

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

2019

Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the **2019** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ACUMEN FUND, INC.		D Employer identification number 13-4166228
	Doing business as		E Telephone number 212-566-8821
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 33,090,301.
	40 WORTH STREET	303	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10013		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: JACQUELINE NOVOGRATZ SAME AS C ABOVE			If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.ACUMEN.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 2001
			M State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	78
	6 Total number of volunteers (estimate if necessary)	6	15
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 35,753,189.	Current Year 25,402,570.
	9 Program service revenue (Part VIII, line 2g)	2,431,762.	2,317,027.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-3,790,315.	2,756,044.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	226,997.	491,207.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	34,621,633.	30,966,848.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,623,579.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		11,761,818.	12,801,378.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		3,316,680.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		9,288,946.	10,648,613.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	22,674,343.	26,569,877.	
19 Revenue less expenses. Subtract line 18 from line 12	11,947,290.	4,396,971.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 134,799,533.	End of Year 140,919,171.
	21 Total liabilities (Part X, line 26)	3,117,746.	5,039,812.
	22 Net assets or fund balances. Subtract line 21 from line 20	131,681,787.	135,879,359.

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.

Sign Here	Signature of officer		Date		
	JACQUELINE WOO, CHIEF FINANCIAL OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	GARRETT M. HIGGINS	GARRETT M. HIGGINS	11/12/20		P00543209
Firm's name PKF O'CONNOR DAVIES, LLP			Firm's EIN 27-1728945		
Firm's address 665 FIFTH AVENUE NEW YORK, NY 10022			Phone no. 212-286-2600		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning _____, 2019, and ending _____, 20____

2019

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization

Employer identification number

ACUMEN FUND, INC.

13-4166228

Name and title of officer

**JACQUELINE WOO
CHIEF FINANCIAL OFFICER**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>30,966,848.</u>
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

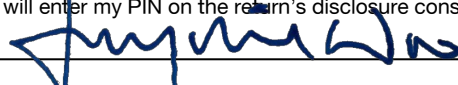
Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize PKF O'CONNOR DAVIES, LLP to enter my PIN 33333
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶  Date ▶ 12 November 2020

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

26242303218

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ PKF O'CONNOR DAVIES, LLP Date ▶ 11/12/20

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

923051 10-03-19

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. ACUMEN FUND, INC.	Taxpayer identification number (TIN) 13-4166228
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 40 WORTH STREET, NO. 303	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10013	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

JACQUELINE WOO, CHIEF FINANCIAL OFFICER

- The books are in the care of ▶ **40 WORTH STREET, NO. 303 - NEW YORK, NY 10013**
Telephone No. ▶ **646-747-3958** Fax No. ▶ **212-566-8817**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 16, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2019** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: ACUMEN FUND IS WORKING TO CHANGE THE WAY THE WORLD TACKLES POVERTY BY INVESTING IN COMPANIES, LEADERS AND IDEAS. [SEE CONTINUATION ON SCHEDULE O]

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [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? [X] Yes [] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 10,618,043. including grants of \$ 914,297.) (Revenue \$ 769,843.) INVESTING AND PORTFOLIO MANAGEMENT:

ACUMEN INVESTS PATIENT CAPITAL IN BUSINESS MODELS THAT DELIVER CRITICAL, AFFORDABLE GOODS AND SERVICES TO THE WORLD'S POOR, IMPROVING THE LIVES OF MILLIONS. SINCE 2001, ACUMEN HAS INVESTED IN BUSINESSES THAT PROVIDE ACCESS TO HEALTH CARE, ENERGY, EDUCATION, WATER & SANITATION, HOUSING, FINANCIAL SERVICES, AND AGRICULTURAL SERVICES TO LOW-INCOME CUSTOMERS. OUR INVESTMENTS ARE ADDRESSING THE PROBLEMS OF POVERTY IN EAST AND WEST AFRICA, SOUTH ASIA, LATIN AMERICA, AND THE UNITED STATES. ACUMEN INVESTED IN 11 NEW COMPANIES IN 2019, REACHING A CUMULATIVE \$128 MILLION INVESTED IN 128 BUSINESSES SERVING THE POOR. [SEE CONTINUATION ON SCHEDULE O]

