ggn

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. Inspection

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

and ending A For the 2021 calendar year, or tax year beginning D Employer identification number Check if applicable: C Name of organization UNIVERSITY OF CAPE TOWN FUND, INC. Address change C/O WACHTELL, LIPTON, ROSEN AND KATZ LLP Name change 13-3202349 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ 51 WEST 52ND STREET (212)403-1333termin-ated 2,897,033. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended return NEW YORK, NY 10019 H(a) Is this a group return Applica-F Name and address of principal officer: TREVOR NORWITZ for subordinates? Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) L 4947(a)(1) or If "No," attach a list. See instructions J Website: ► WWW.UCTFUND.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 1984 M State of legal domicile: NY Part I Summary Briefly describe the organization's mission or most significant activities: TO PROMOTE THE INTEREST OF THE Activities & Governance UNIVERSITY OF CAPE TOWN, SOUTH AFRICA. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 4 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 0 5 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 4 6 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 404,141. 2,896,358. Revenue Ō. 0. Program service revenue (Part VIII, line 2g) 639. 675. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 404,780. 2,897,033. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 265,668. 2,369,668. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) O. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 124,661. 195,521. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 390,329. 2,565,189. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 331,844. 14,451. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 807,843. 457,674. 20 Total assets (Part X, line 16) 32,703. 14,378. 21 Total liabilities (Part X, line 26) 443,296. 775,140. 22 Net assets or fund balances. Subtract line 21 from line 20. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign TREVOR NORWITZ, PRESIDENT & CHAIRMAN Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature Paid JENNIFER COATES P02247728 Firm's name LUTZ AND CARR, CPAS LLP Firm's EIN ▶ 13-1655065 Preparer Firm's address 551 FIFTH AVENUE, SUITE 400 Use Only Phone no. 212-697-2299 NEW YORK, NY 10176 X Yes No May the IRS discuss this return with the preparer shown above? See instructions

Pai	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission: TO PROMOTE THE INTEREST OF THE UNIVERSITY OF CAPE TOWN, SO	UTH AFRICA
	IN PROVIDING EDUCATION ON A NONDISCRIMINATORY BASIS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as mean	sured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the revenue, if any, for each program service reported.	e total expenses, and
4a	2 454 272 2 260 660)
	PROVIDE SUPPORT FOR SPECIFIC UNIVERSITY OF CAPE TOWN RESEATAND PROJECTS WHICH SEEK TO IMPROVE THE SOCIAL, POLITICAL A	
	ENVIRONMENT FOR ALL SOUTH AFRICANS.	TID ECONOTIES
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e		
		Form 990 (2021)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	•		
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			1 37
46	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		х
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		├^
19		19		х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_55		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Part IV Checklist of Required Schedules (continued)

	office the control of			T
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	No X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete Schedule J</i>	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			١,,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			١,,
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			l
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?lf "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			۱
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	х	
35 a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			<u> </u>
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	L_	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	00	x	
Pai	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	_ A	Ь
· a	Check if Schedule O contains a response or note to any line in this Part V			
	Check ii Ochequie O contains a response of hote to any line in this fait v			No
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1		Yes	140
b				
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ū	(gambling) winnings to prize winners?	1c	х	

Part V

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.								
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			l					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
_	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).			Х					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Λ					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7-		x					
	to file Form 8282?	7c							
d	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х					
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 6 7 f		X					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 <u>9</u> 7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12 10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	· · · · · · · · · · · · · · · · · · ·								
а	Gross income from members or shareholders								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans 13b								
	Enter the amount of reserves on hand	44-		X					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a							
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		X					
	excess parachute payment(s) during the year?	ı							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х					
10	If "Yes," complete Form 4720, Schedule O.	10		<u> </u>					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any								
••	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes." complete Form 6069.	<u></u>							

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

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent 1b 4									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?									
6	Did the organization have members or stockholders?	6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a	Х							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		Х							
12a	and a second control of the second control o									
b										
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	on Schedule O how this was done	12c	Х							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a		X						
b	Other officers or key employees of the organization	15b		X						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ►NY									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only) availa	able						
	for public inspection. Indicate how you made these available. Check all that apply.									
X Own website Another's website X Upon request Other (explain on Schedule O)										
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and										
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	KIWI PARTNERS, INC (212)-532-7171									
	237 WEST 35TH STREET, SUITE 1101, NEW YORK, NY 10001									

