · · · · · · · · · · · ·	_			
3 List all states in which the organization is or licensing	s registered or licensed to solicit	contribu	tion	s or has been notifie	d it is exempt from r	egistration
-						
						
				 		
LHA Paperwork Reduction Act Notice, se	e the Instructions for Form 990	or 990-	EZ.		Schedule G (Fo	m 990 or 990-EZ) 201

132082 01-23-12

Schedule G (Form 990 or 990-EZ) 2011

Sch	edule G (Form 990 or 990-EZ) 2011 UBUNTU EDUCATION FUND, INC 31-1705917 Page	<u>3_</u>
11	Does the organization operate gaming activities with nonmembers?	No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	
		No
13	Indicate the percentage of gaming activity operated in:	
	The organization's facility	%
	An outside facility	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
'-	the file file in and address of the person who prepares the organization of garming openial overhile books and resords.	
	Name	
	Address ▶	
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	No
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	
	of gaming revenue retained by the third party > \$	
c	olf "Yes," enter name and address of the third party:	
	ı	
	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?	No
k	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 > \$	
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part I	11,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)	

132083 01-23-12

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate instructions

UBUNTU EDUCATION FUND, INC

31-1705917

Employer identification number

Pa	Cuestions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,		3 3 5	
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	13. T		
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)	6		
				10. 11
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1t	<u> </u>	↓
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			Ì
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
		2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director. Explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study	\$ 1		
	Form 990 of other organizations Approval by the board or compensation committee	:е		
		1		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing		j. 31	
	organization or a related organization:	868		
а	Receive a severance payment or change-of-control payment?	4		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	41	1	X
С	Participate in, or receive payment from, an equity-based compensation arrangement?			X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
9	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	نرزي		
_	contingent on the revenues of:			X
a	The organization? Any related organization?	5:		X
D	Any related organization?			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	(C)		
Ü	contingent on the net earnings of:			
9	The organization?	6	a	X
	Any related organization?	6		X
~	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	1		
•	not described in lines 5 and 6? If "Yes," describe in Part III	7	,	X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	·		1
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	3	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			T
-	Regulations section 53 4958-6(c)?	9	,	
LHA		hedule J (Fo	orm 990	2011

Schedule J (Form 990) 2011 UBUNTU EDUCATION FUND, INC 31-1705917 [配配的] Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and/or 1099-MISC compensation	-2 and/or 1099-MIS	C compensation	(0)	(D)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(l)-(l)	reported as deferred in prior Form 990
	0	0	0	154,500.	0	0	154,500.	0
1 TACOB LIEF) <u>(</u>	0	0	0	0	0	0	0.
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2	(ii)							
	ε							
6	(ii)							
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10	(II)							
	(i)							
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12	⊕							
	Ξ							
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	(i)							
14	Ξ							
	Ξ							
15	Ξ							
	Ξ							
16	(ii)							
							Schedu	Schedule J (Form 990) 2011

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons ► Complete if the organization answered

"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.

OMB No 1545-0047

Open To Public Inspection

Name	of the	organizatio	וכ

Employer identification number

F.1134.134.				n 501(c)(4) organizatio line 25a or 25b, or For		Z, Part V	, line 40	b.		
			0111 01111 000,11 01111,	190, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.						ected
(a) Name of disc	(a) Name of disqualified person			(b) Description of transaction						No
		· · · · · ·				-				
Enter the amount of tax impo	sed on the o	rganization	managers or disqualifi	ed persons during the	year un	der				
section 4958							> \$			
Enter the amount of tax, if an	ny, on line 2, a	ibove, reim	bursed by the organiza	ition			▶ \$			
TELL Loans to and/or	r From Inte	erested I	Persons.							
	nızatıon answ	ered "Yes"	on Form 990, Part IV,	line 26, or Form 990-E	Z, Part V	/, line 38	a			
(a) Name of interested person and purpose	(b) Loan to the organ		(c) Original principal amount	(d) Balance due		In ault?	by bo	oroved ard or ottee?	(g) W agree	ntten ment?
	То	From			Yes	No	Yes	No	Yes	No
					1					
										_
					-					
			<u> </u>		T PARTY E		14 (A)	 	(4) P	<u> </u>
al art III Grants or Assis	tance Ben	efiting l	nterested Person		1	er Telebra Line	و يُعَنِّينِهُ اللهِ ا	**************************************	# 356 T. 2 T. A	
Complete if the orga	ınızatıon ansv	vered "Yes	on Form 990, Part IV,	line 27.						
(a) Name of interested	person		(b) Relationship between the or	een interested person ganization	and			nount an assistar	d type o	of
	<u></u>	+								
		-				_				
								<u>. </u>		
						-				
		<u> </u>								