4b (Code:) (Expenses \$ 5,653,586. including grants of \$ 1,102,696.) (Revenue \$ 736,807.) FELLOWS AND LEADERSHIP PROGRAMS

ACUMEN'S FELLOWSHIP PROGRAM IN COLOMBIA, EAST AND WEST AFRICA, PAKISTAN AND INDIA BUILDS COHORTS OF LOCAL SOCIAL CHANGE LEADERS AND FACILITATES FIVE WEEK-LONG SEMINARS RANGING FROM HOLISTIC APPROACHES TO PROBLEM-SOLVING TO FRAMEWORKS FOR THRIVING IN CHALLENGING ENVIRONMENTS. AS OF THE END OF Q4 2019, A CUMULATIVE 544 ACUMEN FELLOWS HAVE PARTICIPATED IN OUR PROGRAM WORLDWIDE.

IN 2019, ACUMEN EMBARKED ON AN AMBITIOUS VISION TO SPREAD ITS ETHOS BY LAUNCHING NEW FELLOWSHIP PROGRAMS WITH REGIONAL PARTNERS. [SEE CONTINUATION ON SCHEDULE O]

4c (Code:) (Expenses \$ 5,410,605. including grants of \$ 1,102,892.) (Revenue \$ 810,377.) IMPACT AND COMMUNICATIONS

THE GOAL OF THE IMPACT AND COMMUNICATIONS TEAMS AT ACUMEN IS TO SUPPORT THE MISSION OF CHANGING THE WAY THE WORLD TACKLES POVERTY BY SHARING THE INSIGHTS FROM OUR WORK, CATALYZING AN ENTREPRENEURIAL, MARKETS-BASED APPROACH TO SOLVING POVERTY AND SHIFTING PUBLIC PERCEPTION TO SEE THE POTENTIAL OF LOW-INCOME PEOPLE. [SEE CONTINUATION ON SCHEDULE O]

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 21,682,234.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>	X	
d 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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f 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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	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 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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 "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>	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 entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	X	
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, and charitable contributions.

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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (14), 1b (13), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b (X), 11a (X), 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA, FL, GA, IL, MD, MA, MI, NJ, NY, PA, WA, DC
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) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] 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 financial 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 JACQUELINE WOO, CHIEF FINANCIAL OFFICER - 646-747-3958 40 WORTH STREET, NO. 303, NEW YORK, NY 10013