Page 7

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Name and title Name and title Average hours per week (list any hours for related organization file) I TREVOR NORWITZ, ESQ. 1.00 PRESIDENT AND CHAIRMAN TREASURER 1.00 X X X X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	X Check this box if neither the organization n	or any related	orga	aniza	ation	COI	npe	nsat		director, or trustee.	
hours per week (list any hours for related organizations below line) 1) TREVOR NORWITZ, ESQ. PRESIDENT AND CHAIRMAN (2) DAVID MEACHIN TREASURER (3) JEANNETTE K. SAFI SECRETARY (4) DR. BRENDA KERBEL (do not check more than on more than one hours person is both an officer and a director/trustee) (do not check more than one hours person is both an officer and a director/trustee) (do not check more than one hours person is both an officer and a director/trustee) (do not check more than one hours person is both an officer and a director/trustee) (compensation from related organizations (W-2/1099-MISC/ 1099-NEC) 1099-NEC) 1099-NEC) 1099-NEC) 1099-NEC) 1099-NEC) 1099-NEC) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(A)			(C)					(D)		(F)
week (list any hours for related organizations below line) (1) TREVOR NORWITZ, ESQ. PRESIDENT AND CHAIRMAN (2) DAVID MEACHIN TREASURER (3) JEANNETTE K. SAFI SECRETARY (4) DR. BRENDA KERBEL (list any hours for related organization (list any hours for related organization) and related organization (list any hours for related organization) and related organization (list any hours for related organization) and related organization and related organizations (M-2/1099-NEC) from the organization (W-2/1099-NEC) 1.00 X X X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	Name and title		(do	not c	heck	more	than	one			
(list any hours for related organizations below line) (1) TREVOR NORWITZ, ESQ. PRESIDENT AND CHAIRMAN (2) DAVID MEACHIN TREASURER (3) JEANNETTE K. SAFI SECRETARY (4) DR. BRENDA KERBEL (list any hours for related organizations below line) (I) TREVOR NORWITZ, ESQ. 1.00 X X X D. (A) DR. BRENDA KERBEL (Iist any hours for related organizations (W-2/1099-MISC/1099-MISC/1099-NEC) (I) The organization (W-2/1099-MISC/1099-NEC) (I) TREVOR NORWITZ, ESQ. (I) TREVOR NORWITZ, ESQ			box, unles officer and		box, unless person is both an			h an tee)			
(1) TREVOR NORWITZ, ESQ. PRESIDENT AND CHAIRMAN (2) DAVID MEACHIN TREASURER (3) JEANNETTE K. SAFI SECRETARY (4) DR. BRENDA KERBEL 1.00 1.00 X X X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.			rot								
(1) TREVOR NORWITZ, ESQ. PRESIDENT AND CHAIRMAN (2) DAVID MEACHIN TREASURER (3) JEANNETTE K. SAFI SECRETARY (4) DR. BRENDA KERBEL 1.00 1.00 X X X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.			direc				p		I .		
(1) TREVOR NORWITZ, ESQ. PRESIDENT AND CHAIRMAN (2) DAVID MEACHIN TREASURER (3) JEANNETTE K. SAFI SECRETARY (4) DR. BRENDA KERBEL 1.00 1.00 X X X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		1	tee or	ıstee			ensate				
(1) TREVOR NORWITZ, ESQ. PRESIDENT AND CHAIRMAN (2) DAVID MEACHIN TREASURER (3) JEANNETTE K. SAFI SECRETARY (4) DR. BRENDA KERBEL 1.00 1.00 X X X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.			altrus	nal tr		loyee	o mp		1099-NEC)		
(1) TREVOR NORWITZ, ESQ. PRESIDENT AND CHAIRMAN (2) DAVID MEACHIN TREASURER (3) JEANNETTE K. SAFI SECRETARY (4) DR. BRENDA KERBEL 1.00 1.00 X X X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.			ividu	titutic	icer	/ emp	hest ploye	mer			organizations
PRESIDENT AND CHAIRMAN X X X 0. 0. 0. (2) DAVID MEACHIN 1.00 X X 0. 0. 0. TREASURER X X X 0. 0. 0. (3) JEANNETTE K. SAFI X X X 0. 0. 0. SECRETARY X X X 0. 0. 0. (4) DR. BRENDA KERBEL 1.00 0. 0. 0. 0.	(1) EDITION NODULEE DO	,	프	ii ii	₽	æ.	Ĭ, E	호			
(2) DAVID MEACHIN 1.00 TREASURER X X 0. 0. 0. (3) JEANNETTE K. SAFI 1.00 X X 0. 0. 0. SECRETARY X X 0. 0. 0. 0. (4) DR. BRENDA KERBEL 1.00 0. 0. 0. 0.		1.00			, v				0	0	0
TREASURER		1 00	^		^				0.	0.	<u> </u>
(3) JEANNETTE K. SAFI SECRETARY X X 0. 0. 0. (4) DR. BRENDA KERBEL 1.00		1.00	v		v				<u> </u>	0	n
SECRETARY X X 0. 0. 0. (4) DR. BRENDA KERBEL 1.00		1.00							0.	0.	<u></u>
(4) DR. BRENDA KERBEL 1.00		1.00	x		x				0.	0.	0.
		1.00								•	
			x						0.	0.	0.
			1								
			1								