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

Complete if the organization answered	"Yes" on Form 990, Part	IV, line 28a, 28	Bb, or 28c			
(a) Name of interested person	(b) Relationship betwee person and the orga	n interested	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	ation's ues?
TIDIDIMII DDIIGAMION FIDD GO	AN ADDITERAND	OE UDU		A CTONTETON	Yes	No X
<u>UBUNTU EDUCATION FUND - SO</u> FRIENDS OF UBUNTU EDUCATIO		OF UBU		A SIGNIFICA FUND RAISIN		X
FRIENDS OF OBORIO EDUCATIO	ALTIDIAID_	OF OBO		I OND IGHTSIN		
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Part V Supplemental Information						
Complete this part to provide additiona	I information for response	es to question	s on Schedule L (see	instructions).		
SCH L, PART IV, BUSINESS T	RANSACTIONS	INVOLVI	NG INTEREST	ED PERSONS:	:	
(A) NAME OF PERSON: UBUNTU	EDUCATION FU	UND - S	OUTH AFRICA			
(B) RELATIONSHIP BETWEEN I	NTERESTED PE	RSON AN	D ORGANIZAT	T∩N•		
(b) REDATIONSHIP BETWEEN I	NIEKEGIED IE	NDON AN	D OROZIVI ZIZI	10111		
AN AFFILIATE OF UBUNTU EDU	CATION FUND	US; UND	ER COMMON C	ONTROL		
(-)			3340TTT 07	CDANIES EDON	,	
(D) DESCRIPTION OF TRANSAC	TION: A SIGN.	1F1CANT	AMOUNT OF	GRANTS FROM	1	
UBUNTU EDUCATION FUND US A	RE DISBURSED	THROUG	H UBUNTU EI	UCATION FUN	ND IN	ſ
				, , , , , , , , , , , , , , , , , , , 		
SOUTH AFRICA		<u> </u>				
				- 		
(A) NAME OF INTERESTED PER	RSON:					
EDIENDO OE UDIDIMU EDUOREIO	NI TELEVIS INIT	mpn vin	CDOM			
FRIENDS OF UBUNTU EDUCATIO	ON FUND - UNI	TED KIN	GDOM			
(B) RELATIONSHIP BETWEEN 1	NTERESTED PE	RSON AN	D ORGANIZAT	TION:		
AN AFFILIATE OF UBUNTU EDU	CATION FUND	US; UND	ER COMMON (CONTROL		
(D) DESCRIPTION OF TRANSAC	TION: FUND R	AISING	EVENTS ARE	ARRANGED WI	ITH	
FRIENDS OF UBUNTU EDUCATION	N FUND UK WH	ICH ULI	IMATELY BEN	NEFIT THE CH	HILDR	EN
TAL COLUMN ARRION MUROUCU I	IDINIMII DOMAN	TOM DIE	ID.			
IN SOUTH AFRICA, THROUGH U	DRUNTU EDUCAT	TON FUN	עו			
			 .			

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

Open to Public 1 Inspection

Name of the organization

UBUNTU EDUCATION FUND, INC

Employer identification number

	UBUNTU EDUCA	TION F	UND, INC		31	-1705917
Par						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o	(d) f determining inbution amounts
1	Art - Works of art					
2	Art - Historical treasures	_				
3	Art - Fractional interests					
4	Books and publications		All the second s			·
5	Clothing and household goods					
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities - Publicly traded .	X	5	266,237.	FMV	
10	Securities - Closely held stock					
11	Securities - Partnership, LLC, or					
	trust interests	ļ				
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		<u> </u>			
19	Food inventory			·- ·		- · · -
20	Drugs and medical supplies	ļ	 			
21	Taxidermy					
22	Historical artifacts	-				
23	Scientific specimens					
24	Archeological artifacts	X	1 0	29,250.	EMIX DONAT	ED PROFESSI
25	Other (GOODS AND SER)		<u> </u>	23,230.	THY DONAL	ED FROFESSI
26	Other () Other ()					
27 28	Other () Other ()		+			
29	Number of Forms 8283 received by the organ	uzation durin	on the tax year for (contributions		
29	for which the organization completed Form 82					
	To Who allo organization completed i orm or	-00, 1 41111,	20110071011110111011	go		Yes No
30a	During the year, did the organization receive t	ov contributi	on any property re	ported in Part I, lines 1-28 th	at it must hold for	
Ju	at least three years from the date of the initial	-				
	the entire holding period?		,			30a X
ь		•	• • •			45 A 15 30 8 30
31	Does the organization have a gift acceptance	policy that i	requires the review	of any non-standard contrib	outions?	31 X
	Does the organization hire or use third parties					
	contributions?		<u>-</u>			32a X
b				-		
33	If the organization did not report an amount in	n column (c)	for a type of prope	erty for which column (a) is c	hecked,	
	describe in Part II			· ,		是,是是100万
1.1.14	For Denominals Deduction Act Notice Re-	a Alba Imadeus	otiona for Form Of	<u> </u>	Schodul	e M (Form 990) (2011)

