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# Form 990-PF Department of the Treasu Internal Revenue Service

Autom of Private Personales

or Section 4947(a)(1) Trust Treated as Private Foundation

| Do not enter Social Security numbers on this form as it may be made public. | Information about Form 990-PF and its separate instructions is atwww.irs.gov/form990pf. OMB No 1545-0052

2013

Open to Public Inspection

For c	alendar ýear 2013 or tax year beginning	, and e	nding		
	ne of foundation			A Employer Identification	number
U.	BUNTU KDCE FOUNDATION			46-7123288	
Nurr	ober and street (or P O box number if mail is not delivered to street	address)	Room/suite	<b>B</b> Telephone number	
7	5 NEARWATER LANE			646 213 51	
	or town, state or province, country, and ZIP or foreign po ARIEN, CT 06820	ostal code		C If exemption application is pe	inding, check here
	heck all that apply X Initial return	Initial return of a former public of	harity	D 1. Foreign organizations,	check here . >
	Final return	Amended return		2 5	the DSD/ Acet
	Address change	Name change		Foreign organizations mee check here and attach con	nputation lest,
H C	theck type of organization X Section 501(c)(3) ex	empt private foundation		E If private foundation state	us was terminated
		Other taxable private foundation		under section 507(b)(1)(	A), check here
I Fa	ır market value of all assets at end of year   J   Accounting		ual	F If the foundation is in a 6	
•	om Part II, col. (c), line 16)	her (specify)		under section 507(b)(1)(	B), check here
		mn (d) must be on cash basis.)		 	(d) 0 - t t
Pa	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books		(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc , received	225,000.	<b></b>		
	2 Check I if the foundation is not required to attach Sch B				<del>,</del>
	3 Interest on savings and temporary cash investments		<del></del>		
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)		*******		'  '  '  '  '  '  '  '  '  '  '  '  '  '
e	6a Net gain or (loss) from sale of assets not on line 10		······		
Revenue	b assets on line 6a 7 Capital gain net income (from Part IV, line 2)		0.		
Re	8 Net short-term capital gain				
	9 Income modifications	- 11 11 11 11 11 11 11 11 11 11 11 11 11	4·· ·· ·· ·····		1,1,1,111111111111111111111111111111111
	Gross sales less returns 10a and altowances				
	D Less Cost of goods sold				
	c Gross profit or (loss)				
	11 Other income				
	12 Total. Add lines 1 through 11	225,000.	0.	0.	0.
	13 Compensation of officers, directors, trustees, etc	0.		0.	
	14 Other employee salaries and wages				
S	15 Pension plans, employee benefits	RICEIV	- /Q		
ŠUŠ	16a Legal fees b Accounting fees	1 08	<del>2014   \</del>	<u> </u>	
X	c Other professional fees	SEP 08			
and Administrative Expense	17 Interest	TE ME	TITE		
rative E	18 Taxes	la cole	Marie		
iist	19 Depreciation and depletion				
lministr	20 Occupancy				
Ad	21 Travel, conferences, and meetings				
and Ad	22 Printing and publications '				
_	23 Other expenses				
Operating	24 Total operating and administrative		^	0.	_
ဦ	expenses. Add lines 13 through 23	0.	0.	0.	0.
	25 Contributions, gifts, grants paid				
Ò	26 Total expenses and disbursements.	0.	0.	. 0.	0.
<b>'</b> —	Add lines 24 and 25  27 Subtract line 26 from line 12	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
	27 Subtract line 26 from line 12 2 Excess of revenue over expenses and disbursements	225,000.			
	b Net investment income (if negative, enter -0-)		0.	•	
	c Adjusted not income (if pegative enter-0-)			0.	

