Form 990-PF

**Return of Private Foundation** 

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.

Go to www irs gov/Form990PF for instructions and the latest information.

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OMB No 1545-0047

		nest of the Treasury Revenue Service	Do not enter s  ▶ Go to www.irs	ocial sec aov/Fon	urity numbers o 11990PF for insti	n this form as ructions and t	it may be n he latest in	nade p forma	tion.	pen to Public Inspection
_			or tax year beginning				, and end		_	, 20
_		f foundation			_				A Employer identif	fication number
4	UMS	IZI FUND						- 1	46-172339	16
N	ımbe	r and street (or P O b	ox number if mail is not delivered	to street a	ddress)		Room/suite	e	B Telephone numb	per (see instructions)
	FOU	NDATION SOUP	RCE 501 SILVERSID	E RD			<u> </u>		(800) 83	39-1754
Cı	ty or 1	town, state or province	e, country, and ZIP or foreign pos	stal code						
								1	C If exemption applic pending, check here	ation is
_	WIL	MINGTON, DE	19809-1377							_
G	Che	eck all that apply	Initial return		Initial return	of a former p	ublic cha	rity	D 1 Foreign organiza	itions, check here ▶
			Final return		_ Amended re	turn			2 Foreign organiza	
_			Address change	ļ	Name chang				85% test, check computation .	nere and attach
H			zation X Section 50	1(c <u>)(3)</u> e	xempt private f	foundation	ان م	1	F If private foundation	in status was terminated
Ţ		Section 4947(a)(1) i	nonexempt charitable trust		ther taxable pr		tion •	][		o)(1)(A), check here .
i		market value o		ounting	method 🔀 C	ash 💹 Acc	rual		F If the foundation is	in a 60-month termination
		of year (from Pa		Other (sp					under section 507(b	o)(1)(B), check here .
		<u> </u>			(d), must be on c	ash basis )	<del></del>		<u> </u>	
Ŀ	art	Analysis of Ret	venue and Expenses (Th in columns (b), (c), and (d)	(~/	Revenue and	(b) Net inve	estment	(c	) Adjusted net	(d) Disbursements for charitable
		may not necessa	rily equal the amounts in	ex	penses per books	incom		,,,	income	purposes
-		column (a) (see ir		<del> </del>	222,467.					(cash basis only)
	1		ts, etc., received (attach schedule) . e foundation is not required to		222,401.			_		• •
	2	atta	ch Sch B	1	5,717.		5,717.		<del></del>	
	3	•	nd temporary cash investments.		154,105.		4,105.		·	<del></del>
	4		erest from securities		134,103.		1,100.			
	5a								<del></del>	
۱,	b		(loss)	+	15,913.		_		· · · · · · · · · · · · · · · · · · ·	
ğ	6a b	Net gain or (loss) fro Gross sales price for	m sale of assets not on line 10 all 3,775,469	-	15,515.					
evenue	_	assets on line 6a		<del></del>		21	7,107.		<del></del>	
낅	7		come (from Part IV, line 2) .				7,20			
ĺ	8 9	Income modification	oital gain. · · A8····							Lawrence and the second
		Gross sales less return	ns					Τ.	RECE!	(ED
	h	and allowances Less Cost of goods so						1-1	16	S
		-	s) (attach schedule)					8	NOV @ 3	1020   악
	11		nch schedule) ATCH 1		63,757.	7	6,982.	787		33
	12		through 11		461,959.	45	3,911.		OCDEN	IIT
_[	13	Compensation of offi	cers, directors, trustees, etc		0.			<u> </u>	CODEIA	UT .
ses	14		alaries and wages	l l						
ä	15	Pension plans, em	ployee benefits							
爿	14 15 16a b c 17 18 19		schedule)							
שו ש	b		attach schedule)		44 022					- 44 022
<u>≥</u>	С		fees (attach schedule).[2]		44,033.		2 (00			44,033
١	17				3,689.		3,689.			
2	18		dule) (see instructions)[ $3$ ].		10,768.		229.			
	19	•	ch schedule) and depletion.	<b>_</b>			-			<del> </del>
2	20	• •	. <b></b> .	-	65,643.		3,306.		<del></del>	52,337
2	21 22		s, and meetings				2,300.			32,337
			ations	1	39,283.		621.			38,662
[]	23	•	tach schedule) ATCH .4.		55,205.					30,002
<u>[</u>	24		id administrative expenses.	.	163,416.	1	7,845.			135,032
5	25		gh 23	-	268,118.		, , , , , ,			268,118
- 1	25 26		s, grants paid	<del></del>	431,534.	1	7,845.			403,150
┱	<u>26</u> 27	Subtract line 26 from	ursements Add lines 24 and 25	+			,,,,,,			100,100
			om line 12 er expenses and disbursements		30,425.					!
			come (if negative, enter -0-)			43	6,066.			
			ne (if negative, enter -0-).							

JSA For Paperwork Reduction Act Notice, see instructions. 9E1410 1 000

Form 990-PF (2019)

Part	II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End	l of year
	amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing			
, 2	Savings and temporary cash investments	481,409.		
3	Accounts receivable		12 to 12 to 17 to 17 to 18 to 17 to 18 to	CONTRACTOR DIRECT
	Less allowance for doubtful accounts ▶			1 5 5
4	Pledges receivable ▶	_ k .s. % 5ettt	4 4 5 71 	The second of the second
	Less allowance for doubtful accounts ▶			
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other	7		
	disqualified persons (attach schedule) (see instructions)			
7	Other notes and loans receivable (attach schedule) 🕨*	1: :	* _ · · · 2,603,438	ATCH 5
	Other notes and loans receivable (attach schedule)   *  Less allowance for doubtful accounts	250,000.	2,603,438	2,634,488
Assets	Inventories for sale or use			
SS 9	Prepaid expenses and deferred charges			
<b>⋖</b>  10a	Investments - U.S. and state government obligations (attach schedule), .			
t	Investments - U.S. and state government obligations (attach schedule).  Investments - corporate stock (attach schedule) ATCH 6	7,661,538.	4,278,555	. 4,311,790
0	: Investments - corporate bonds (attach schedule),			
11	Investments land, buildings, and equipment basis	<b>↓</b> ''' ``		
	Less accumulated depreciation (attach schedule)			
12	Investments - mortgage loans		1 145 616	1 110 010
13	Investments - other (attach schedule) ATCH . 7 Land, buildings, and		1,145,616	. 1,112,810
14	cquipment basis	_		
	Less accumulated depreciation (attach schedule)	0.005.075	0 221 500	2 221 500
15	(attach schedule) Other assets (describe ► ATCH 8 )	2,225,875.	2,331,500	. 2,331,500
16	Total assets (to be completed by all filers - see the		10 640 047	10 600 706
	instructions Also, see page 1, item I)	10,618,822.	10,649,247	. 10,680,726
17	Accounts payable and accrued expenses	1		
18	Grants payable			<del></del>
19	Deferred revenue			
<b>≣</b>  20	Loans from officers, directors, trustees, and other disqualified persons		<u> </u>	
Liabilities 20 21 22	Mortgages and other notes payable (attach schedule)			
그 22	Other liabilities (describe >)	· <del></del>		
	Total liabilities (add lines 17 through 22)	0.	0	
23	-	0.		•
alances 24	Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30	1		
Ĭ,	, , , , ,			
24 80 25	Net assets without donor restrictions		-	
ш 25 О	Net assets with donor restrictions			
5	and complete lines 26 through 30	<b>'</b>		
pund 26	Capital stock, trust principal, or current funds			
O 20	Paid-in or capital surplus, or land, bldg, and equipment fund			
Net Assets 28 29 30	Retained earnings, accumulated income, endowment, or other funds	10 (10 022	10,649,247	
S 29	Total net assets or fund balances (see instructions)	10 (10 000	10,649,247	
a 30	Total liabilities and net assets/fund balances (see			
ž	instructions)	10 (10 000	10,649,247	
Part				<u> </u>
	tal net assets or fund balances at beginning of year - Par		must agree with	
	d-of-year figure reported on prior year's return)			10,618,822
	iter amount from Part I, line 27a			30,425
	her increases not included in line 2 (itemize) ▶			
	d lines 1, 2, and 3	'		10,649,247
5 De	ecreases not included in line 2 (itemize)		5	
<b>6</b> To	tal net assets or fund balances at end of year (line 4 minu	is line 5) - Part II, column (	b), line 29 6	10,649,247