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047
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Name of the organization

UBUNTU EDUCATION FUND TNC **Employer identification number** 31-1705917

ODONIO EDUCATION FOND, THE 31 1703517
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
MISSION
UBUNTU PROVIDES WORLD-CLASS HEALTH AND EDUCATIONAL SUPPORT TO THE
ORPHANED AND VULNERABLE CHILDREN OF PORT ELIZABETH, SOUTH AFRICA,
ENSURING THEY CAN ACCESS HIGHER EDUCATION AND EMPLOYMENT. UBUNTU'S
MISSION IS SIMPLE, ALL-ENCOMPASSING, AND RADICAL: TO HELP RAISE
TOWNSHIP CHILDREN BY PROVIDING WHAT ALL CHILDREN DESERVE-EVERYTHING.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
MISSION
UBUNTU PROVIDES WORLD-CLASS HEALTH AND EDUCATIONAL SUPPORT TO THE
ORPHANED AND VULNERABLE CHILDREN OF PORT ELIZABETH, SOUTH AFRICA,
ENSURING THEY CAN ACCESS HIGHER EDUCATION AND EMPLOYMENT. UBUNTU'S
MISSION IS SIMPLE, ALL-ENCOMPASSING, AND RADICAL: TO HELP RAISE
TOWNSHIP CHILDREN BY PROVIDING WHAT ALL CHILDREN DESERVE EVERYTHING.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
UBUNTU TRANSFORMS THE LIVES OF 2,000 CHILDREN AND THEIR FAMILIES
HEALTH
1.DEVELOP THE PROVINCE'S LEADING HIV HEALTH CLINIC FOR
VULNERABLE CHILDREN AND THEIR CAREGIVERS.
2.INCREASE ACCESS TO LIFE-SAVING MEDICINE FOR HIV-POSITIVE
CHILDREN AND THEIR CAREGIVERS.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011) 132211 11-23-12

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization UBUNTU EDUCATION FUND, INC	Employer identification number 31-1705917
3.ENSURE HIV-POSITIVE PREGNANT WOMEN HAVE ACCESS	TO DRUGS THAT
PREVENT TRANSMISSION OF THE VIRUS TO THEIR CHILDREN.	
4.PROVIDE ACCESS TO HIV TESTING FOR OUR CHILDREN	AND THEIR
FAMILIES.	
5.ENSURE EACH CHILD IN OUR PROGRAM IS REGULARLY S	SEEN BY A
DOCTOR.	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHME	ENTS:
EDUCATION: PRESCHOOL-GRADE 12	
1.PROVIDE INTENSIVE, HIGH-QUALITY EDUCATION FROM EAR	RLY CHILDHOOD
THROUGH GRADE 12 TO ENSURE ACCESS TO UNIVERSITY AND EMPLO	OYMENT:
2.IMPROVE SCHOOL ATTENDANCE.	
3.IMPROVE ACADEMIC PERFORMANCE.	
4.PROVIDE AFTER-SCHOOL AND WEEKEND PROGRAMMING AS W	ELL AS HOLIDAY
CAMPS TO ENSURE OUR CHILDREN ARE BOTH SAFE AND LEARNING	DURING
NON-SCHOOL HOURS.	
5.IMPROVE STUDENTS LEVEL OF LIFE SKILLS AND SELF-CO	NFIDENCE.
6.INCREASE THE NUMBER OF VULNERABLE CHILDREN GRADUA	TING FROM
HIGH-SCHOOL AND UNIVERSITY.	
7.ENSURE OUR STUDENTS SECURE EMPLOYMENT UPON GRADUA	TING.
EDUCATION: UNIVERSITY & TRAINING PROGRAMS	
1.STRENGTHEN OUR UNIVERSITY SCHOLARSHIP PROGRAM:	
2.ENSURE OUR HIGH-SCHOOL PROGRAM PREPARES STUDENTS	TO MAKE
INFORMED DECISIONS ABOUT THEIR FUTURES.	
3.PROVIDE MORE THAN 100 SCHOLARSHIPS PER YEAR.	edule 0 (Form 990 or 990-FZ) (2011)