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	ribe the kınd(s) of property sold (e q arehouse; or common stock, 200 sh			i P	How acquired - Purchase - Donation	(c) Date (mo.,	acquired day, yr.)	(d) Date sold (mo , day, yr )
<u>1a</u>	· · · · · · · · · · · · · · · · · · ·							
b NO	<u>NE</u>			-				· · ·
<u>C</u>				┼		<u> </u>		
<u>d</u>				╁—		<del> </del>		
<u>e</u>		1	<del></del>	۲-,		<u> </u>		
(e) Gross sales price	(f) Depreciation allowed (or allowable)		expense of sale				Gain or (loss) is (f) minus (	
<u>a</u>								
<u>b</u>		<del> </del>	<del></del>	-				
<u>C</u>			<del></del>					
<u>d</u>		<del> </del>	· · · · · · · · · · · · · · · · · · ·					<del></del>
Complete cally for access about	a sour in column (b) and award by	the foundation	2 02 10/21/60					
Complete only for assets snowli	ng gain in column (h) and owned by	T					Col (h) gain not less thar	
(i) F.M.V as of 12/31/69	(j) Adjusted basis as of 12/31/69		xcess of col (I) r col (J), If any			Losses	(from col (	h))
<u>a</u>								<u>-</u>
<u>b</u>								
<u>c</u>								
<u>d</u>								
8	<u> </u>	<u>.                                    </u>					-	
<ul> <li>Capital gain net income or (net ca</li> <li>Net short-term capital gain or (lost figain, also enter in Part I, line 8.</li> </ul>	ss) as defined in sections 1222(5) a		7	} }	2			
If (loss), enter -0- in Part I, line 8  Part V Qualification U	Inder Section 4940(e) for	- Doduce	d Toy on Not	1	3			
For optional use by domestic private						ilooille		N/A
f section 4940(d)(2) applies, leave t	tion 4942 tax on the distributable ar			nod?				Yes N
f "Yes," the foundation does not qua	each column for each year; see the			ntriae				
(a) Base period years	(b)	<del></del>		(c)			Distrib	(d) ution ratio
Calendar year (or tax year beginni	ng in) Adjusted qualifying dis	stributions	Net value of no	nenai	itable-use ass	ets	(col (b) div	ided by col (c))
2012						<del></del>	<del></del>	
2011			<del></del>					
						<del></del>		
2009					_			
2008			<u> </u>				<del></del>	<del></del> -
7. Total of line 4. column (d)						2		
Total of line 1, column (d)	 E-veer been period - doude the total	on line 2 by 5	or by the number	r of vo	are		<del></del>	·
3 Average distribution ratio for the the foundation has been in existe	5-year base period - divide the total	OII IIIIe Z by 5	, or by the number	i Ui ye	ais	3	1	
the ionitration has been in existe	ilce il less tilali 5 years	•				٠   -	<del>                                     </del>	·
Enter the net value of noncharital	ole-use assets for 2013 from Part X,	, line 5				4	ļ	
5 Multiply line 4 by line 3						5	ļ	
6 Enter 1% of net investment incor	ne (1% of Part I, line 27b)					_6_		- <del></del>
7 Add lines 5 and 6						7		
B Enter qualifying distributions from	n Part XII, line 4					8		
	n line 7, check the box in Part VI, line	e 1b, and com	plete that part usir	ng a 1°	% tax rate	-		