Page	3

1 a	2-story br	scribe the kind(s) of property rick warehouse, or common s			(b) How acquired P - Purchase	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
	CDE DARM THE COURT				D - Donation	-	
	022 1 1. 00						
С	<del></del>			··· -			
d							
e							
	(e) Gross sales price	(f) Depreciation allow (or allowable)	ed	(g) Cost or other basis plus expense of sale		(h) Gain or (los ((e) plus (f) minu	
<u>a</u>							<del> </del>
b		<del></del>			-		· · · · · · · · · · · · · · · · · · ·
С					-		· · · · · · · · · · · · · · · · · · ·
<u>_d</u>					1	<del>-</del>	
е	Complete only for accets sh	nowing gain in column (h) ar	ad owned	by the foundation on 12/31/69	<del> </del>		
	Complete only for assets si		id Owned			Gains (Col (h) ga (k), but not less th	
	(ı) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		(k) Excess of col (i) over col (j), if any		Losses (from col	
a		<del></del>			-	<del></del>	
<u>b</u>					<del> </del>		
<u></u>			<del></del>		<del> </del>		··
<u>d</u>			•		<del> </del>		
е		····	e If a	aın, also enter ın Part I, line 7	<del>                                     </del>		
2	Capital gain net income	or (net capital loss)		oss), enter -0- in Part I, line 7	2		217,107.
3	Net short-term capital as	aın or (loss) as defined in		· · · · · · · · · · · · · · · · · · ·	-		
,				tructions If (loss), enter -0- in $\$			
	_			i i	3		0.
D					ncome		
For		private foundations subj		duced Tax on Net Investment I e section 4940(a) tax on net invest		me)	_
For f se	optional use by domestic ction 4940(d)(2) applies, the foundation liable for t	private foundations subj leave this part blank the section 4942 tax on the	ect to the	e section 4940(a) tax on net invest	ment inco	. –	]Yes ∑ No
For f se Vas f "Y	optional use by domestic ction 4940(d)(2) applies, the foundation liable for t es," the foundation doesn	private foundations subjections by the section 4942 tax on the section 4942 ta	ect to the ne distrib 940(e) E	e section 4940(a) tax on net invest outable amount of any year in the b Oo not complete this part	ment inco	d?	]Yes ∑ No
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Par	tVI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	ction	<u>s)</u>	
1a	Exempt operating foundations described in section 4940(d)(2), check here   and enter "N/A" on line 1			•	1
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)				,
ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check		4,3	361.	
	here X and enter 1% of Part I, line 27b				
	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of		_	}	1
Ŭ	Part I, line 12, col (b)	-	_		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)				
3	Add lines 1 and 2		4,3	361.	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			0.	
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		4,3	361.	
6	Credits/Payments				
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 8,724.			,	
	Exempt foreign organizations - tax withheld at source				
b	Tax paid with application for extension of time to file (Form 8868).				
C	Tax paid with application for extension of time to the (1 of the code).				
	backup withholding choncousty withhold	-	9.(	010.	
7	Total credits and payments. Add lines of through od				•
8	Effer any penalty for underpayment or estimated tax offects field in 1 of in 2220 is attached				
9	Tax due in the total of lines 5 and 6 is more than line 7, enter amount owed	_	4.6	649.	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		1,		
11	Enter the amount of line 10 to be Credited to 2020 estimated tax > 4,649. Refunded > 11		-		
	t VII-A Statements Regarding Activities	1		T	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	-	Yes	No X	-
	participate or intervene in any political campaign?	1a		<u>├</u> ^	-
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			,,	
	instructions for the definition	1b_		X	-
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities			١	
С	Did the foundation file Form 1120-POL for this year?	1c		X	_
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation ▶\$(2) On foundation managers ▶\$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
	on foundation managers   \$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X	_
	If "Yes," attach a detailed description of the activities				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	ļ			
•	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х	
42	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х	_
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	Х		-
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х	-
3	If "Yes," attach the statement required by General Instruction T				-
•	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		ľ		
6					
	By language in the governing instrument, or     By language in the governing instrument, or     By language in the governing instrument, so that no mandatory directions that			1	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	6	х		
_	conflict with the state law remain in the governing instrument?	7	Х		-
	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 XV	<del></del>		<b>†</b>	-
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.				
	DE,				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	0.	X	-	
	(or designate) of each state as required by General Instruction G <sup>2</sup> If "No," attach explanation	8b	- <u>^</u> ^	<del>  -</del>	-
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	-			
	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV If "Yes,"			v	
	complete Part XIV	9_	<u> </u>	X	-
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses	10	<u> </u>	X	
	F	orm <b>99</b>	0-PF	(2019)	)