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization UBUNTU EDUCATION FUND, INC	Employer identification number 31-1705917
4.PROVIDE FINANCIAL, EMOTIONAL, SOCIAL, AND MEDICAL	SUPPORT FOR
OUR CHILDREN THROUGHOUT UNIVERSITY.	
5. ENSURE STUDENTS ARE PAIRED WITH PEER MENTORS FROM	THEIR
COMMUNITIES TO ASSIST WITH DIFFICULT LIFE CHOICES.	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHME	ents:
HOUSEHOLD STABILITY	
1.STRENGTHEN OUR HOUSEHOLD STABILITY INITIATIVE PROV	/IDING
COMPREHENSIVE SOCIAL, MEDICAL AND NUTRITIONAL INTERVENTION	ONS IN ALL OUR
CHILDREN'S HOMES.	
2.ENSURE THE HOMES OF OUR CHILDREN ARE HEALTHY, CLEA	AN, SAFE AND
TB-FREE.	
3.IMPROVE FOOD SECURITY FOR VULNERABLE HOUSEHOLDS.	
4.DECREASE LEVELS OF TRANSACTIONAL SEX FOR GIRLS IN	VULNERABLE
HOUSEHOLDS.	
5.ENSURE ALL CHILD-HEADED HOUSEHOLDS ARE SECURE AND	HAVE ADEQUATE
RESOURCES TO SUPPORT THE FAMILY.	
SUSTAINABILITY	
1.INVEST IN UBUNTU'S INSTITUTIONAL CAPACITY TO ENSU	RE WE DEVELOP
INTO A TRULY SUSTAINABLE ORGANIZATION.	
2.CREATE A FOUNDATION OF SYSTEMS, POLICIES AND PROT	OCOLS TO
FURTHER STRENGTHEN OUT HR DEPARTMENT AND INCULCATE OUR U	
MANAGEMENT CULTURE.	
3.EMPOWER OUR TEAM AND ENSURE SUCCESSION PLANNING B	Y FURTHER
DEVELOPING AND TRAINING OUR STAFF.	
4.RE-BRAND UBUNTU AND LAUNCH A DIGITAL PLATFORM TO	FURTHER
100010	edule O (Form 990 or 990-EZ) (2011)

Name of the organization UBUNTU EDUCATION FUND, INC	Employer identification number 31-1705917
FORM 990, PART VI, SECTION B, LINE 11: DRAFT RETURN IS DE	LIVERED TO JACOB
LIEF FOR DISTRIBUTION AND REVIEW BY MEMBERS OF THE BOARD	OF DIRECTORS
FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTER	REST POLICY
REVIEWED PERIODICALLY BY BOARD MEMBERS, ALL PARTIES ARE E	EDUCATED ON SUCH
POLICY FOR 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, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
MD, PA, FL, ME, CT, IL, NJ, NY, CA, CO, KY, DC, VA, MA, GA, NC, MN, WA, WY	
FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL STATEMEN	NTS AVAILABLE UPON
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NON CASH DONATIONS AND DONATED SERVICES	295,487.
FORM 990 PART XII, LINE 2C	
DRAFT FINANCIAL STATEMENTS ARE PRESENTED TO THE BOARD OF	DIRECTORS FOR
REVIEW AND COMMENTS.	

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990.

► See separate instructions.

2011

OMB No 1545-0047

Employer identification number 31-1705917

INC UBUNTU EDUCATION FUND, Name of the organization

Partification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)	ite if the organization answered "Yes"	to Form 990, Part IV, line 33		} }-	; -	
(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
Perting Identification of Related Tax-Exempt Organizations (Complete if organizations during the tax year.)	cations (Complete if the organization a	the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	Part IV, line 34 be	cause it had one or	more related tax-exer	npt
(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	Section 512(b)(13) controlled entity?
UBUNTU EDUCATION FUND SOUTH AFRICA PO BOX 14526, SIDWELL, 6001	EDUCATION & HEALTHCARE TO CHILDREN INFECTED & AFFECTED BY HIV/AIDS	SOUTH AFRICA				×
T힘립는	EDUCATION & HEALTHCARE TO CHILDREN INFECTED & AFFECTED BY HIV/AIDS	UNITED KINGDOM				×
				•		
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ons for Form 990.				Schedule R (Schedule R (Form 990) 2011

132181 01-23-12 LHA

31-1705917 Page 2

Schedule R (Form 990) 2011 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.)