orm	990-PF (2013) UBUNTU KDCE FOUNDATION			/123			Page 4
	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 494	0(e), or 4	1948 -	see i	nstru	ction	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here   and enter "N/A" on line 1.	)					
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions	)					
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔲 and enter 1%	•	1				0.
	of Part I, line 27b						
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b	) J					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2				0.
	Add lines 1 and 2		3				0.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		4_				0.
	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		5	_			0.
	Credits/Payments:			,,,,,,,,,,			
	2013 estimated tax payments and 2012 overpayment credited to 2013 6a 6a						
	Exempt foreign organizations - tax withheld at source						
	Tax paid with application for extension of time to file (Form 8868) 6c 6c		1				
	Backup withholding erroneously withheld . 6d .						
	Total credits and payments. Add lines 6a through 6d		7				0.
	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached	••	8				
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	•	9				0.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	•	10				
-		efunded 🕨	11				
Da	Enter the amount of line 10 to be Credited to 2014 estimated tax R  R  R  R  R	SIGNACO P	<u>, ,, , , , , , , , , , , , , , , , , ,</u>	!	_		
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate	or interven	- In			Yes	No
	•	, or intervent	,		1a		X
	any political campaign?  Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for	the definition	112		1b		X
	If the answer is "Yes" to $1\alpha$ or $1b$ , attach a detailed description of the activities and copies of any mater	iais publisii	eu ui				
	distributed by the foundation in connection with the activities.				10		х
	Did the foundation file Form 1120-POL for this year?			•	16		
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	0.					
	(1) On the foundation ► \$ (2) On foundation managers ► \$		<u>-</u>		}		
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on fou	naation					
	managers ►\$ 0.						Х
	Has the foundation engaged in any activities that have not previously been reported to the IRS?				2		
	If "Yes," attach a detailed description of the activities.						
	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of in	corporation,	or		١,		v
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes				3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		<b>N</b> 1	/A	4a		
_	If "Yes," has it filed a tax return on Form 990-T for this year?		IA	/ A	4b_		X
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				5		
	If "Yes," attach the statement required by General Instruction T.						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either						
	By language in the governing instrument, or						
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict	with the stat	e law				.,
	remain in the governing instrument?				6	1,,	X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c),	and Part X	V		7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)						
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or desi	gnate)		_			
_	of each state as required by General Instruction G? If "No," attach explanation				8b	X	
g	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4943	2(j)(5) for cal	endar				
-	year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV				9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and at	Idresses (	rmt	1 2	10	X	

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Pź	art VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► KAREN M. CALBY  Telephone no. ►			
	Located at ▶ 75 NEARWATER LANE, DARIEN, CT ZIP+4 ▶06	820		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		<b></b>	
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of the foreign			
	country >			
PE	art VII-B   Statements Regarding Activities for Which Form 4720 May Be Required		·	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	T	Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days )			
b	If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations			
_	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?  N/A	16	1	l
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
•	before the first day of the tax year beginning in 2013?	10	1	Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
_	defined in section 4942(j)(3) or 4942(j)(5)).			
a	At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2013?			
	If "Yes," list the years			
t	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions ) N/A	2b	1	
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
_				
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
t	of "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified persons after			
_	May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2013.)  N/A	3b	1	
42	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	· · · · · · · · · · · · · · · · · · ·		<del></del>
•	had not been removed from jeopardy before the first day of the tax year beginning in 2013?	4b	· 1	Х
	<del></del>			

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Part VIII Information About Officers, Directors, Trustees, Four Paid Employees, and Contractors (continued)	idation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, e	nter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant si number of organizations and other beneficiaries served, conferences convened, research papers.	atistical information such as the produced, etc	Expenses
1 N/A		<del></del>
2		
3		
		·
1		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year	on lines 1 and 2	Amount
1 <u>N/A</u>		1
		<del></del>
2		
		ı
All other program-related investments. See instructions		
3		

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Total. Add lines 1 through 3

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, se	ee instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	113,269.
b	Average of monthly cash balances	1b	
E	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d_	113,269.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	113,269.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,699.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	111,570.
6	Minimum investment return. Enter 5% of line 5	6	932.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here  and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	932.
2a	Tax on investment income for 2013 from Part VI, line 5		
	Income tax for 2013 (This does not include the tax from Part VI.)		
	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	932.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	932.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	932.
P	Qualifying Distributions (see Instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
3	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	0.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
þ	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		_
	income Enter 1% of Part I, line 27b .	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years	qualifies for th	ne section

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## Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI,				
line 7				932.
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only	·	me I wanted to the	0.	<u> </u>
b Total for prior years.				
<del></del>	41PH4111PH	0.		·, ·
3 Excess distributions carryover, if any, to 2013:				
a From 2008				
b From 2009				
¢ From 2010				
d From 2011				
e From 2012	0.			
f Total of lines 3a through e	U •	······································		······································
4 Qualifying distributions for 2013 from Part XII. line 4 ► \$ 0.				
			0.	
a Applied to 2012, but not more than line 2a	. <del> </del>			
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)  c Treated as distributions out of corpus			4.; •, <u>1,</u> , , ,	<del>,,,, , , , , , </del>
(Election required - see instructions)	0.			
d Applied to 2013 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2013	0.			0.
(if an amount appears in column (d), the same amount must be shown in column (a) )				
6 Enter the net total of each column as indicated below:	•			
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.	<u></u>		
b Prior years' undistributed income. Subtract		_		
line 4b from line 2b .		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously		0.		
assessed d Subtract line 6c from line 6b Taxable				······································
amount - see instructions		0.		
e Undistributed income for 2012. Subtract line				······································
4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2013 Subtract		······································		
lines 4d and 5 from line 1. This amount must				
be distributed in 2014				932.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2008				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2014.				
Subtract lines 7 and 8 from line 6a	0.			
I O Analysis of line 9				
a Excess from 2009				
b Excess from 2010				
c Excess from 2011				
d Excess from 2012				
e Excess from 2013		<u> </u>	<u> </u>	