Form **990** (2021)

C/O WACHTELL, LIPTON, ROSEN AND KATZ LLP 13-3202349 Page 8

Part VI	Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)	(C) Position					(D)	(E)			(F)		
	Name and title	Average hours per		not c	heck	more	than		Reportable	· · · · · · · · · · · · · · · · · · ·		l	timate	
		week					is bot or/trus		compensation from	compensation from related			nount o other	JΓ
		(list any	ctor						the	organization		l	pensa	tion
		hours for	r dire				ted		organization	(W-2/1099-MIS		fr	om the	e
		related	stee o	rustee		l	su sa		(W-2/1099-MISC/	1099-NEC)		·	anizati	
		organizations below	al tru	onal t		oloyee	li co mi		1099-NEC)				d relate	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	2110
			=	<u> </u>	0	3	Ξ 0	ш.						
			1											
								_						
1h Cul	ntotal							L	0.		0.			0.
	ototal al from continuation sheets to Part VI								0.		0.			0.
	al (add lines 1b and 1c)								0.		0.			0.
	al number of individuals (including but n								eceived more than \$100	,000 of reportab	le			
con	npensation from the organization												Yes	0 No
3 Did	the organization list any former officer,	director, trust	ee. I	kev e	ame	love	e. o	r hic	ahest compensated emp	olovee on			165	NO
	a 1a? If "Yes," complete Schedule J for s								,			3		X
	any individual listed on line 1a, is the su													
and	d related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sch	edule	e J t	for such individual			4		X
	any person listed on line 1a receive or a	-				-			-			_		Х
	dered to the organization? If "Yes," com B. Independent Contractors	ipiete Scriedui	e J i	Or Si	ucn	pers	SOII .					5		
1 Cor	mplete this table for your five highest co	mpensated in	dep	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of con	npens	ation	from	
the	organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	rithir T		year.				
	(A) Name and business	address	N	INC	Ξ				(B) Description of s	ervices	С)) ompe	ر ز) nsatior	า
								_						
								_						
	al number of independent contractors (i		ot li	mite	d to		se li:	stec	d above) who received m	ore than				
\$10	00,000 of compensation from the organi	zation 📂										Form	990 (2	2021)