配配值 的 organizations treated as a partnership during the tax year.)	tnership during the ta	x year.)				!				
(a)	(q)	(0)	(p)	(e)	(£)	(6)	(u)	(3)	9	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	e Share of total income	Share of end-of-year assets	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	General or Percentage managing ownership partner?
Partive Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.)	yanizations Taxable a rporation or trust durin	as a Corp	oration or Trust (Cor year.)	nplete if the organi	n or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related	" to Form 990, Pa	art IV, line 34	because it had or	e or mor	e related
(a) Name, address, and EIN of related organization	<u>Z</u> c	į	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share of total income	(g) I total Share of end-of-year assets		(h) Percentage ownership
					i					
								: -		. !
132162 01-23-12				57				Schedule	R (Form	Schedule R (Form 990) 2011

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

Disproportional (i) v./

Disproportional Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 partner?

Ves No (Form 1065) Yes No 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. end-of-year assets (g) Share of Share of Income total Predominant income parties ser (related, unrelated, orgs / excluded from tax under section 512-514) Yes No ਉ (state or foreign Legal domicile country) Primary activity Name, address, and EIN of entity

132164 01-23-12

Schedule R (Form 990) 2011

Schedule R (Form 990) 2011	UBUNTU	EDUCATION	FUND,	INC	31-1705917 Page 5
Schedule R (Form 990) 2011 PartVIII Supplemental Info	ormation				
Complete this port to p	rovido addelanal	information for room	onege to au	estions on Schedule R (see instru	ctions)
Complete this part to pi	rovide additional	mormation for respons	orises to qu	estions on Schedule A (see instru	Ctions).
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2011 DEPRECIATION AND AMORTIZATION REPORT

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FORM 990 PAGE	Asset No	19 EQUIPMENT		21 EQUIE	23 EQUIPMENT 24 COMPUTERS	25 COMPUTER	27 COMPLETE OF TOTAL		100 mm	

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Department of the Treasury Internal Revenue Service

Depreciation and Amortization 990

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

OMB No. 1545-0172

Sequence No 179

Name(s) shown on return Business or activity to which this form relates Identifying number UBUNTU EDUCATION FUND, INC FORM 990 PAGE 10 31-1705917 Partil Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 500,000. 1 Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2 3 2,000,000. Threshold cost of section 179 property before reduction in limitation Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 Tentative deduction. Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2010 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2012, Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 15 Property subject to section 168(f)(1) election 15 2,747 16 Other depreciation (including ACRS) Partill MACRS Depreciation (Do not include listed property.) (See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2011 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use (b) Month and (d) Recovery (a) Classification of property (g) Depreciation deduction (e) Convention only - see instructions) 3-year property 19a 5-year property b C 7-year property d 10-year property 15-year property e 20-year property S/L 25 year property 25 yrs. g 27.5 yrs. MM S/L Residential rental property h 27.5 yrs. MM S/L 39 yrs. MM S/L i Nonresidential real property MM SA Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 yrs S/L 40 yrs. MM 40-year S/L Part V Summary (See instructions) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

23

41 Do you meet the requirements concerning qualified automobile demonstration use?

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

1	art VI Amortization						
	(a) Description of costs	(b) Date amortization begins	(C) Amortizable amount	(d) Code section	(e) Amortizat period or peri		(f) Amortization for this year
42	Amortization of costs that begins during you	our 2011 tax year:					
43	Amortization of costs that began before yo	ur 2011 tax year				43	
44	Total. Add amounts in column (f) See the	instructions for whe	ere to report .			44	

Form 4562 (2011)