46-1723396

Pai	VII-A Statements Regarding Activities (continued)				
		L		Yes	No
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		1	l	Х
	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqual				
12	person had advisory privileges? If "Yes," attach statement See instructions		2		Х
40	Did the foundation comply with the public inspection requirements for its annual returns and exemption applicat	· · · —		Х	
13	ht / h	1011 <u> </u>	<u> </u>		
	Website address F	839-1	754		
14	The books are in care of ▶ FOUNDATION SOURCE  Located at ▶501 SILVERSIDE ROAD, SUITE 123 WILMINGTON, DE  Telephone no ▶ 800- 2IP+4 ▶ 1980	0-137	7		
	2004.00 4.7	_			7
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			. •	ш
	and enter the amount of tax-exempt interest received or accrued during the year	15	- 1.	V 1	NI.
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other aut		-+	Yes	
	over a bank, securities, or other financial account in a foreign country?		6		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name	ie of			Ι.
	the foreign country ▶				<u> </u>
Pai	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.			Yes	No
1a	During the year, did the foundation (either directly or indirectly)		- 1		i '
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X	No	-		'
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a				i '
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	No	- 1		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	No	]		ĺ
		No			,
	(5) Transfer any income or assets to a disqualified person (or make any of either available for				
		No			i
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the				ĺ
	foundation agreed to make a grant to or to employ the official for a period after				
		No			
h	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described	ın			ĺ
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions		ь		X
	Organizations relying on a current notice regarding disaster assistance, check here	· · ·			
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,	that			ĺ
·	were not corrected before the first day of the tax year beginning in 2019?		С		Х
•	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a pri				
2		vale			ĺ
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))		ŀ		l
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019?	No			ĺ
		10	ĺ		l
	If "Yes," list the years	.)(2)			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a				
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)		b		1
	all years listed, answer "No" and attach statement - see instructions )	· · ·   <del>*</del>			$\vdash$
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here				ĺ
	<u> </u>				
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	]			
					,
Ь	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation	- 1			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by				1
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse				
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if		.		
	foundation had excess business holdings in 2019)	· · · :	b		v
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purpos		a		Х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize			-	1 3
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 20	197 4	b		X

Par	t VII-B	Statements Regarding Activities	tor Which Form	4/20 May Be Req	uirea (cont	inueu)		<del>,</del>	
5a	During th	e year, did the foundation pay or incur any amo	ount to		_			Yes	No_
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes X No								1
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on,								
	directly or indirectly, any voter registration drive?								1
	(3) Provide a grant to an individual for travel, study, or other similar purposes? X Yes No								
	(4) Provide a grant to an organization other than a charitable, etc., organization described in								
	section 4945(d)(4)(A)? See instructions								
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational								
	purposes, or for the prevention of cruelty to children or animals?								
	The state of the s								
В	b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance? See instructions								x
	•		=				_ <del>  "</del>		1
		tions relying on a current notice regarding disas							
С		iswer is "Yes" to question 5a(4), does the		·					1
		t maintained expenditure responsibility for the			Yes	No			
		attach the statement required by Regulations s							,
6a		foundation, during the year, receive any fur			1 1	☑			1
		onal benefit contract?				X No			x
b		oundation, during the year, pay premiums, dire	ectly or indirectly, on a	personal benefit contra	ct <sup>7</sup>	• • • • •	6b	<del> </del>	
		o 6b, file Form 8870				<b>□</b>			
7a		ne during the tax year, was the foundation a p						1	
b		did the foundation receive any proceeds or hav	•		on <sup>7</sup>		7b	ļ	ļ
8		indation subject to the section 4960 tax on pay							
		tion or excess parachute payment(s) during the	year?		Yes	X No			<u> </u>
Par	t VIII	Information About Officers, Director and Contractors	rs, Trustees, Fou	indation Managers	s, Hignly Pa	aid Emp	ioyees,		
1	List all o	fficers, directors, trustees, and foundate	on managers and	their compensation.	See instruc	tions.			
		(a) Name and address	(b) Title, and average hours per week	(c) Compensation	(d) Contribut	ions to	(e) Expen		
		(a) Name and address	(b) Title, and average hours per week devoted to position			ions to efit plans	(e) Expen other al		
		(a) Name and address	hours per week	(c) Compensation (if not paid, enter -0-)	(d) Contribut employee bene	ions to efit plans npensation			<u> </u>
ATC	10	(a) Name and address	hours per week	(c) Compensation (if not paid,	(d) Contribut employee bene	ions to efit plans			
ATC	1 10	(a) Name and address	hours per week	(c) Compensation (if not paid, enter -0-)	(d) Contribut employee bene	ions to efit plans npensation			es
ATC	1 10	(a) Name and address	hours per week	(c) Compensation (if not paid, enter -0-)	(d) Contribut employee bene	ions to efit plans npensation			es
ATC	1 10	(a) Name and address	hours per week	(c) Compensation (if not paid, enter -0-)	(d) Contribut employee bene	ions to efit plans npensation			es
ATC	10	(a) Name and address	hours per week	(c) Compensation (if not paid, enter -0-)	(d) Contribut employee bene	ions to efit plans npensation			<u> </u>
ATC	10	(a) Name and address	hours per week	(c) Compensation (if not paid, enter -0-)	(d) Contribut employee bene	ions to efit plans npensation			es
			hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributed (d) Contribute	ions to selfit plans in pensation 0.	` other al	lowance	0.
2	Compens	(a) Name and address	hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributed (d) Contribute	ions to selfit plans in pensation 0.	` other al	lowance	0.
2			hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contribute employee bendand deferred cor	nons to selfit plans appensation 0.	` other al	lowance	0.
2	Compens	sation of five highest-paid employees	hours per week devoted to position  (other than those bours per week hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contribute employee bendand deferred conditions and deferred conditions are deferred conditions and deferred conditions and deferred conditions and deferred conditions and deferred conditions are deferred conditions are deferred conditions and deferred conditions are deferred conditions ar	nons to selfit plans appensation 0 .	ons). If n	one,	0. enter
2	Compens		hours per week devoted to position  (other than thos	(c) Compensation (If not paid, enter -0-)  0.	(d) Contribut (d) Contribut (d) Contribut	nons to selfit plans appensation 0 .	ons). If n	one,	0. enter
2	Compens	sation of five highest-paid employees	hours per week devoted to position  (other than those bours per week hours per week	(c) Compensation (If not paid, enter -0-)  0.	(d) Contribute employee bendand deferred conditions and deferred conditions are deferred conditions and deferred conditions and deferred conditions and deferred conditions and deferred conditions are deferred conditions are deferred conditions and deferred conditions are deferred conditions ar	nons to selfit plans appensation 0 .	ons). If n	one,	0. enter
2 (a)	Compens	sation of five highest-paid employees	hours per week devoted to position  (other than those bours per week hours per week	(c) Compensation (If not paid, enter -0-)  0.	(d) Contribute employee bendand deferred conditions and deferred conditions are deferred conditions and deferred conditions and deferred conditions and deferred conditions and deferred conditions are deferred conditions are deferred conditions and deferred conditions are deferred conditions ar	nons to selfit plans appensation 0 .	ons). If n	one,	0. enter
2 (a)	Compens "NONE."	sation of five highest-paid employees	hours per week devoted to position  (other than those bours per week hours per week	(c) Compensation (If not paid, enter -0-)  0.	(d) Contribute employee bendand deferred conditions and deferred conditions are deferred conditions and deferred conditions and deferred conditions and deferred conditions and deferred conditions are deferred conditions are deferred conditions and deferred conditions are deferred conditions ar	nons to selfit plans appensation 0 .	ons). If n	one,	0. enter
2 (a)	Compens "NONE."	sation of five highest-paid employees	hours per week devoted to position  (other than those bours per week hours per week	(c) Compensation (If not paid, enter -0-)  0.	(d) Contribute employee bendand deferred conditions and deferred conditions are deferred conditions and deferred conditions and deferred conditions and deferred conditions and deferred conditions are deferred conditions are deferred conditions and deferred conditions are deferred conditions ar	nons to selfit plans appensation 0 .	ons). If n	one,	0. enter
2 (a)	Compens "NONE."	sation of five highest-paid employees	hours per week devoted to position  (other than those bours per week hours per week	(c) Compensation (If not paid, enter -0-)  0.	(d) Contribute employee bendand deferred conditions and deferred conditions are deferred conditions and deferred conditions and deferred conditions are deferred conditions are deferred conditions and deferred conditions are deferred conditions are deferred conditions and deferred conditions are deferred conditions are deferred conditions are deferred conditions.	nons to selfit plans appensation 0 .	ons). If n	one,	0. enter
2 (a)	Compens "NONE."	sation of five highest-paid employees	hours per week devoted to position  (other than those bours per week hours per week	(c) Compensation (If not paid, enter -0-)  0.	(d) Contribute employee bendand deferred conditions and deferred conditions are deferred conditions and deferred conditions and deferred conditions are deferred conditions are deferred conditions and deferred conditions are deferred conditions are deferred conditions and deferred conditions are deferred conditions are deferred conditions are deferred conditions.	nons to selfit plans appensation 0 .	ons). If n	one,	0. enter
2 (a)	Compens "NONE."	sation of five highest-paid employees address of each employee paid more than \$50,000	hours per week devoted to position  (other than those bours per week hours per week	(c) Compensation (If not paid, enter -0-)  0.	(d) Contribute employee bendand deferred conditions and deferred conditions are deferred conditions and deferred conditions and deferred conditions are deferred conditions are deferred conditions and deferred conditions are deferred conditions are deferred conditions and deferred conditions are deferred conditions are deferred conditions are deferred conditions.	nons to selfit plans appensation 0 .	ons). If n	one,	0. enter
2 (a)	Compens "NONE."	sation of five highest-paid employees address of each employee paid more than \$50,000	hours per week devoted to position  (other than those bours per week hours per week	(c) Compensation (If not paid, enter -0-)  0.	(d) Contribute employee bendand deferred conditions and deferred conditions are deferred conditions and deferred conditions and deferred conditions are deferred conditions are deferred conditions and deferred conditions are deferred conditions are deferred conditions and deferred conditions are deferred conditions are deferred conditions are deferred conditions.	nons to selfit plans appensation 0 .	ons). If n	one,	0. enter
2 (a)	Compens "NONE."	sation of five highest-paid employees address of each employee paid more than \$50,000	hours per week devoted to position  (other than those bours per week hours per week	(c) Compensation (If not paid, enter -0-)  0.	(d) Contribute employee bendand deferred conditions and deferred conditions are deferred conditions and deferred conditions and deferred conditions are deferred conditions are deferred conditions and deferred conditions are deferred conditions are deferred conditions and deferred conditions are deferred conditions are deferred conditions are deferred conditions.	nons to selfit plans appensation 0 .	ons). If n	one,	0. enter
(a)	Compens "NONE."	sation of five highest-paid employees address of each employee paid more than \$50,000	hours per week devoted to position  (other than those bours per week hours per week	(c) Compensation (If not paid, enter -0-)  0.	(d) Contribute employee bendand deferred conditions and deferred conditions are deferred conditions and deferred conditions and deferred conditions are deferred conditions are deferred conditions and deferred conditions are deferred conditions are deferred conditions and deferred conditions are deferred conditions are deferred conditions are deferred conditions.	nons to selfit plans appensation 0 .	ons). If n	one,	0. enter
2 (a)	Compens "NONE."  Name and a	sation of five highest-paid employees address of each employee paid more than \$50,000	(other than those (b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)  0.	(d) Contribute employee bendand deferred conditions and deferred conditions are deferred conditions and deferred conditions and deferred conditions are deferred conditions are deferred conditions and deferred conditions are deferred conditions are deferred conditions and deferred conditions are deferred conditions are deferred conditions are deferred conditions.	nons to selfit plans appensation 0 .	ons). If n	one,	0. enter