Pa	I L V	Ш			: u: B 11/11			
			Check if Schedule O contains a response	e or note to any lii	ne in this Part VIII (A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
SS	-	_	Federated campaigns 1a					000110110 0 12 0 1 1
ant	•		Membership dues 1b		-			
m G			Fundraising events 1c		_			
ifts Ir A			Related organizations 1d		-			
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributions) 1e		-			
Sil			All other contributions, gifts, grants, and		1			
ber		•		,896,358.				
oğ.		a	Noncash contributions included in lines 1a-1f	, , , , , , , , , ,	1			
Sor		_	Total. Add lines 1a-1f		2,896,358.			
<u></u>		<u></u>	Totali / lad lilloo Ta Ti	Business Code				
e e	2	а						
vic	_	b						
Program Service Revenue		c						
am		d						
ogr R		e						
Pro			All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, inte					
			other similar amounts)		675.			675.
	4		Income from investment of tax-exempt bond					
	5		Royalties	>				
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
•		b	Less: cost or other basis					
Revenue			and sales expenses					
eve		С	Gain or (loss) 7c					
er R			Net gain or (loss)					
Othe	8	а	Gross income from fundraising events (not					
0			including \$ of					
			contributions reported on line 1c). See					
		L	Part IV, line 18 8i Less: direct expenses 8i		-			
			Less: direct expenses					
	a		Gross income from gaming activities. See	_				
	3	а	Part IV, line 19					
		h	Less: direct expenses 9		-			
			Net income or (loss) from gaming activities					
	10		Gross sales of inventory, less returns					
			and allowances 10	a				
		b	Less: cost of goods sold 10					
			Net income or (loss) from sales of inventory	>				
S			, , ,	Business Code				
e son	11	а						
ane		b						
Miscellaneous Revenue		С						
Mis		d	All other revenue					
		е	Total. Add lines 11a-11d					
	12		Total revenue. See instructions	>	2,897,033.	0.	0.	675.

Part IX Statement of Functional Expenses

Section 50	01(c)(3) and 501(c)(4) organizations must com	plete all columns. A	All other organizations r	nust complete column (A).

	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX(B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	2 260 660	2 260 660		
	individuals. See Part IV, lines 15 and 16	2,369,668.	2,369,668.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10 11	Payroll taxes Fees for services (nonemployees):				
	, , , ,				
a	Management				
b	Legal	69,829.	14,376.	55,453.	
q	Accounting	05,025.	14,570	33,4334	
d e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	- : //c// //				
9	column (A), amount, list line 11g expenses on Sch 0.)	65,346.	65,346.		
12	Advertising and promotion	00,010	00,0101		
13	Office expenses	10,467.	4,722.	5,745.	
14	Information technology		-,	7,120,1	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,100.		1,100.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	OTHER EXPENSES	48,779.	161.	48,618.	
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,565,189.	2,454,273.	110,916.	0
26	Joint costs. Complete this line only if the organization	_			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2021)

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 40,387. 44,785. Cash - non-interest-bearing 1 308,342. 654,682. 2 Savings and temporary cash investments 103,813. 103,240. Pledges and grants receivable, net 3 4 Accounts receivable, net 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Inventories for sale or use R 5,136. 5,132. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 457,674. 807,843. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 14,378. 32,703. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, _iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 14,378. 32,703. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 265,236. 290,811. Net assets without donor restrictions 27 27 178,060. 484,329. Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here 🕨 and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 443,296. 775,140. Total net assets or fund balances 32 32

807,843. Form 990 (2021)

Total liabilities and net assets/fund balances ...

457,674.

33

Form **990** (2021)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>						
1	Total revenue (must equal Part VIII, column (A), line 12)		2,89					
2	Total expenses (must equal Part IX, column (A), line 25)	2 2	2,56					
3	Revenue less expenses. Subtract line 2 from line 1	3			44.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	44	3,2	96.			
5	5 Net unrealized gains (losses) on investments5							
6	Donated services and use of facilities	6						
7	Investment expenses	7			_			
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	77	5,1	40.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c		Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.						
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit							
Act and OMB Circular A-133?								
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					

132012 12-09-21

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

UNIVERSITY OF CAPE TOWN FUND, Employer identification number Name of the organization INC. C/O WACHTELL, LIPTON, ROSEN AND KATZ LLP 13-3202349 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. J Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) UNIVERSITY OF CAPE 2,369,668. 00-0000000 1 TOWN X

2,369,668.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
_	column (f)						
	Public support. Subtract line 5 from line 4.						
	ndar year (or fiscal year beginning in)	(a) 2017	(h) 2019	(a) 2010	(4) 2020	(a) 2021	(f) Total
	Amounts from line 4	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gross income from interest.						
0	,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain				1		
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	, etc. (see instructi	ons)			12	
	First 5 years. If the Form 990 is for the					501(c)(3)	
	organization, check this box and stor	o here					▶□
Sed	tion C. Computation of Publ	ic Support Pe	rcentage				·
14	Public support percentage for 2021 (l	line 6, column (f), o	divided by line 11,	column (f))		14	%
	Public support percentage from 2020					15	%
	33 1/3% support test - 2021. If the o						ox and
	stop here. The organization qualifies	as a publicly supp	orted organizatio	n			▶□
b	33 1/3% support test - 2020. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check t	this box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2021. If the org	janization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact	ts-and-circumstand	ces test, check th	is box and stop he	ere. Explain in Part	VI how the organi	zation
	meets the facts-and-circumstances to	-					
b	10% -facts-and-circumstances tes						10% or
	more, and if the organization meets the	ne facts-and-circur	mstances test, ch	eck this box and s	stop here. Explain i	n Part VI how the	
	organization meets the facts-and-circ						▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box	and see instruction	<u>ns</u>
						Schedule A	(Form 990) 2021