- Form 8868 (Rev. 1-2012)				Page 2			
If you are filing for an Additional (Not Automatic) 3-Mor	nth Extension, o	complete only Part II and check th	is box	\triangleright $\boxed{\mathbf{X}}$			
Note. Only complete Part II if you have already been grante							
If you are filing for an Automatic 3-Month Extension, c							
	nth Extension	n of Time. Only file the origi	nal (no copies needec	I).			
		Enter filer'	s identifying number, see i	nstructions			
Type or Name of exempt organization or other filer, see	instructions		Employer identification nu	-			
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File by the UBUNTU EDUCATION FUND, I	NC		X 31-1705	917			
due date for Number, street, and room or suite no. If a P.O.		tions.	Social security number (S	SN)			
filing your return See 32 BROADWAY							
City, town or post office, state, and ZIP code. I	or a foreign add	Iress, see instructions.					
NEW YORK, NY 10004	_						
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Enter the Return code for the return that this application is	for (file a separa	te application for each return)	•	0 1			
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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 g	ranted an autor	matic 3-month extension on a pre	eviously filed Form 8868.				
		TU EDUCATION FUN					
• The books are in the care of ▶ 32 BROADWAY							
Telephone No. ► 646-827-1190		FAX No. ▶					
If the organization does not have an office or place of b	 usiness in the Ui	•		▶ □			
If this is for a Group Return, enter the organization's four				p, check this			
box . If it is for part of the group, check this box		ach a list with the names and EINs					
4 I request an additional 3-month extension of time un		15, 2013 .					
5 For calendar year, or other tax year beginn			ing JUN 30, 201	2 .			
6 If the tax year entered in line 5 is for less than 12 mg			Final return				
Change in accounting period	ŕ						
7 State in detail why you need the extension							
ADDITIONAL TIME IS NEEDED	TO GATHE	R INFORMATION FROM	M THIRD PARTIE	S TO			
PREPARE A COMPLETE AND ACC							
8a If this application is for Form 990-BL, 990-PF, 990-T,	4720, 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, o	r 6069, enter any	refundable credits and estimated					
tax payments made. Include any prior year overpayo	•						
previously with Form 8868.		-	8b \$	0.			
c Balance due. Subtract line 8b from line 8a. Include	your payment w	th this form, if required, by using					
EFTPS (Electronic Federal Tax Payment System). Se			8c \$	0.			
		st be completed for Part II	only.				
Under penalties of perjury, I declare that I have examined this form				nd belief,			
it is true, correct, and complete, and that I am authorized to prepa	re this form.	· · · ·		-			
Signature ▶ T	itle > ACCOU	NTANT	Date >				

Form 8868 (Rev. 1-2012)

Financial Statements

and

Supplementary Information

June 30, 2012

Financial Statements

June 30, 2012

<u>Index</u>

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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, 2012 and 2011, 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, 2012 and 2011, 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 4, 2013

UBUNTU EDUCATION FUND, INC. Statements of Financial Position June 30, 2012 and 2011

ASSETS (Note 8)

	2012	2011
Current assets:		
Cash	\$ 375,465	\$ 330,669
Current portion of grant and contribution receivable, net		
(Note 4)	216,848	122,878
Prepaid expenses and other current assets	49,728	17,014
Total current assets	642,041	470,561
Long-term portion of grant and contribution receivable, net		
(Note 4)	166,506	160,565
Property and equipment, net (Note 5)	9,816	14,301
Security deposits	14,500	18,450
	\$ 832,863	\$ 663,877
LIABILITIES AND NET ASSETS		
Current liabilities:		
Accounts payable and accrued expenses	\$ 56,944	\$ 39,006
Current portion of deferred rent (Note 12)	325	325
Total current liabilities	57,269	39,331
Deferred rent (Note 12)	3,437	3,112
Commitments (Note 12)		
Net assets:		
Unrestricted	475,651	397,509
Temporarily restricted (Note 6)	296,506	223,925
Total net assets	772,157	621,434
	\$ 832,863	\$ 663,877

See accompanying notes.

UBUNTU EDUCATION FUND, INC Statements of Activities For the Years Ended June 30, 2012 and 2011

		2012			2011	
	Unrestricted	Temporarily Restricted	Total	Unrestricted	Temporarily Restricted	Total
Public support and revenue (Notes 3 and 7) Contributions	\$ 1,750,527	\$ 125,941	\$ 1,876,468	\$ 601,642	\$ 195,747	\$ 797,389
Grants Cantal campaign	655,927		655,927	217,318 500,000		500,000
Special event revenue (net of direct expenses of \$360.062 in 2012 and \$271.729 in 2011)	390,389	,	390,389	1,393,250		1,393,250
Donated goods and services (Note 10)	295,487	•	295,487	273,056 24 822		273,056 24.822
Other income	53 360	(53.360)	+60	200,538	(200,538)	
Total public support and revenue	3,146,284	72,581	3,218,865	3,210,626	(4,791)	3,205,835
Expenses (Notes 9, 10 and 12) Program services. Health, library, empowerment and other program services	2,113,017	•	2,113,017	2,171,797	,	2,171,797
Supporting services Management and general services Findersona	248,055 707.070		248,055 707,070	275,284 685,573		275,284 685,573
Total supporting services	955,125		955,125	960,857		960,857
Total expenses	3,068,142	1	3,068,142	3,132,654	•	3,132,654
Change in net assets	78,142	72,581	150,723	27,972	(4,791)	73,181
Net assets, beginning of year	397,509	223,925	621,434	319,537	228,716	548,253
Net assets, end of year	\$ 475,651	\$ 296,506	\$ 772,157	\$ 397,509	\$ 223,925	\$ 621,434