orm 990-PF (2019)		Page <b>7</b>
Part VIII . Information About Officers, Directors, Trustees, Foundation M and Contractors (continued)	anagers, Highly Paid Employ	/ees,
3. Five highest-paid independent contractors for professional services. See in	nstructions. If none, enter "NONE	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		0.
<b></b>		<del></del>
<del></del>		
<del>-</del>		
otal number of others receiving over \$50,000 for professional services		<del></del>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistic	cal information such as the number of	
organizations and other beneficianes served, conferences convened, research papers produced, etc		Expenses
1 N/A		<del></del>
2		
<del></del>		
3		
4		<del></del>
4		
	<del></del>	
Part IX-B Summary of Program-Related Investments (see instructions)		
Describe the two largest program-related investments made by the foundation during the tax year on lines	1 and 2	Amount
1 MCE SOCIAL CAPITAL - PURPOSE OF THE LOANS IS TO FUND M		
GLOBAL ECONOMIC OPPORTUNITY PROGRAMS		
		1,000,000.
2 GLOBAL PARTNERSHIPS / ELEOS SOCIAL VENTURE FUND		
		105,625.
All other program-related investments See instructions		

NONE

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Pa	Minimum Investment Return (All domestic foundations must complete this part. see instructions.)	Foreign founda	tions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, purposes	etc ,	
_	a Average monthly fair market value of securities	1a	6,269,894.
	b Average of monthly cash balances	· · ·	370,783.
			1,491,181.
_		•••	8,131,858.
d	d Total (add lines 1a, b, and c)		
е			
_	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	· · · · <del></del>	8,131,858.
3	Subtract line 2 from line 1d	· · · <del>  -    </del>	0,101,000.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount,		121,978.
_	instructions)		8,009,880.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, lines 500 of the		400,494.
6	Minimum investment return. Enter 5% of line 5		400,404.
Рa	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	ng foundations	
	and certain foreign organizations, check here ▶ and do not complete this part )		400,494.
1	Minimum investment return from Part X, line 6	361.	
2 a	a Tax on investment income for 2019 from Part VI, line 5	361.	
b	b Income tax for 2019 (This does not include the tax from Part VI) 2b	<del></del> _	4 261
C	· · · · · · · · · · · · · · · · · · ·		4,361. 396,133.
3	Distributable amount before adjustments Subtract line 2c from line 1		1,000,000.
4	Recoveries of amounts treated as qualifying distributions		
5	Add lines 3 and 4		1,396,133.
6	Deduction from distributable amount (see instructions)		
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part		1 206 122
	line 1	7	1,396,133.
Pa	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a		1a	403,150.
b	`		1,105,625.
2			<u> </u>
-	purposes	1 1	
3	Amounts set aside for specific charitable projects that satisfy the	· · ·   <del>-</del>   -	<del></del> , .
-	a Suitability test (prior IRS approval required)	За	
b			
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, II		1,508,775.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income and the section 4940(e) for the reduced rate of tax on net investment income and the section 4940(e) for the reduced rate of tax on net investment income and the section 4940(e) for the reduced rate of tax on net investment income and the section 4940(e) for the reduced rate of tax on net investment income and the section 4940(e) for the reduced rate of tax on net investment income and the section 4940(e) for the reduced rate of tax on net investment income and the section 4940(e) for the reduced rate of tax on net investment income and tax on net investment income and tax of tax		_,
J	Enter 1% of Part I, line 27b See instructions	1 1	4,361.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		1,504,414.
U	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years who		
	qualifies for the section 4940(e) reduction of tax in those years.	en calculating wi	