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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JACQUELINE NOVOGRATZ CEO & DIRECTOR	38.00 2.00	X		X				359,281.	0.	28,347.
(2) CARLYLE SINGER JONES PRESIDENT	39.00 1.00			X				303,864.	0.	22,053.
(3) LYNN ROLAND BOARD SECRETARY / GENERAL COUNSEL	29.50 10.50			X				223,512.	0.	33,682.
(4) JACQUELINE WOO CHIEF FINANCIAL OFFICER	36.50 3.50			X				223,645.	0.	33,076.
(5) YASMINA ZAIDMAN CHIEF STRATEGIC PARTNERSHIPS OFFICER	40.00				X			229,100.	0.	7,245.
(6) CATHERINE C. NANDA DIRECTOR, ACUMEN AMERICA	40.00				X			191,628.	0.	30,669.
(7) AMRITA BHANDARI CHIEF OF BUSINESS DEVELOPMENT	40.00				X			206,423.	0.	6,565.
(8) ALBERTO GOMEZ OBREGON DIRECTOR, PORTFOLIO	39.50 0.50				X			184,643.	0.	22,507.
(9) JOANNA MCQUADE DIRECTOR, TALENT	40.00				X			189,526.	0.	14,753.
(10) WILLIAM CHARNOCK, CHIEF MARKETING OFFICER AS OF APRIL 2019	40.00				X			183,875.	0.	17,011.
(11) ELEANOR MURPHY, HEAD OF BUSINESS DEVELOPMENT, EAST COAST	39.50 0.50					X		173,541.	0.	20,588.
(12) JO-ANN TAN DIRECTOR, LEADERSHIP	40.00				X			173,506.	0.	5,577.
(13) AMON ANDERSON DIRECTOR, ACUMEN AMERICA	40.00					X		163,050.	0.	13,893.
(14) VIRGILIO BARCO DIRECTOR, LATIN AMERICA	40.00					X		148,031.	0.	22,182.
(15) BATOOL HASSAN DIRECTOR, LEADERSHIP	40.00					X		154,627.	0.	5,011.
(16) ALEXANDRA TRABULSI, HEAD OF BUSINESS DEVELOPMENT, WEST COAST	40.00					X		150,000.	0.	3,747.
(17) ALEXANDER DICHTER, CHIEF INNOVATION OFFICER THRU MARCH 2019	40.00						X	105,769.	0.	9,505.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SHAIZA RIZAVI BOARD CHAIR	1.00	X		X				0.	0.	0.
(19) DAVID HELLER BOARD CHAIR THRU APRIL 2019	1.00	X		X				0.	0.	0.
(20) MARGO ALEXANDER DIRECTOR	1.00	X						0.	0.	0.
(21) C. HUNTER BOLL DIRECTOR	1.00	X						0.	0.	0.
(22) KATHLEEN CHEW WAI LIN DIRECTOR	1.00	X						0.	0.	0.
(23) ROBERT (BOB) COLLYMORE DIRECTOR THRU JULY 2019	1.00	X						0.	0.	0.
(24) STUART DAVIDSON DIRECTOR	1.00	X						0.	0.	0.
(25) JULIUS GAUDIO DIRECTOR	1.00	X						0.	0.	0.
(26) NATE LAURELL DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								3,364,021.	0.	296,411.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,364,021.	0.	296,411.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **25**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
TAMER EL-RAGHY, 68 ALBOSTAN COMPOUND, 6 OCTOBER CITY, GIZA, EGYPT	CONSULTANT FOR ARAF	249,354.
WALL STREET IT MANAGEMENT 111 W 33RD STREET, NEW YORK, NY 10001	TECHNOLOGY	236,745.
ADP TOTAL SOURCE GROUP, INC 10200 SUNSET DRIVE, MIAMI, FL 33173	PEO SERVICE FEE	160,180.
THE BUSARA CENTER FOR BEHAVIORAL ECONOMICS, DAYKIO PLAZA, 5TH FL, NGONG LANE, NAIROBI,	BEHAVIORAL SCIENCE CONSULTING	145,222.
PKF O'CONNOR DAVIES, LLP 665 FIFTH AVE, NEW YORK, NY 10022	PROFESSIONAL SERVICES	136,250.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **6**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	2,949,421.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	22,453,149.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 567,116.			
	h	Total. Add lines 1a-1f		25,402,570.			
Program Service Revenue	2 a	PROGRAMMATIC FEES	Business Code 900099	1,432,198.	1,432,198.		
	b	LEAN DATA FEES	900099	518,795.	518,795.		
	c	PGM RELATED LOAN INCOME	900099	316,034.	316,034.		
	d	PORTFOLIO DILIGENCE FEE INCOME	900099	50,000.	50,000.		
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		2,317,027.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		284,685.		284,685.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				1,512,281.	3,082,531.		
b	Less: cost or other basis and sales expenses	7b	2,123,453.	0.			
c	Gain or (loss)	7c	-611,172.	3,082,531.			
d	Net gain or (loss)		2,471,359.		2,471,359.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
		8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
		9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
		10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	DEVELOPMENT COST REIMBURSEMENT	Business Code 900099	450,000.		450,000.	