See accompanying notes

Statements of Cash Flows For the Years Ended June 30, 2012 and 2011

	2012	2011
Cash flows from operating activities:		
Change in net assets	\$ 150,723	\$ 73,181
Adjustments to reconcile change in net assets to net cash		
provided by operating activities:		
Depreciation	5,684	7,247
Deferred rent	325	1,481
Change in assets and liabilities:		
Grant and contribution receivable	(99,911)	(16,474)
Security deposits	3,950	(3,950)
Prepaid expenses and other current assets	(32,714)	9,141
Accounts payable and accrued expenses	17,938	18,105
Net cash provided by operating activities	45,995	88,731
Cash used in investing activities:		
Purchase of property and equipment	(1,199)	(5,450)
Net increase in cash	44,796	83,281
Cash, beginning of year	330,669	247,388
Cash, end of year	\$ 375,465	\$ 330,669

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 Topic 958, "Not-For-Profit Entities," of Financial Accounting Standards Board Accounting Standards Codification. 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, 2012 and 2011, 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 - Major Contributor

During the years ended June 30, 2012 and 2011, one contributor accounted for approximately 35% and 19%, respectively, of total public support and revenue. As of June 30, 2012 and 2011, there is no contribution receivable from this contributor.

Note 4 - Grants Receivable

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

	2012	2011
Due within 1 year	\$ 216,848	\$ 122,878
Due years 2 through 5	<u>170,000</u> 386,848	<u>170,000</u> 292,878
Present value discount (at rate of 1.6% in 2012	500,010	2,2,070
and 3% in 2011)	(3,494)	(9,435)
Grants receivable, net	<u>\$ 383,354</u>	<u>\$ 283,443</u>

Note 5 - <u>Property and Equipment</u>

At June 30, property and equipment consists of:

	2012	
Equipment	\$ 62,064	\$ 60,865
Furniture and fixtures	<u>11,483</u>	<u>11,483</u>
	73,547	72,348
Less: Accumulated depreciation	<u>63,731</u>	<u>58,047</u>
	<u>\$ 9,816</u>	<u>\$ 14,301</u>

Note 6 - Temporarily Restricted Net Assets

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

	2012	2011
Program services:		
Education	\$ -	\$ 3,360
Supporting services:		
Time restriction	<u>300,000</u>	230,000
	300,000	233,360
Present value discount (at rate of 1.6%		
in 2012 and 3% in 2011)	(3,494)	(9,435)
	<u>\$ 296,506</u>	<u>\$ 223,925</u>

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

	2012	2011
Program services:		
Capital campaign	\$ -	\$ 10,000
Empowerment and other program services	3,360	178,038
Supporting services:		
Time restriction	50,000	12,500
	\$ 53,360	\$ 200,538

Note 7 - Related Party Transactions

During the years ended June 30, 2012 and 2011, the Organization contributed approximately \$1,450,000 and \$1,950,000, respectively, to UEF for funding of the capital campaign, and health and education initiatives in South Africa.

During the year ended June 30, 2012, the Organization contributed approximately \$57,000 to Friends of Ubuntu Education Fund UK, which is net of amounts collected on their behalf.

During the years ended June 30, 2012 and 2011, the Organization received a contribution of \$42,000 and \$25,000, respectively, from an individual related to the director of the Organization.

Note 8 - Note Payable - Bank

The Organization has a line of credit 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, 2012. As of June 30, 2012 and 2011, the Organization was not indebted to the 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 - <u>Donated Goods and Services</u>

For the years ended June 30, 2012 and 2011, the Organization received approximately \$295,000 and \$273,000, respectively, in donated goods and services.

Contributed goods and services in 2012 included the value of donated stock and services provided by consultants for development and marketing. Contributed goods and services in 2011 include the value of donated stock, art and books.

Note 11 - 401(k) Plan

The Organization sponsors a 401(k) defined contribution plan covering all eligible employees. The plan provides for elective salary deferrals by the employees up to a maximum as provided under the Internal Revenue Code for each participant. Contributions to the plan are made at management's discretion. There were no contributions to the plan for the years ended June 30, 2012 and 2011.