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Pa	rt XIII Undistributed Income (see instr	ructions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2019 from Part XI,	Corpus	Years prior to 2018	2018	2019
	line 7				1,396,133.
2	Undistributed income, if any, as of the end of 2019				
	Enter amount for 2018 only	•			
ь	Total for pnor years 20 17,20 16,20 15				1
	Excess distributions carryover, if any, to 2019			••	
а	From 2014	Control of the	the area of the second	Transfer to	
b	From 2015			, ,	
O	From 2016	10.0			المؤلف الربيان أواليان
	740 111			PA AND AND	
_	FIUII 2018	3,594,171.	The transfer of	The second of	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Total of lines 3a through e	3,394,171.			
4	Qualifying distributions for 2019 from Part XII, line 4 > \$ 1,508,775.				
а	Applied to 2018, but not more than line 2a				
b	Applied to undistributed income of prior years				•
	(Election required - see instructions)				
С	Treated as distributions out of corpus (Flection required - see instructions)				an y 4
d	Applied to 2019 distributable amount				1,396,133.
	Remaining amount distributed out of corpus	112,642.			•
5	Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a) )				
G	Enter the net total of each column as indicated below:			•	
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	3,706,813.			
b	Prior years' undistributed income Subtract				
	line 4b from line 2b				
С	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 assessed				
d	Subtract line 6c from line 6b Taxable				
	amount - see instructions				
е	Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount - see instructions				
	Undistributed income for 2019 Subtract lines				
•	4d and 5 from line 1 This amount must be distributed in 2020				
7	Amounts treated as distributions out of corpus		4 1. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
•	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be			.* "	· · /
	required - see instructions)				
8	Excess distributions carryover from 2014 not	121 006			
	applied on line 5 or line / (see instructions)	131,006.	754 C . 15 C		4 ( 14.85 as 5 s <sup>2</sup>
9	Excess distributions carryover to 2020.	3,575,807.		•	
	Subtract lines 7 and 8 from line Ga	,	,	, .	1 [
	Analysis of line 9 Exercise from 2015   157,015.		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	the transmit of the second	
	Excess from 2013	4.	1 4 8 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the same	
	170 740		m c t	برد أرجي	1. 4 1
	Excess from 2017	A Profession And Annual			
	Excess from 2010				Property to make
			1 4 u l	194	Form <b>990-PF</b> (2019)

Forr	n 990-PF (2019)	UMSIZI FU	ND	•		46-1723396 Page <b>10</b>
_		erating Foundations	(see instructions a	nd Part VII-A, questi	ion 9)	NOT APPLICABLE
1 a	If the foundation has	received a ruling or d	etermination letter tha	t it is a private oper	ating	
	foundation, and the rulin	g is effective for 2019, e	nter the date of the ruling		▶	
b	Check box to indicate	whether the foundation	is_a private operating_	foundation described in	n section	4942(j)(2) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year	_	Prior 3 years		(e) Total
	justed net income from Part  I or the minimum investment	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
	return from Part X for each year listed					
b	85% of line 2a					
	Qualifying distributions from Part				1	
Ī	XII, line 4, for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line					
3	2d from line 2c					
а	"Assets" alternative test - enter					
	(1) Value of all assets     (2) Value of assets qualifying under section					
b	4942(j)(3)(B)(i)					
	enter 2/3 of minimum invest- ment return shown in Part X,					
	line 6 for each year listed					
С	"Support" alternative test - enter  (1) Total support other than gross investment income (interest, dividends, rents, payments on secunities loans (section 512(a)(5)), or royalities).					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942 ()(3)(B)(III)					
	(3) Largest amount of support from an exempt organization		_			
_	(4) Gross investment income .				1	
Pa		ntary Information (Curing the year - see		only if the found:	ation had \$5,0	000 or more in assets at
1	Information Regardin					
а	List any managers of before the close of any					received by the foundation ()(2))
	ATTACHME	NT 11				
b	List any managers of ownership of a partner	the foundation who or ship or other entity) of	own 10% or more of which the foundation	f the stock of a corp has a 10% or greater	ooration (or an e rinterest	equally large portion of the
_	N/A Information Regardin	- Cantalhastica Carat	Citt Loan Cabalant	in etc. Dragger		<del></del>
2	<u> </u>	-				
		or funds If the founda	ition makes gifts, gra			ions and does not accept ons under other conditions,
a	The name, address, a	*		ne person to whom app	plications should t	pe addressed
	The form in which app	lications should be sub	mitted and information	on and materials they	should include	

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

c Any submission deadlines

46-1723396

Form 990-PF (2019)

Page **11** 

Part XV Supplementary Information (	continued)			
3 Grants and Contributions Paid Dur	ing the Year or App	roved for	Future Payment	<del>,</del>
3 Grants and Contributions Paid Dur Recipient Name and address (home or business)	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	contribution	
a Paid during the year				
ATCH 12				
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		}		
		ĺ		
			1	
<u></u>			<u> </u>	
Total	<u>.</u> <u></u>	<del></del> .	▶ 3a	268,118.
<b>b</b> Approved for future payment				
		)		}
1				
Total			▶ 3b	
	<del> </del>	<u> </u>		