	b	REIMBURSEMENT/OTHER	900099	41,207.		41,207.	
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		491,207.			
12	Total revenue. See instructions		30,966,848.	2,317,027.	0.	3,247,251.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	2,676,813.	2,676,813.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,737.	1,737.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	441,336.	441,336.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,690,488.	1,918,192.	287,277.	485,019.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	417,804.	417,804.		
7 Other salaries and wages	8,154,033.	5,787,272.	524,729.	1,842,032.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	321,394.	227,975.	26,180.	67,239.
9 Other employee benefits	485,300.	329,900.	23,053.	132,347.
10 Payroll taxes	732,359.	513,935.	60,749.	157,675.
11 Fees for services (nonemployees):				
a Management	177,183.	118,596.	13,239.	45,348.
b Legal	331,694.	173,532.	153,134.	5,028.
c Accounting	164,377.	106,507.	25,448.	32,422.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	2,252,495.	2,138,117.	90,204.	24,174.
12 Advertising and promotion	198,810.	176,322.	21,900.	588.
13 Office expenses	245,292.	153,862.	36,964.	54,466.
14 Information technology	1,010,813.	806,795.	105,684.	98,334.
15 Royalties				
16 Occupancy	876,364.	597,197.	87,324.	191,843.
17 Travel	790,222.	645,442.	64,237.	80,543.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	259,634.	213,912.	23,630.	22,092.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	191,731.	141,467.	13,191.	37,073.
23 Insurance	77,777.	50,112.	8,868.	18,797.
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 O.)				
a PROV FOR PORTFOLIO LOSS	3,965,162.	3,965,162.		
b CORPORATE TAXES/OTHER	89,324.	66,084.	2,333.	20,907.
c OTHER DIRECT OPERATING	17,735.	14,163.	2,819.	753.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	26,569,877.	21,682,234.	1,570,963.	3,316,680.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	404,673.	1	487,896.
	2 Savings and temporary cash investments	44,833,592.	2	44,765,207.
	3 Pledges and grants receivable, net	28,758,865.	3	24,288,449.
	4 Accounts receivable, net	1,797,371.	4	1,841,125.
	5 Loans and other receivables from 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	0.	5	3,413,075.
	6 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	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	292,461.	9	378,654.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,136,005.		
	b Less: accumulated depreciation	10b 1,830,824.	294,664.	10c 305,181.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	500,959.	12	500,959.
	13 Investments - program-related. See Part IV, line 11	57,189,634.	13	64,055,890.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	727,314.	15	882,735.
16 Total assets. Add lines 1 through 15 (must equal line 33)	134,799,533.	16	140,919,171.	
Liabilities	17 Accounts payable and accrued expenses	3,117,746.	17	2,847,209.
	18 Grants payable		18	
	19 Deferred revenue		19	804,470.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	1,388,133.
	26 Total liabilities. Add lines 17 through 25	3,117,746.	26	5,039,812.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	80,406,347.	27	86,591,977.
	28 Net assets with donor restrictions	51,275,440.	28	49,287,382.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	131,681,787.	32	135,879,359.
	33 Total liabilities and net assets/fund balances	134,799,533.	33	140,919,171.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	30,966,848.
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,569,877.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,396,971.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	131,681,787.
5	Net unrealized gains (losses) on investments	5	
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	-199,399.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	135,879,359.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **ACUMEN FUND, INC.** Employer identification number **13-4166228**