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Part XIV Private Operating F			I-A, question 9)	N/A	
1 a If the foundation has received a ruling of	or determination letter tha	t it is a private operating			
foundation, and the ruling is effective fo		<u> </u>	. ▶	,	
b Check box to indicate whether the foun-	dation is a private operati	ng foundation described		4942(j)(3) or 49	342(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total
investment return from Part X for		}			
each year listed .					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed .					
d Amounts included in line 2c not	ĺ				
used directly for active conduct of					
exempt activities			<u> </u>		
e Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon:  a "Assets" alternative test - enter	1		İ		
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter				<del></del>	
2/3 of minimum investment return shown in Part X, line 6 for each year					
listed .					·
c "Support" alternative test - enter.					
(1) Total support other than gross					
investment income (interest, dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public		ļ			
and 5 or more exempt organizations as provided in	ļ				
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from		[			
an exempt organization					
(4) Gross investment income	<u> </u>			<u> </u>	
Part XV Supplementary Info			if the foundation	n had \$5,000 or me	ore in assets
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wh		than 2% of the total conf	tributions received by the	e foundation before the clo	se of any tax
year (but only if they have contributed r					
KAREN CALBY					
b List any managers of the foundation wh	own 10% or more of th	e stock of a corporation	(or an equally large port	ion of the ownership of a p	artnership or
other entity) of which the foundation ha					
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loan	Scholarship, etc., P	rograms:		
Check here  ☐ if the foundation of the foundation makes gifts, grants, etc.	only makes contributions	to preselected charitable	organizations and does		
	<del></del>			·——	
a The name, address, and telephone num	iber or e-mail address of t	ile person to whom appi	ications should be addre	555eu	
b The form in which applications should l	be submitted and informa	tion and materials they s	hould include		
c Any submission deadlines:					
d Any populations as limited as a second	e euch echures =====	al aroan chamballa fields	kinds of institutions	other feeters	<del></del>
d Any restrictions or limitations on award	s, such as by geographic	ai areas, charitadie tields	, kirius vi ilistitutions, Or	other factors.	

3 Grants and Contributions Paid During the		Payment		
Recipient	If recipient is an individual,		Durnage of great or	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year		_		
NONE				
				,
		′		
				<del></del>
	İ			
	]	ļ		
. <u></u>				
Total			<u>▶ 3a</u>	0
b Approved for future payment		ł		
NONE		Ì		
		ł		
		Ì		
Total			<b>▶</b> 3b	