Note 12 - 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 EndingJune 30,	
2013	\$ 50,000
2014	51,000
2015	13,000
	<u>\$ 114,000</u>

Rent expense, including escalation costs, charged to operations for the years ended June 30, 2012 and 2011 amounted to approximately \$50,000 and \$48,000, 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 \$3,700 and \$3,400 at June 30, 2012 and 2011, respectively, representing the pro rata future rent payments, is included in the statements of financial position. Included in rent expense for the years ended June 30, 2012 and 2011 is increased rent in the amount of \$325 and \$1,481, respectively, which represents the difference between the amount paid pursuant to the lease and rent expense calculated pursuant to the method referred to above.

Note 13 - Subsequent Events

The Organization has evaluated subsequent events through February 4, 2013, 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, which is the responsibility of management, 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 do not express an opinion or provide any assurance on it.

/s/ Mayer Hoffman McCann CPAs

New York, New York February 4, 2013 UBUNTU EDUCATION FUND, INC (Supplementary Information) Schedule of Functional Expenses For the Year Ended June 30, 2012

			Supporting Services		
	Program	Management and General		Total Supporting	Total
	Services	Services	Fundraising	Services	Expenses
Salanes and related expenses Salanes	\$ 138,527	\$ 185,580	\$ 258,542	\$ 444,122	\$ 582,649
Payroll taxes and health benefits	33,026	16,003	53,527	69,530	102,556
Total salaries and related expenses	171,553	201,583	312,069	513,652	685,205
Other expenses					
Contributions to UEF for program services	1,462,287	•	•	•	1,462,287
Contributions to Friends of Ubuntu Education Fund UK		·	ı	1	57,019
Travel		22,412	18,082	40,494	93,373
Development and marketing	•	•	122,648	122,648	122,648
Rent	•	•	50,295	50,295	50,295
Utilities and insurance	1,354	•	10,780	10,780	12,134
Office expense	685	3,347	10,204	13,551	14,236
Professional fees	332,195	17,708	99,638	117,346	449,541
Communication	410	158	7,505	7,663	8,073
Computer expense	24,872	359	14,048	14,407	39,279
Payroll service fees	4,086	804	5,322	6,126	10,212
Training and conferences	4,670	178	1,366	1,544	6,214
Bank fees	1,007	1,506	10,518	12,024	13,031
Contributed goods and services	•	•	28,550	28,550	28,550
Depreciation	•	•	5,684	5,684	5,684
Inducet benefit expenses	1	•	10,361	10,361	10,361
Total other expenses	1,941,464	46,472	395,001	441,473	2,382,937
Total expenses	\$ 2,113,017	\$ 248,055	\$ 707,070	\$ 955,125	\$ 3,068,142

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, 2011

			Supporting Services		
	Program	Management and General		Total Supporting	Total
	Services	Services	Fundraising	Services	Expenses
Salaries and related expenses	227 60 3	\$ 101.245	\$ 327 510	\$ 518 755	\$ 601,228
Salanes Downey to and health henefits	15.473		65.175	82,585	
ration taxes and nealth beneats Total salanes and related expenses	97,924	208,655	392,685	601,340	699,264
Other expenses					
Contributions to UEF for other program services	1.954.534		•	•	1,954,534
Travel	24,187	31,257	21,212	52,469	76,656
Development and marketing	9.275	•	116,270	116,270	/ 125,545
Bent	•	•	47,609	47,609	47,609
Unities and insurance	834	400	9,571	9,971	/ 10,805
Office expense	346	1,098	15,517	16,615	/ 16,961
Professional fees	74,875	29,464	33,275	62,739	/ 137,614
Comminication	115	1,312	5,865	7,177	7,292
Computer expense	606	626	17,452	18,078	18,987
Pavroll service fees	148	669	3,806	4,505	4,653
Training and conferences	6,323	115	1,718	1,833	8,156
Bank fees	496	788	10,529	11,317	/ 11,813
Contributed goods and services	•	•	2,989	2,989	2,989
Depression	1 831	870	4,545	5,415	7,246
Indirect henefit expenses	1		2,530	2,530	2,530
Total other expenses	2,073,873	66,629	292,888	359,517	2,433,390
Total versions	\$ 2 171 797	\$ 275.284	\$ 685.573	\$ 960,857	\$ 3,182,654
Total expenses	, , , , , , , , , , ,				

See independent auditor's report on the supplementary information