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 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 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: _____
- 5 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).**
- 7 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.)
- 9 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **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.**
 - b **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.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **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.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, 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).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	22558173.	29176704.	27693548.	35753189.	25402570.	140584184
2 Tax revenues levied for the organization'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						
4 Total. Add lines 1 through 3	22558173.	29176704.	27693548.	35753189.	25402570.	140584184
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)						39083280.
6 Public support. Subtract line 5 from line 4.						101500904

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	22558173.	29176704.	27693548.	35753189.	25402570.	140584184
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	60,003.	96,765.	73,572.	78,195.	284,685.	593,220.
9 Net income from unrelated business activities, whether or not the business is regularly carried on				60,770.		60,770.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,151.	554,566.	162,649.	272,711.	491,207.	1483284.
11 Total support. Add lines 7 through 10						142721458
12 Gross receipts from related activities, etc. (see instructions)					12	8,367,830.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	71.12 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	80.56 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		

Section 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)? <i>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).</i>		

Section 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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section 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 year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	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 1-1/2% 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 .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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 C, line 1; 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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER FEES/INCOME

2015 AMOUNT: \$ 6.

2016 AMOUNT: \$ 24,568.

2017 AMOUNT: \$ 2,596.

2018 AMOUNT: \$ 2,407.

SPEAKER FEE

2015 AMOUNT: \$ 2,145.

REIMBURSEMENT/OTHER

2016 AMOUNT: \$ 529,998.

2017 AMOUNT: \$ 10,053.

2018 AMOUNT: \$ 65,133.

2019 AMOUNT: \$ 41,207.

EARLY TERMINATION FEE

2017 AMOUNT: \$ 150,000.

2018 AMOUNT: \$ 205,171.

DEVELOPMENT COST REIMBURSEMENT

2019 AMOUNT: \$ 450,000.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

ACUMEN FUND, INC.

Employer identification number

13-4166228

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

[] 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

[X] 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 totaling \$5,000 or more during the year

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).

Name of organization ACUMEN FUND, INC.	Employer identification number 13-4166228
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>3,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>2,801,640.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>2,211,499.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>1,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>1,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>1,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ACUMEN FUND, INC.	Employer identification number 13-4166228
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	 <hr/> <hr/> <hr/>	\$ <u>1,050,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ <u>999,999.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	 <hr/> <hr/> <hr/>	\$ <u>737,922.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	 <hr/> <hr/> <hr/>	\$ <u>618,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	 <hr/> <hr/> <hr/>	\$ <u>512,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ACUMEN FUND, INC.	Employer identification number 13-4166228
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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
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization ACUMEN FUND, INC.	Employer identification number 13-4166228
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **ACUMEN FUND, INC.** Employer identification number **13-4166228**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		364,765.	324,490.	40,275.
d Equipment		1,029,650.	901,239.	128,411.
e Other		741,590.	605,095.	136,495.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				305,181.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) PROGRAM RELATED EQUITY		
(2) INVESTMENTS - NORTH		
(3) AMERICA	21,509,425.	COST
(4) PROGRAM RELATED EQUITY		
(5) INVESTMENTS - SUB-SAHARAN		
(6) AFRICA	13,958,557.	COST
(7) PROGRAM RELATED EQUITY		
(8) INVESTMENTS - S.ASIA	14,184,579.	COST
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	64,055,890.	

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) RETURNABLE GRANT CAPITAL	1,388,133.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,388,133.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	33,424,194.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	2,764,836.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	33,212.
e	Add lines 2a through 2d	2e	2,798,048.
3	Subtract line 2e from line 1	3	30,626,146.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	340,702.
c	Add lines 4a and 4b	4c	340,702.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	30,966,848.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	28,795,303.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	2,764,836.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	3,425,752.
e	Add lines 2a through 2d	2e	6,190,588.
3	Subtract line 2e from line 1	3	22,604,715.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	3,965,162.
c	Add lines 4a and 4b	4c	3,965,162.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	26,569,877.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

ACUMEN RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY WHEN THEY ARE MORE THAN LIKELY THAN NOT OF BEING SUSTAINED. MANAGEMENT HAS DETERMINED THAT ACUMEN HAS NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. ACUMEN IS NO LONGER SUBJECT TO EXAMINATIONS BY APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO DECEMBER 31, 2016.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF CHARITABLE REMAINDER TRUST	246,965.
RELATED PARTY REVENUE INCLUDED PER AUDIT-ACUMEN FUND INDIA	596,968.
RELATED PARTY REVENUE INCLUDED PER AUDIT-ACUMEN FUND INDIA	