Page **12** 

Part XVI-A Analysis of Incom	ne-Producing Acti	ivities			
Enter gross amounts unless otherwise ind	(a)	ated business income (b)	Excluded by	y section 512, 513, or 514 (d)	(e) Related or exempt function income
1 Program service revenue	Business code	Amount	Exclusion code	Amount	(See instructions)
a					
b					
c	<b>I</b>				
d					
e	<b>I</b>				<del></del> ,
f			ļ		
g Fees and contracts from government	agencies				
2 Membership dues and assessments .			<u> </u>		
3 Interest on savings and temporary cash inve	stments -		14	5,717.	
4 Dividends and interest from securities			14	154,105.	
5 Net rental income or (loss) from real es	state				
a Debt-financed property	1		<del> </del>		<del>_</del> <del></del>
<b>b</b> Not debt-financed property			<del> </del>		<del>-</del> -
6 Net rental income or (loss) from personal	property		<del>  -</del>	<del>-</del>	<u></u>
7 Other investment income			18	15,913.	
8 Gain or (loss) from sales of assets other than	·		10	13,713.	<del></del>
9 Net income or (loss) from special event		<del></del>	<del> </del>	<del>-</del> -	<u> </u>
10 Gross profit or (loss) from sales of inve	ntory		<del> </del>		<del></del>
11 Other revenue a b ATCH 13	—— <del>[——</del>	-13,225.		76,982.	
c			1-		
d				·· <del>·</del>	
e	<del></del> -				_ <del></del>
12 Subtotal Add columns (b), (d), and (e)		-13,225.		252,717.	· · · · · · · · · · · · · · · · · · ·
13 Total. Add line 12, columns (b), (d), an				13	239,492.
(See worksheet in line 13 instructions to v					
Part XVI-B Relationship of A	ctivities to the A	ccomplishment of E	xempt Purp	ooses	
Line No. Explain below how eac	h activity for which	income is reported i	n column (e	e) of Part XVI-A contribu	uted importantly to the
▼ accomplishment of the f	•	•	-		·
	<u></u>	<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>
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		-			
		<del></del>	<del></del>	·	
_	<del>-</del>	<del></del>		<del></del>	
				<del>_</del>	
		<del></del>			_ <del></del>
		<u> </u>		<u> </u>	
	<del></del>		_		
					_
		_			

46-1723396 Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations Part XVII

		Organizacions										
1	Did th	e organization direct	ly or indirectly	engage in any	of the following	ng with an	y other orga	anization	described		Yes	No
	ın se	ction 501(c) (other	than section	501(c)(3) org	ganizations) or	ın sectio	on 527, re	lating to	political	1 1		
		izations?						•				
а	Transf	fers from the reportin	g foundation to	o a noncharitab	le exempt orga	nization of.						
		ısh								1a(1)		X
		her assets										X
ь		transactions										
_		iles of assets to a no	ncharitable exe	empt organizatio	n					15(1)		Х
		rchases of assets fro										
		ental of facilities, equi								$\overline{}$		
		eimbursement arrangi	•									X
	• •	ans or loan guarantee										X
		erformance of service										<u>x</u>
_				-	~					$\overline{}$		<del></del>
		ng of facilities, equipm answer to any of th									l	
u		of the goods, other										
		in any transaction or										
4-3.1		(b) Amount involved				T	cription of trans					
(a) L	ne no	N/A	(c) Name of	noncharitable exem	ipt organization	N/A	aption of trans	iers, transac	zions, and shai	ing arrai	ngemer	nts
		N/A		<del></del>		IN/A	- <del></del>					
				<del></del>								
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						<del> </del>						
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				<del></del>		<del> </del>						
						<b></b>	·					
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						<u> </u>	·					
2a	ls the	foundation directly of	or indirectly at	filiated with, or	r related to, or	e or more	tax-exemp	t organiz	ations			•
		bed in section 501(c)								Ye	s X	No
b		," complete the follow	•									_
		(a) Name of organization	)	(b) Typ	e of organization			(c) Descnpt	on of relations	hip		
								<del></del>				
	Under	r penalties of penjury, I decla	re that I have exam	ined this return, inclu	iding accompanying s	chedules and	statements, and t	o the best o	f my knowledg	e and be	elief, it	is true,
		ct, and complete Declaration of	preparer (other than t	taxpayer) is based on a	II Information of which	preparer has ar	y knowledge					
Sign		Imu In	K	1 11/	2/2020	Pres	dont		May the IRS			
dere	9   Sign	nature of officer or trustee		Date //	1	Title	aen		with the pre		Yes	No.
	Sign	mardre of difficer of dusiee		Date	•	11110			See manachons	,	168	
		Print/Type preparer's nar		Preparer's sign	nature		Date	<del></del>		TIN		
aid		1		' '			11/11/2	Che	·		1577	^
	arer	JEFFREY D HASH			D HASKELL		1 11/11/4	<del></del>	51000	20134		
-		. 027		OURCE				Firm's EIN	▶51039	034/		
JSE	Only	1	E HOLLOW L	· ·			40		000 00		- 4	
		LA	KE SUCCESS	, NY	<del></del>	110	42	Phone no	800-83			
									Fon	m <b>990</b>	-PF (	2019)

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

Department of the Treasury Internal Revenue Service Name of the organization

## **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

2019

Employer identification number

UMSIZI FUND 46-1723396 Organization type (check one) Filers of: Section: Form 990 or 990-EZ \_\_\_ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "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

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Employer identification number 46-1723396

Part I	Contributors (see instructions). Use duplicate cop-	ies of Part I if additional space is ne	eeded
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SAGE BRAKEMAN LLC P.O. Box 566 SAUSALITO, CA 94966	\$\$	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)
(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 if for noncash contributions)

Name of organization UMSIZI FUND

Employer identification number 46-1723396

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	IQVIA HOLDINGS INC IQV, 975 SH.	_	
		\$\$.	03/08/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1_	IQVIA HOLDINGS INC IQV, 571 SH.		
		\$88,888.	08/13/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		_  _	

Name of or	rganization UMSIZI FUND			Employer identification number
Dawn .	Fredrich and Bridge about the	4-:14:4		46-1723396
Part III	Exclusively religious, charitable, etc., (10) that total more than \$1,000 for the following line entry. For organizatio contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional copies of Pa	ne year from any one on ns completing Part III, en year. (Enter this informa	<b>contributor.</b> Conter the total of	mplete columns (a) through (e) and exclusively religious, charitable, etc
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Part I	(b) i dipose of gint	(0) 000 0. giil		(a) Description of non-gine inclu
		(e) Transfer of g	ft	
	Transferee's name, address, and	ZIP + 4	Relations	nip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gi		
		(c) Transist of g.	••	
	Transferee's name, address, and	ZIP + 4	Relations	nip of transferor to transferee
			·	
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		·		
		(e) Transfer of gi	 ft	<u> </u>
	Transferee's name, address, and			nip of transferor to transferee
			<del></del>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of grft		(d) Description of how gift is held
			i -	
	Transferee's name, address, and	(e) Transfer of git		up of transferor to transferee
	i i ansieree s name, address, and	4 T T T	Relations	np of transferor to transferee
	<u> </u>			

Part I, Line 6a (990-PF) - Net Gain/(Loss) from Sales of Assets Not Included in Part IV

Name	Date Acquired	Acquisition Method	Date Sold	Gross Sales Price	Book Basis	Net Gain/(Loss)
Publicly-traded Securities				\$ 3,775,469	\$ 3,759,556	\$ 15,913
Total included in Part IV			,	\$ 3,775,469	\$ 3,759,556	\$ 15,913
Passthrough K-1 Capital Gain/(Loss) - UBI						ر ج
Part I, Line 6a Total						\$ 15,913

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2019 FORM 990-PF

UMSIZI FUND

DESCRIPTION K-1 INC/LOSS ADOBE MEZZANINE FUND II LP INTEREST INCOME FROM NOTES PART I - OTHER INCOME FORM 990PF,

76,982. INVESTMENT NET EXPENSES
PER BOOKS
-13, 225.
76, 982. REVENUE AND

76,982. 63,757.