Part XVI-A	Analysis of Income-Producing A	Activities

Enter gross amounts unless otherwise indicated	Unrelate	ed business income	Exclu	aded by section 512, 513, or 514	(e)
Enter gross amounts amoss otherwise indicated	(a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue	Business code	Amount	sion	Amount	function income
	Code		1000		
<u>a</u>	<del></del>		<del> </del>		
b			-		<u> </u>
<u> </u>			<del> </del>		
d	<u> </u>	<del></del>	├		
e			├		· · · · · · · · · · · · · · · · · · ·
1			<b>├</b>		
g Fees and contracts from government agencies	ļ				
2 Membership dues and assessments			<u> </u>		
3 Interest on savings and temporary cash					
investments			-	<u> </u>	
4 Dividends and interest from securities .		. <del>' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '</del>	ļ		
5 Net rental income or (loss) from real estate			ļ		
a Debt-financed property					
b Not debt-financed property		<u> </u>			
6 Net rental income or (loss) from personal	1				
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events					
IO Gross profit or (loss) from sales of inventory					
I1 Other revenue					
a			Ì		
b					
c					<del></del>
d					
Α					
12 Subtotal Add columns (b), (d), and (e)		0.		0.	0.
13 Total. Add line 12, columns (b), (d), and (e)	<u> </u>	····	<u></u>	13	·
(See worksheet in line 13 instructions to verify calculations )				·-	<del></del>
Part XVI-B Relationship of Activities to	o the Acco	omplishment of Ex	emp	t Purposes	
Line No. Explain below how each activity for which incol	me is reported i	In column (e) of Part XVI-A	contri	outed importantly to the accor	nplishment of
the foundation's exempt purposes (other than					•
	•				
		<del></del>		· · · · · · · · · · · · · · · · · · ·	
				<del></del>	
		<del></del>		<del></del>	
	<del> </del>			<del></del>	
	<del> </del>			<del></del>	
	•	<del></del>		<del></del>	<del></del>
		<del> </del>		<del></del>	
		<del></del>		<del></del>	·····
		· <del></del>			<del></del>
				<del></del>	<del></del>

Part )	Information Re Exempt Organ		o and Transactions a	and Relationships With Nonch	aritable		
1 Did			wing with any other organization	on described in section 501(c) of		Yes	No
		c)(3) organizations) or in section		• •			
		lation to a noncharitable exempt	-				
	Cash		· organization or		1a(1)	i	X
٠,	Other assets				1a(2)		$\frac{1}{X}$
٠,	er transactions				1.0(2)		
-	Sales of assets to a noncharita	ahle evernet organization			1b(1)	ı	X
		onchantable exempt organization	 n	• • • • •	1b(2)		$\frac{\pi}{X}$
	Rental of facilities, equipment,	• •		•	1b(2)		$\frac{x}{x}$
	Reimbursement arrangements			•	1b(4)		- <u>X</u>
	Loans or loan guarantees			•	1b(5)		$\frac{x}{x}$
	<u>=</u>	embership or fundraising solicit	· · · · ·		1b(6)		$\frac{x}{x}$
		ailing lists, other assets, or paid		·	10(0)		$\frac{x}{x}$
		-		vays show the fair market value of the goods			
ors	ervices given by the reporting f	-	ceived less than fair market valu	e in any transaction or sharing arrangement,		its,	
(a) Line no	<del></del>	<del></del>	able exempt organization	(d) Description of transfers, transactions, an	d sharing arra	ingemei	nts
	<del>                                     </del>	N/A					
	<del> </del>	<del> </del>	· · · · · · · · · · · · · · · · · · ·				
	<del></del>			<u> </u>			
		<del></del>					
		<del></del>	<del> – – – – – – – – – – – – – – – – – –</del>				
	<del>                                     </del>	<del>  </del>	<del> </del>				
	<del></del>	<del></del>					
			<del></del>				
		<del> </del>	<del></del>				
	<del> </del>	<del> </del>	<del></del>	<del> </del>			
		<del>                                     </del>					
	<del></del>	<del></del>					
		<del></del>			<u>-</u>		
00 10 41		Ab					
ın s	· · · · · · · · · · · · · · · · · · ·	etly affiliated with, or related to, or than section 501(c)(3)) or in section			Yes	X	] No
<u> </u>	(a) Name of org		(b) Type of organization	(c) Description of relation	ship		
	N/A	,	(., , , , , , , , , , , , , , , , , , ,				
				<del></del>			
	······································			· · · · · · · · · · · · · · · · · · ·			
	· · · · · · · · · · · · · · · · · · ·	<del></del>					
		<del></del>					
	Under penalties of penury, I declare	that I have examined this return, incli	uding accompanying schedules and	statements, and to the best of my knowledge			
Sign   Here		mplete Declaration of preparer (other		ation of which preparer has any knowledge	lay the IRS di etum with the hown below (s X Yes	prepare	er f
	Print/Type preparer's na		's signature	Date Check If PTIN	<del></del>		
Paid	JAMES O'BR	YY	Sagraduro A.	self- employed	) 12701	86	
Prepa Use C	rer Firm's name ► WTA		W, U. 0 2 MOV	Firm's EIN ▶ 33-1			
U36 (		77 AVENUE OF T	NUE AMEDICAC	1 9mu FI 00	<del></del>		
	Firm's address ► 11 NE	.77 AVENUE OF T		18TH FLOO	213-51	100	