Part XIII Supplemental Information (continued)

TRUST	968,502.
RELATED PARTY REVENUE INCLUDED PER AUDIT-ACUMEN FUND	
PAKISTAN	157,300.
RELATED PARTY REVENUE INCLUDED PER AUDIT-ACUMEN CAPITAL	
MARKETS I LP	262.
RELATED PARTY REVENUE INCLUDED PER AUDIT-ACUMEN FUND CANADA	204,812.
RELATED PARTY REVENUE INCLUDED PER AUDIT-ACUMEN CAPITAL	
PARTNERS LLC	1,937,700.
ELIMINATING/CONSOLIDATING ENTRIES PER AUDIT	-114,135.
PROVISION FOR PORTFOLIO LOSSES RECLASSIFICATION	-3,965,162.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	33,212.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
LOSS ON DISPOSAL OF FIXED ASSETS	5,138.
UNREALIZED INVESTMENT LOSS ALLOCATION	335,564.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	340,702.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RELATED PARTY EXPENSES INCLUDED PER AUDIT - ACUMEN FUND	
INDIA	830,294.
RELATED PARTY EXPENSES INCLUDED PER AUDIT - ACUMEN FUND	
INDIA TRUST	244,555.
RELATED PARTY EXPENSES INCLUDED PER AUDIT - ACUMEN FUND	
PAKISTAN	502,561.
RELATED PARTY EXPENSES INCLUDED PER AUDIT - ACUMEN CAPITAL	
MARKETS I LP	890,062.
RELATED PARTY EXPENSES INCLUDED PER AUDIT - ACUMEN CANADA	1,247.
RELATED PARTY EXPENSES INCLUDED PER AUDIT - ACUMEN CAPITAL	

Schedule D (Form 990) 2019

Part XIII Supplemental Information (continued)

PARTNERS LLC 1,586,928.

ELIMINATING/CONSOLIDATING ENTRIES PER AUDIT -629,895.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 3,425,752.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

PROVISION FOR PORTFOLIO LOSSES RECLASSIFICATION 3,965,162.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

Employer identification number

ACUMEN FUND, INC.

13-4166228

Part I 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** **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.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SOUTH ASIA	2	40	PROGRAM SERVICE	PORTFOLIO MANAGEMENT AND LEADERSHIP PROGRAM	628,197.
SUB-SAHARAN AFRICA	2	109	PROGRAM SERVICE	PORTFOLIO MANAGEMENT AND LEADERSHIP PROGRAM	2,001,680.
SOUTH AMERICA	1	34	PROGRAM SERVICE	PORTFOLIO MANAGEMENT AND LEADERSHIP PROGRAM	1,088,335.
EUROPE	1	24	PROGRAM SERVICES	LEADERSHIP PROGRAM AND FUNDRAISING	1,565,813.
NORTH AMERICA	0	2	PROGRAM SERVICE	LEADERSHIP PROGRAM	121,999.
SOUTH ASIA	0	0	PROGRAM RELATED INVESTMENTS		15,469,669.
SUB-SAHARAN AFRICA	0	0	PROGRAM RELATED INVESTMENTS		15,568,293.
SOUTH AMERICA	0	0	PROGRAM RELATED INVESTMENTS		4,445,414.
3 a Subtotal	6	209			40,889,400.
b Total from continuation sheets to Part I	0	0			2,790,265.
c Totals (add lines 3a and 3b)	6	209			43,679,665.

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

Schedule F (Form 990) 2019

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM RELATED INVESTMENTS		1,668,528.
NORTH AMERICA	0	0	PROGRAM RELATED INVESTMENTS		405,401.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM RELATED INVESTMENTS		275,000.
SOUTH ASIA	0	0	GRANT MAKING		30,000.
SUB-SAHARAN AFRICA	0	0	GRANT MAKING		321,245.
SOUTH AMERICA	0	0	GRANT MAKING		56,104.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANT MAKING		8,987.
NORTH AMERICA	0	0	GRANT MAKING		25,000.
Totals					2,790,265.