TOTALS

ATTACHMENT 1

46-1723396

ATTACHMENT 2

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FEES	
PROFESSIONAL	
OTHER	
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PART	
990PF,	
FORM	

REVENUE AND EXPENSES PER BOOKS	285 15,000 35,685 3,063
	ING SVC
TION	CATERING EMPLOYEE RECRUITING PHILANTHROPIC CONSULTING SVCS WEBSITE DEVELOPMENT
DESCRIPTION	CATERING EMPLOYEE PHILANTHI WEBSITE

TOTALS

CHARITABLE PURPOSES	285. 15,000. 25,685. 3,063.	44,033.
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2019 FORM 990-PF

UMSIZI FUND

ATTACHMENT 3

# FORM 990PF, PART I - TAXES

NET INVESTMENT INCOME	229.	229.
REVENUE AND EXPENSES PER BOOKS	8,000. 2,288. 251. 229.	10,768.
	FOR 2019 2018	TOTALS
	990-PF ESTIMATED TAX 990-PF EXTENSION FOR BACK-UP WITHHOLDING FOREIGN TAX PAID	

46-1723396

ATTACHMENT 4

UMSIZI FUND

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PART
990PF
990PF.
990PF.

									1 -11
	NET	INVESTMENT	INCOME		621.				621.
REVENUE	AND	EXPENSES	PER BOOKS	37,084.	621.	580.	800.	198.	39,283.
			DESCRIPTION	ADMINISTRATIVE FEES	K-1 EXP ADOBE MEZZANINE FUND I	STATE OR LOCAL FILING FEES	TRAINING & PROFESSIONAL DEVELO	WEBSITE HOSTING/SUPPORT	TOTALS

CHARITABLE
PURPOSES
37,084. 580. 800. 198.

38,662.

ATTACHMENT 4

46-1723396

ATTACHMENT 5

## FORM 990PF, PART II - OTHER NOTES AND LOANS RECEIVABLE

BORROWER:

CAPRIA VENTURES LLC

ORIGINAL AMOUNT: INTEREST RATE: 250,000. 0.1667 %

DATE OF NOTE: MATURITY DATE:

11/27/2019 12/31/2031

SECURITY PROVIDED:

NONE

PURPOSE OF LOAN:

BUSINESS OPERATIONS

ENDING BALANCE DUE ..... 250,000.

ENDING FAIR MARKET VALUE ..... 250,000.

BORROWER:

LOW INCOME INV FD - 3YR

ORIGINAL AMOUNT: INTEREST RATE:

1,000,000. 2.0000 %

DATE OF NOTE: MATURITY DATE:

07/31/2019 07/31/2022

REPAYMENT TERMS:

PRINCIPAL DUE UPON MATURITY

ENDING BALANCE DUE ..... 1,000,000.

ENDING FAIR MARKET VALUE ..... 1,008,400.

٠.

# ATTACHMENT 5 (CONT'D)

	LOW INCOME INV FD - 5YR 1,000,000. 3.0000 % 07/31/2019 07/31/2024 PRINCIPAL DUE UPON MATURITY	
ENDING BALANCE DUE		1,000,000.
ENDING FAIR MARKET VALUE	E	1,012,613.
MATURITY DATE: REPAYMENT TERMS: SECURITY PROVIDED:	MRI - OPEN CAPITAL GROUP LTD 250,000. 5.0000 % 12/15/2018 12/15/2023 PRINCIPAL AND INTEREST UPON MATURITY NONE BUSINESS OPERATIONS	
BEGINNING BALANCE DUE .		250,000.
ENDING BALANCE DUE		250,000.
ENDING FAIR MARKET VALUE	Ξ	250,000.

# ATTACHMENT 5 (CONT'D)

BORROWER:

MRI - WATER MADE BLUE

INTEREST RATE:

٠,

6.0000 %

DATE OF NOTE: MATURITY DATE: 11/02/2018 03/29/2022

REPAYMENT TERMS:

PAYMENTS MADE IN INSTALLMENTS

ENDING BALANCE DUE	103,438.
ENDING FAIR MARKET VALUE	113,475.
TOTAL BEGINNING OTHER NOTES AND LOANS RECEIVABLE	250,000.
TOTAL ENDING BOOK - OTHER NOTES AND LOANS RECEIVABLE	2,603,438.
TOTAL ENDING FMV - OTHER NOTES AND LOANS RECEIVABLE	2,634,488.

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DESCRIPTION

JP MORGAN SHORT DURATION BOND

TOTALS

ENDING BOOK VALUE 4,278,555.

ENDING

4,311,790.

4,278,555.

4,311,790.

ENDING <u>FMV</u>	104,640.	1,112,810.
ENDING BOOK VALUE	145,616.	1,145,616.
DESCRIPTION	ADOBE MEZZANINE FUND II LP ADVANCE TRADE GROWTH OFFSHORE	TOTALS

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ENDING <u>FMV</u>	331,500. 500,000. 500,000. 500,000. 500,000.
ENDING BOOK VALUE	331,500. 500,000. 500,000. 500,000. 500,000.
DESCRIPTION	PRI - GLOBAL PARTNERSHIPS/ELEO PRI - MCE SOCIAL CAPITAL 01/31 PRI - MCE SOCIAL CAPITAL 07/31 PRI - MCE SOCIAL CAPITAL 09/12 PRI - MCE SOCIAL CAPITAL - 2.7 TOTALS

46-1723396 2019 FORM 990-PF UMSIZI FUND

FORM 990-PF - PART IV

CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of P		ITO A TIP EC		ription		pr pr	Date appured	Date sold
Gross sale	Depreciation	Cost or	FMV -	Adı basıs	Excess of	P	acquired Gain	
price less expenses of sale	allowed/ allowable	other basis	as of 12/31/69	as of 12/31/69	FMV over adj basis	Ш	or (loss)	
3,775,469.		PUBLICLY-TRA					217,107.	
TOTAL GAIN(LC	oss)						217,107.	
	-							

# FORM 990PF, PART VII-B, LINE 5C-EXPENDITURE RESPONSIBILITY STATEMENT

GRANTEE'S NAME:

YOUTH CHALLENGE 4 CHANGE UGANDA

GRANTEE'S ADDRESS:

P.O. BOX 241

CITY, STATE & ZIP:

AMIOH

FOREIGN COUNTRY:

UGANDA

GRANT DATE:

03/03/2017

GRANT AMOUNT:

5,000.

GRANT PURPOSE:

TO HELP SUPPORT THE MUKUZA CHALLENGE CONFERENCE

5,000.

AMOUNT EXPENDED: ANY DIVERSION?