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

Name of the organization

Employer identification number

	UBUNTU KDCE FOUNDATION	46-7123288
Organization type	(check one):	
Filers of:	Section:	
Form 990 or 990-E2	Z 501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note. Only a section	nization is covered by the <b>General Rule</b> or a <b>Special Rule</b> . on 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule a	
-	or. Complete Parts I and II.	oney or property, normally one
Special Rules		
509(a)(1) a	tion 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the ount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
total conti	tion 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or edention of cruelty to children or animals. Complete Parts I, II, and III.	
contribute If this box purpose. I	tion 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not to its checked, enter here the total contributions that were received during the year for an exclusive Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it charitable, etc., contributions of \$5,000 or more during the year	tal to more than \$1,000. ely religious, charitable, etc.,
but it must answer	nization that is not covered by the General Rule and/or the Special Rules does not file Schedule I r "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its F not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

Employer identification number

### UBUNTU KDCE FOUNDATION

46-7123288

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	KAREN CALBY 75 NEARWATER LANE DARIEN, CT 06820	\$\$225,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer Identification number

#### UBUNTU KDCE FOUNDATION

46-7123288

art II	Noncash Property (see instructions). Use duplicate copies of Part	II II additional space is needed.	
(a) No.	/63	(c)	/-B
from	(b)  Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of nonecon property given	(see instructions)	221010001100
	8,087.707 SHARES OF VANGUARD TOTAL		
_1	INTERNATIONAL STOCK INDEX		
i		_	10/07/10
		\$\$	12/27/13
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(see instructions)	Date received
arti		_	
		_	
			···
(a) No.	A. A.	(c)	1.4
from	(b)  Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	2001 plant of molecular property given	(see instructions)	
		_	
		-	
		<del></del>	
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(see instructions)	
		_	
<del></del>		-	
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(see instructions)	Date received
Part I			
		_   <sub>\$</sub>	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from   Part I	Description of noncash property given	(see instructions)	Date received
		_	
		_   \$	
453 10-24	.13		90, 990-EZ, or 990-PF) (

Schedule B	(Form 99	0, 990-EZ,	or 990-PF)	(2013)
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Page 4

lame of organ	nization			Employer identification number
JBUNTU Part III	Evolucioni, religious, charitable, etc., individu	al contributions to section 501(c	)(7), (8), or (10) organization	46-7123288 is that total more than \$1,000 for the
	year. Complete columns (a) through (e) and the fi the total of exclusively religious, charitable, etc.		ons completing Part III, enter r the year. (Enter this information once.)	<b>&gt;</b> \$
(a) No. from Part I	Use duplicate copies of Part III if additional s  (b) Purpose of gift	(c) Use of gift	(d) Descr	iption of how gift is held
- -				
		(e) Transfer of gif	t	
-	Transferee's name, address, and a	ZIP + 4	Relationship of tran	sferor to transferee
(a) No.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desci	iption of how gift is held
		(e) Transfer of gif		
	Transferee's name, address, and 2		Relationship of tran	sferor to transferee
-				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	iption of how gift is held
<u> </u>		(e) Transfer of gift	t	
-	Transferee's name, address, and a	ZIP + 4	Relationship of tran	sferor to transferee
-				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	iption of how gift is held
-				
		(e) Transfer of gift	<b>t</b> ,	
-	Transferee's name, address, and a	ZIP + 4	Relationship of tran	sferor to transferee
-				

#### **UBUNTU KDCE FOUNDATION**

EIN: 46-7123288

### Attachment to Form 990-PF, Part X, Minimum Investment Return

Average Monthly Fair Market Value of Securities:	113,269
Cash Deemed Held for Charitable Activities:	1,699
Net Value of Noncharitable-Use Assets:	111,570
61 days in November & December / 365 days	16.7123%
Minimum Investment Return 5%	5%
Modified Percentage:	0.8356%
Part X, Line 6	932.30

NOTE: Ubuntu KDCE Foundation was created on 11/1/13.