132022 01-04-22

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support							
Cale	endar year (or fiscal year beginning in) 🖊	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2	2021	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions,							
	merchandise sold or services per-							
	formed, or facilities furnished in any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
k	Amounts included on lines 2 and 3 received							
	from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
,	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) :	2021	(f) Total
	Amounts from line 6	(a) 2011	(6) 2010	(0) 2013	(4) 2020	(0)	-021	(i) rotai
	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties, and income from similar sources							
	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired ofter June 20, 1075							
	Add lines 10a and 10b Net income from unrelated business							_
••	activities not included on line 10b,							
	whether or not the business is							
12	regularly carried on Other income. Do not include gain							
12	or loss from the sale of capital							
40	assets (Explain in Part VI.)							
	Total support. (Add lines 9, 10c, 11, and 12.)							<u> </u>
14	First 5 years. If the Form 990 is for th	•			•		-	
<u></u>	check this box and stop here	- C					<u></u>	_
	ction C. Computation of Publi					T T		
	Public support percentage for 2021 (li					15		%
	Public support percentage from 2020					16		%
	ction D. Computation of Inves							
	Investment income percentage for 20					17		<u>%</u>
	Investment income percentage from 2					18		<u>%</u>
19a	a 33 1/3% support tests - 2021. If the	organization did n	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%,	and line 1	17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly	supported organiza	ation		▶□
k	33 1/3% support tests - 2020. If the							
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies	as a publicly suppo	orted orga	anization	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in:	structions	3	▶∟

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
1		169	140
	1	Х	
	'		
	2		Х
	3a		Х
	Ja		
	3b		
	30		
	3с		
	30		
	4a	х	
	-ra		
	4b	Х	
	40		
	4c	Х	
	40		
	F-		Х
	5a		Λ
	 -		
	5b		
	5c		
	_		X
	6		Λ
	_		X
	7		Λ
			X
	8		Λ
	0-		X
	9a		Λ
	O.L.		X
	9b		Λ
	0-		X
	9с		Λ
			X
	10a		Λ
	46.		
	10b		
ماريه	A (Forr	n aani	クロクイ

ı uı	11 14 Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		<u>X</u>
b	A family member of a person described on line 11a above?	11b		X
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		X
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one of			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officer directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	S,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	d		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Х	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		X
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
200	supported organizations played in this regard.	3		
-	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction).	ons).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		mal	
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (so Activities Test. Answer lines 2a and 2b below.	ee iristructio	Yes	No
2	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	INO
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b		Za		
D	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	ZU		
о a				
а	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		Ja		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

C/O WACHTELL, LIPTON, ROSEN AND KATZ LLP13-3202349 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	n Nov. 20, 1970 (e <i>xplain in</i> I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st comple	te Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integra	ated Type III supporting org	anization (see

Schedule A (Form 990) 2021

instructions).

UNIVERSITY OF CAPE TOWN FUND, INC.

Schedule A (Form 990) 2021 C/O WACHTELL, LIPTON, ROSEN AND KATZ LLP13-3202349 Page 7

Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continu	ıed)	. ago .
	ion D - Distributions		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	าร	Distributable Amount for 2021
			110 2021		Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
_3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i_	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Pamaining underdistributions for 2021 Subtract lines 2h				

Schedule A (Form 990) 2021

and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2022. Add lines 3j

Part VI. See instructions.

and 4c.

8 Breakdown of line 7:

a Excess from 2017

b Excess from 2018

c Excess from 2019

d Excess from 2020

e Excess from 2021

UNIVERSITY OF CAPE TOWN FUND, INC.