NO

DATES OF REPORTS:

1/19/19

VERIFICATION DATE:

RESULTS OF VERIFICATION:

NONE NECESSARY

GRANTEE'S NAME:

SMART LIBERIA, INC

GRANTEE'S ADDRESS:

JALLAHS TOWN ROAD, 2ND FL

CITY, STATE & ZIP:

SINKOR

FOREIGN COUNTRY:

LIBERIA 00231

GRANT DATE:

09/28/2017

GRANT AMOUNT:

10,000.

GRANT PURPOSE:

TO SUPPORT THE CHANGEMAKERS VILLAGE PROJECT

10,000.

AMOUNT EXPENDED: ANY DIVERSION?

NO

DATES OF REPORTS:

2/8/19

**VERIFICATION DATE:** 

RESULTS OF VERIFICATION:

NONE NECESSARY

GRANTEE'S NAME:

SMART LIBERIA, INC

GRANTEE'S ADDRESS:

JALLAHS TOWN ROAD, 2ND FL

CITY, STATE & ZIP:

SINKOR

FOREIGN COUNTRY:

LIBERIA 00231

GRANT DATE:

04/13/2018

GRANT AMOUNT:

10,000.

GRANT PURPOSE:

TO SUPPORT THE CHANGEMAKERS VILLAGE PROJECT

10,000.

AMOUNT EXPENDED: ANY DIVERSION?

NO

DATES OF REPORTS:

2/8/19

VERIFICATION DATE:

RESULTS OF VERIFICATION:

NONE NECESSARY

46-1723396	ATTACHMENT 10
2019 FORM 990-PF	LIST OF OFFICERS, DIRECTORS, AND TRUSTEES
UMSIZI FUND	FORM 990PF, PART VIII - LIST OF OFFICERS, DII

٠.	· o	. 0	<u>.</u>
EXPENSE ACCT AND OTHER ALLOWANCES	C		
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	.0	.0	0.
COMPENSATION	.0	.0	0.
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	DIR, PRES 1.00	DIR, SEC, TREAS, VP 1.00	GRAND TOTALS
NAME AND ADDRESS	AMY BRAKEMAN FOUNDATION SOURCE 501 SILVERSIDE RD WILMINGTON, DE 19809-1377	ROY EDGAR BRAKEMAN III FOUNDATION SOURCE 501 SILVERSIDE RD WILMINGTON, DE 19809-1377	

# FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

AMY BRAKEMAN ROY EDGAR BRAKEMAN III

2019 FORM 990-PF

ATTACHMENT 12

EORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

•	AMOUNT	10,000	20,000	10,000	4,000	91,218	4,100
	PURPOSE OF GRANT OR CONTRIBUTION	GENERAL & UNRESTRICTED	TO SUPPORT OUT OF SCHOOL YOUTH ENTREPRENEURSHIP PILOTS IN KENYA	FIRST OF TWO GRANTS TO SUPPORT 2020 LEADERSHIP TEAM COACHING AND PROFESSIONAL DEVELOPMENT	FULL GRANT AMOUNT TO BE SENT TO AFFILIATE IN KENYA CALLED CAREER READINESS SOCIAL INITIATIVE	SUPPORT FOR HARVARD T H CHAN SCHOOL OF PUBLIC HEALTH - DR WAFAIE FAWZI COLLABORATION WITH THE AFRICAN LEADERSHIP ACADEMY PROGRAM	SCHOLARSHIP GRANT
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR	FOUNDATION STATUS OF RECIPIENT	N/A PC	N/A PC	N/A PC	N/A PC	N/A PC	N/A I
	RECIPIENT NAME AND ADDRESS	1TO4 5225 E CAMINO CIELO SANTA BARBARA, CA 93105	EDUCATE' PO BOX 12302 DENVER, CO 80212	EDUCATION FOR EMPLOYMENT 1660 L ST NW STE 460 WASHINGTON, DC 20036	GENERATION - YOU EMPLOYED INC 1200 19TH ST NW STE 910 WASHINGTON, DC 20036	HARVARD COLLEGE 124 MOUNT AUBURN ST 4TH FL CAMBRIDGE, MA 02138	M ECHKOUNA 910 WILLOUGHBY AVE BROOKLYN, NY 11221

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

			ATTACHMENT 12 (CONT'D)
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
M TARAWALLY	N/A	SCHOLARSHIP GRANT	7,500
CHANGEMAKERS VILLAGE, 2ND ST SINKOR MONTSERRADO	I		
LIBERIA 1000-10			
M TARAWALLY	N/A	SCHOLARSHIP GRANT	7,500
CHANGEMAKERS VILLAGE, 2ND ST SINKOR	н		
MONTSERRADO LIBERIA 1000-10			
ONGOZA FOUNDATION INC	N/A	GENERAL & UNRESTRICTED	25,000
C/O CHC 111 BROADWAY NO 1703	PC		
NEW YORK, NY 10006			
S CHIIKMIII OZTE	d/2	SCHOLARSHIP GRANT	000 01
65 CHKS ONYEBUCHI	H		
LAGOS STATE			
NIGERIA			
	•		:
S CHUKWULOZIE	N/A	SCHOLARSHIP GRANT	10,000
65 CHUKS ONYEBUCHI	I		
LAGOS STATE			
NIGERIA			
S HORNE	N/A	SCHOLARSHIP GRANT	13,500
33 JOUBERT STREET	I		
KUILSRIVIER			
CAPE TOWN			
SOUTH AFRICA 7580			

YEAR
THE
DURING
PAID
GRANTS AND CONTRIBUTIONS PAID DURING THE
AND
GRANTS
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×
PART XV
990PF,
FORM

			ATTACHMENT 12 (CONT'D)
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		• .
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
S HORNE	N/A	SCHOLARSHIP GRANT	13,500
33 JOUBERT STREET	I		
KUILSRIVIER			
SOUTH AFRICA			
TONIIC INSTITUTE	N/A	GENERAL & UNRESTRICTED	6, 000
47 KEARNY ST STE 600	PC		
SAN FRANCISCO, CA 94108			
WATSON	N/A	GRANT FOR JUMPSTART ACADEMY AFRICA	2, 000
4740 TABLE MESA DR	PC		
BOULDER, CO 80305			
WEST AFRICA VOCATIONAL EDUCATION INC	N/A	GENERAL & UNRESTRICTED	800
1209 N ORANGE ST	PC		
WILMINGTON, DE 19801			

TOTAL CONTRIBUTIONS PAID 268,118

46-1723396	,,	RELATED OR EXEMPT FUNCTION INCOME		
	ATTACHMENT 13	AMOUNT	76,982.	76,982.
		EXCLUSION	14	
		AMOUNT	-13,225.	-13,225.
2019 FORM 990-PF	II	BUSINESS	525990	
	FORM 990-PF, PART XVI-A - ANALYSIS OF OTHER REVENUE	NO	K-1 INC/LOSS INTEREST INCOME FROM NOTES	ALS
UMSIZI FUND	FORM 990-1	DESCRIPTION	K-1 INC/LC INTEREST 1	TOTALS