FORM 990-PF	CORPORATE STOCK	ζ	STATEMENT	1
DESCRIPTION		BOOK VALUE	FAIR MARKE	т
VANGUARD TOTAL INTER	NATIONAL STOCK INDEX	225,000.	226,5	37.
TOTAL TO FORM 990-PF	, PART II, LINE 10B	10B 225,000.		
FORM 990-PF	LIST OF SUBSTANTIAL CONTE		STATEMENT	2
NAME OF CONTRIBUTOR	ADDRESS			
KAREN M. CALBY	75 NEARWATE DARIEN, CT			

# Form **8868** (Rev. January 2014)

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

Department of the Treasury Internal Revenue Service

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.rs.gov/form8868

OMB No. 1545-1709

• If years						
- ii you a	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			X
<ul><li>If you ε</li></ul>	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of	this form).		
Do not co	omplete Part II unless you have already been granted	an automa	ttic 3-month extension on a previou	sly filed Fo	rm 8868.	
Electroni	<b>ic filing</b> <i>(e-file)</i> . You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of til	ne to file (6	6 months for a corp	ooration
required t	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically t	ile Form 8	868 to request an	extension
of time to	file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	Transfers /	Associated With C	ertaın
Personal	Benefit Contracts, which must be sent to the IRS in paper	er format	(see instructions). For more details	on the elec	ctronic filing of this	form,
	r.irs.gov/efile and click on e-file for Chanties & Nonprofits					
Part I	Automatic 3-Month Extension of Time				i)	
A corpora Part I only	ation required to file Form 990-T and requesting an autor v	natic 6-mo	onth extension - check this box and	complete	•	•
-	, corporations (including 1120-C filers), partnerships, REM	ICs, and t	rusts must use Form 7004 to reque	st an exten	sion of time	
	ome tax returns.				er's identifying nu	mber _
Type or	Name of exempt organization or other filer, see instru	ctions.			r identification num	
print						
<b>-</b>	UBUNTU KDCE FOUNDATION				46-71232	88
File by the due date for	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	Social se	curity number (SS	N)
filing your return See	75 NEARWATER LANE	····		L		
instructions	City, town or post office, state, and ZIP code. For a for DARIEN, CT 06820	oreign add	ress, see instructions.		·	
Catar tha	Deturn and for the voture that this application is far (file		to application for each return)			0 4
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			<u> </u>
Applicati	on	Return	Application			Return
ls For		Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990	-BL	02	Form 1041-A			08
Form 472	0 (Individual)	03	Form 4720 (other than individual)		· <del></del>	09
Form 990		04	Form 5227		<del></del> .	10
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	-T (trust other than above)	06	Form 8870		<del></del>	12
<b></b> .	KAREN M. CALBY  books are in the care of ▶ 75 NEARWATER Li	NNE _	DARIEN, CT 06820			
<ul><li>Ine bo</li></ul>	boks are in the care of P /3 NEARWATER LA	7111	DARTEN, CI 00020			
<b>T</b> -11-	M . N		Eav Na -			
-	none No. >	n the Ur	Fax No.   Later Check this how			
<ul><li>If the c</li></ul>	organization does not have an office or place of business		nited States, check this box	 If this is fo	r the whole group	check this
● If the c	organization does not have an office or place of business is for a Group Return, enter the organization's four digit	Group Exe	arted States, check this box emption Number (GEN)			
<ul><li>If the c</li><li>If this i</li><li>box ► [</li></ul>	organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box	Group Exe	nted States, check this box emption Number (GEN) ich a list with the names and EINs o	f all memb		
<ul><li>If the c</li><li>If this i</li><li>box ► [</li></ul>	organization does not have an office or place of business is for a Group Return, enter the organization's four digit.  If it is for part of the group, check this box.	Group Exe and atta required	emption Number (GEN) ch a list with the names and EINs of the Form 990-T) extension of time	f all memb until	ers the extension	
● If the c ● If this i box ▶ [ 1 I rec	organization does not have an office or place of business is for a Group Return, enter the organization's four digit.  If it is for part of the group, check this box.	Group Exe and atta required	nted States, check this box emption Number (GEN) ich a list with the names and EINs o	f all memb until	ers the extension	