Schedule A (Form 990) 2021 C/O WACHTELL, LIPTON, ROSEN AND KATZ LLP13-3202349 Page 8

Part VI | Supplemental Information. Provide the explanations required by Part II, line 10: Part II, line 17a or 17b: Part III, line 12:

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
PART IV, SECTION A, LINE 4B
THE BOARD RETAINS CONTROL AND DISCRETION BY DELIVERING SAID GRANT WITH
PURPOSES OF INTENTION DOCUMENTATION
PART IV, SECTION A, LINE 4B
THE BOARD RETAINS CONTROL AND DISCRETION BY DELIVERING SAID GRANT WITH
PURPOSES OF INTENTION DOCUMENTATION

Schedule A (Form 990) 2021

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

2021

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

So to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

2,369,668.

Schedule F (Form 990) 2021

Name of the organization **Employer identification number** UNIVERSITY OF CAPE TOWN FUND, INC. C/O WACHTELL, LIPTON, ROSEN AND KATZ LLP 13-3202349 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes X No 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (a) Region (b) Number of (c) Number of (d) Activities conducted in the region (f) Total émployees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region SUB-SAHARAN AFRICA -ANGOLA, BENIN, FUNDED VARIOUS EDUCATION BOTSWANA, BURKINA PROGRAMS FOR THE FASO PROGRAM SERVICES UNIVERSITY OF CAPE TOWN. 2,369,668. 3 a Subtotal 2,369,668. **b** Total from continuation sheets to Part I 0. c Totals (add lines 3a

132071 12-20-21

and 3b)

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

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN	TO FUND VARIOUS					
		AFRICA - ANGOLA,	EDUCATION PROGRAMS					
		BENIN, BOTSWANA,	FOR THE UNIVERSITY OF					
		BURKINA FASO,	CAPE TOWN.	2369668	WIRE TRANSFER	0.		
		,						
			recognized as charities by the					
			or counsel has provided a sec			> .		
3 Enter total number of	other organizations	or entities				>		

Schedule F (Form 990) 2021

Page 3

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

Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

Part	IV	Foreign Forms		
1	the	s the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign poration (see Instructions for Form 926)	Yes	X No
2	be r Rec	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and ceipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a common Com	Yes	X No
3	the	the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to tain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	qua <i>Inf</i> o	s the organization a direct or indirect shareholder of a passive foreign investment company or a alified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, ormation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing and (see Instructions for Form 8621)	Yes	X No
5	the	the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain eign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did	the organization have any operations in or related to any boycotting countries during the tax year? If		

Instructions for Form 5713; don't file with Form 990)

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

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

2021

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

■ Attach to Form
■ Go to www.irs.gov/Form

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

UNIVERSITY OF CAPE TOWN FUND, INC. Name of the organization **Employer identification number** C/O WACHTELL, LIPTON, ROSEN AND KATZ LLP 13-3202349 FORM 990, PART VI, SECTION A, LINE 7A: THE UNIVERSITY OF CAPE TOWN APPROVES A MAJORITY OF THE DIRECTORS. FORM 990, PART VI, SECTION B, LINE 11B: THE 990 IS REVIEWED BY THE ACCOUNTING CONSULTANTS. INITIALLY, A COPY OF THE DRAFT 990 IS THEN SENT TO EACH OF THE UNIVERSITY OF CAPE TOWN FUND BOARD MEMBERS FOR REVIEW. THE 990 IS ALSO PRESENTED TO THE BOARD BY THE INDEPENDENT ACCOUNTANTS BEFORE IT IS FILED. FORM 990, PART VI, SECTION B, LINE 12C: ALL DIRECTORS ARE REQUIRED TO DISCLOSE ANY CONFLICTS TO THE CHAIRMAN OR, APPROPRIATE, THE FULL BOARD OF DIRECTORS. FORM 990, PART VI, SECTION C, LINE 19: THE UNIVERSITY OF CAPE TOWN FUND, INC. MAKES THESE DOCUMENTS AVAILABLE UPON THE FUND'S FINANCIAL STATEMENTS AND FEDERAL TAX IN ADDITION, RETURNS ARE AVAILABLE ON OUR WEBSITE.