● If the c ● If this i box ▶ [ 1 1 red is for	organization does not have an office or place of business is for a Group Return, enter the organization's four digit	Group Exe and atta required	emption Number (GEN) ch a list with the names and EINs of the Form 990-T) extension of time	f all memb until	ers the extension	
<ul> <li>If the c</li> <li>If this is box</li> <li>I red</li> <li>is for</li> </ul>	organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box quest an automatic 3-month (6 months for a corporation AUGUST 15, 2014, to file the exempor the organization's return for:	Group Exe and atta required to organiza	emption Number (GEN) ch a list with the names and EINs of the Form 990-T) extension of time	f all memb until	ers the extension	
● If the c ● If this i box ▶ [ 1   I rec is fc	organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box quest an automatic 3-month (6 months for a corporation AUGUST 15, 2014 , to file the exempor the organization's return for:	Group Exe and atta required to organiza	emption Number (GEN)  con a list with the names and EINs of the Form 990-T) extension of time tion return for the organization named and ending	f all memb until ed above.	ers the extension	
● If the c ● If this i box ▶ [ 1   I rec is fc ▶ [	organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box quest an automatic 3-month (6 months for a corporation AUGUST 15, 2014 , to file the exempor the organization's return for:	Group Exe and atta required t organiza	emption Number (GEN)  ch a list with the names and EINs of the Form 990-T) extension of time tion return for the organization named and ending	f all memb until	ers the extension	
● If the c ● If this i box ▶ [ 1   I red is fc ▶ [ 2   If th	organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box quest an automatic 3-month (6 months for a corporation AUGUST 15, 2014 , to file the exemplor the organization's return for:  X calendar year 2013 or tax year beginning	Group Exe and atta required t organiza , an	emption Number (GEN)  control list with the names and EINs of the Form 990-T) extension of time tion return for the organization named ending  inch a list with the names and EINs of the file Form 990-T) extension of time tion return for the organization named ending  inch inch inch inch inch inch inch inch	f all memb until ed above.	ers the extension	s for.
● If the c ● If this I box ▶ [ 1   I red is fc ▶ [ 2   If th  3a   If th	organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box	Group Exe and atta required t organiza , an	emption Number (GEN)  control list with the names and EINs of the Form 990-T) extension of time tion return for the organization named ending  inch a list with the names and EINs of the file Form 990-T) extension of time tion return for the organization named ending  inch inch inch inch inch inch inch inch	f all memb until ed above.	ers the extension	
● If the c ● If this i box ▶ [ 1 I rec is fc ▶ [ 2 If th nor b If the	organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box	Group Exe and atta required t organiza , an heck reas or 6069,	emption Number (GEN)  contained States, check this box emption Number (GEN)  contained with the names and EINs of to file Form 990-T) extension of time tion return for the organization name  d ending  on:  X Initial return  enter the tentative tax, less any y refundable credits and	f all memb until ed above.  Final retur	ers the extension The extension	s for.
● If the c ● If this i box ▶ [ 1   I rec is fc ▶ [ 2   If th  3a   If th nor b   If th esti	organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box quest an automatic 3-month (6 months for a corporation AUGUST 15, 2014 , to file the exemplor the organization's return for:  X calendar year 2013 or tax year beginning  The tax year entered in line 1 is for less than 12 months, concluding application is for Forms 990-BL, 990-PF, 990-T, 4720 prefundable credits. See instructions.  This application is for Forms 990-PF, 990-T, 4720, or 6069 imated tax payments made. Include any prior year overging the concluding perior year overging the concluding th	group Exe and atta required t organiza , an heck reas or 6069, enter any	emption Number (GEN)  ch a list with the names and EINs of the Form 990-T) extension of time tion return for the organization named ending  con:  X Initial return  enter the tentative tax, less any yrefundable credits and lilowed as a credit.	f all memb o until ed above.	ers the extension The extension	s for.
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