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

Schedule O (Form 990) 2021

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

UNIVERSITY OF CAPE TOWN FUND, INC. C/O WACHTELL, LIPTON, ROSEN AND KATZ LLP

Employer identification number 13-3202349

Part I Identification of Disregarded Entities. Com	nplete if the organization answered "Yes"	on Form 990, Part IV, line 3	3.		1 -3 3-3-			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity					(f) ect controlling entity		
Part II Identification of Related Tax-Exempt Organizations during the tax year.	nizations. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34, l	pecause it had one	or more related tax-ex	.empt		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	rolled	
				501(c)(3))		more related tax-exempt (f) (g Section 5 controlling	No	
UNIVERSITY OF CAPE TOWN PRIVATE BAG X3, RONDEBOSCH 7701	PREMIER UNIVERSITY LEADING HIGHER EDUCATION IN						x	
CAPE TOWN, SOUTH AFRICA	AFRICA.	SOUTH AFRICA					Α	

Schedule R (Form 990) 2021 C/O WACHTELL, LIPTON, ROSEN AND KATZ LLP

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

			i									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income	Share of total	Share of	Disproportionate amou		Code V-UBI	Gene	al or P	Percentage ownership
of related organization		(state or foreign	entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets			amount in box	partr	ner?	ownership
		country)		sections 512-514)		833013	Yes	No	amount in box 20 of Schedule K-1 (Form 1065)	Yes	No	
										\Box		
										\vdash		
										Ш		
										_		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i) Section 512(b)(13) controlled entity?	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		
		country)						Yes	No
	1								
	1								
	1								
	1								
	1								
	I	22							

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					,	Yes	No	
1 During the tax year, did the organization engage in any of the following transactions	s with one or more r	elated organizations listed	in Parts II-IV?					
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<i>'</i>				1a		Х	
b Gift, grant, or capital contribution to related organization(s)					1b	Х		
c Gift, grant, or capital contribution from related organization(s)					1c	Х		
d Loans or loan guarantees to or for related organization(s)					1d		X	
e Loans or loan guarantees by related organization(s)					1e		X	
f Dividends from related organization(s)				·	1f		X	
g Sale of assets to related organization(s)					1g		X	
h Purchase of assets from related organization(s)								
i Exchange of assets with related organization(s)								
j Lease of facilities, equipment, or other assets to related organization(s)					1i		X	
•								
k Lease of facilities, equipment, or other assets from related organization(s)					ık		Х	
					11		Х	
Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s)								
 m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 								
Sharing of paid employees with related organization(s)								
n Poimbursoment paid to related organization(s) for expenses					1p		X	
p Reimbursement paid to related organization(s) for expenses					la	\dashv	X	
q Reimbursement paid by related organization(s) for expenses					14			
Other two referred and an arrangement to related arrangination (a)					4		Х	
r Other transfer of cash or property to related organization(s)					1r 1s	\dashv	X	
s Other transfer of cash or property from related organization(s)					IS			
2 If the answer to any of the above is "Yes," see the instructions for information on w	/no must complete t	nis line, including covered	relationships and transaction thre	esnolas.				
(a) Name of related organization	(b)	(c)	(d		اء ـ			
Name of related organization	Transaction type (a-s)	Amount involved	Method of determini	ng amount involv	ea			
	type (a 5)							
INTUEDCIMY OF CARE MOUNT		175 000	EATO MADEEM VALUE	7				
(1) UNIVERSITY OF CAPE TOWN	С	1/3,000.	FAIR MARKET VALUE	<u>'</u>				
INTUEDCIMU OF CARE MOUNI	ъ	2 260 660						
(2) UNIVERSITY OF CAPE TOWN	В	2,309,000.	FAIR MARKET VALUE	<u> </u>				
(3)								
(4)								
(5)								
(6)								
120162 11 17 01	34			Schedule R (F	orm	ggn)	2021	

Schedule R (Form 990) 2021

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

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

(a)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(r	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related unrelated	partners s	Share of	Share of	Dispro	por- ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag	Percentage
of entity		(state or foreign country)	excluded from tax under	orgs.?	total income	end-of-year assets	allocat	ions?	of Schedule K-1	partne	ownersnip
		Country)	Sections 5 (2-5 (4)	Yes N	o income	assets	Yes	No	(F01111 1065)	Yes N	10
				\vdash			1			\vdash	
							\perp			\sqcup	
			l				1			1 1	1

132165 11-17-21 Schedule R (Form 990) 2021 3 6