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 AFRICA	IMPACT ASSESSMENTS	264,261.	WIRE TRANSFER	0.		
		LATIN AMERICA	TECHNICAL ASSISTANCE	6,547.	WIRE TRANSFER	0.		
		SOUTH ASIA	ENGAGING A CONSULTANT TO EXPLORE IMPACT AND BUSINESS OPPORTUNITY	20,000.	WIRE TRANSFER	0.		
		LATIN AMERICA	BRAND STRATEGY AND IMPLEMENTATION OF A SUCCESSFUL GO TO MARKET PLAN FOR ENTRY	10,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TEST NEW PRODUCT AND BEGIN NEW COUNTRY OPERATIONS	11,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	TO ADVANCE THE ACHIEVEMENT OF CHANGING SOCIAL AND ENVIRONMENTAL IMPACT	25,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ENGAGE AN ADVISOR TO PROVIDE LEGAL AND TAX ADVISORY SERVICES FOR ESTABLISHING A PAN	25,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	DESIGN AND PILOT MINI MILK CHILLERS AND REFRIGERATED TRUCKS FOR VILLAGE	10,000.	WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 0

3 Enter total number of other organizations or entities 12

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	SUPPORT TOWARDS MAKING RESIDENTIAL RECYCLING MORE ACCESSIBLE, INCLUSIVE	15,000.	WIRE TRANSFER	0.		
		EUROPE	FINANCE THE CREATION OF CUSTOMER SURVEYING TOOLS AND PRACTICES	8,000.	WIRE TRANSFER	0.		
		LATIN AMERICA	ENGAGE A STRATEGY CONSULTANT	10,000.	WIRE TRANSFER	0.		
		LATIN AMERICA	SUPPORT TO INCREASE OPPORTUNITIES FOR SOCIOECONOMIC DEVELOPMENT THROUGH	25,000.	WIRE TRANSFER	0.		

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

THE ORGANIZATION MAKES LARGE GRANTS TO ITS RELATED ENTITIES TO FUND THEIR OPERATIONS, THE ACTIVITIES OF WHICH ARE MONITORED BY THE ORGANIZATION. ACUMEN MONITORS THE ACTIVITY OF ITS RELATED ENTITIES BY ANALYZING EXPENDITURES AND COMPARING ACTUAL PERFORMANCE TO BUDGETED AMOUNTS, AND BY MAINTAINING DIRECT OVERSIGHT OF THE ACTIVITIES CONDUCTED AND EXPENDITURES INCURRED. OUR AFFILIATES IN PAKISTAN AND INDIA HAVE INDEPENDENT AUDITS. IN ADDITION TO THE AUDIT, OUR CENTRAL OFFICE FINANCE DEPT IN NEW YORK HAS OVERSIGHT OF THE COUNTRY OFFICES' SPENDING.

INVESTMENTS IN THIRD PARTIES ARE PRIMARILY DEBT OR EQUITY INVESTMENTS. RELATIVELY LITTLE IS AN OUTRIGHT GRANT FOR USE BY THE THIRD PARTY. FOR ANY PROGRAM-RELATED INVESTMENTS, THE ORGANIZATION REQUIRES REGULAR SOCIAL IMPACT, FINANCIAL AND OPERATIONAL REPORTING, TYPICALLY MAINTAINS A BOARD SEAT ON THE INVESTEE COMPANY AND CONDUCTS AT LEAST ANNUAL REVIEWS OF THE PROGRESS OF THE PROGRAM. FOR ANY GRANTS TO THIRD PARTIES, A GRANT AGREEMENT IS DRAFTED OUTLINING THE SPECIFIC PURPOSE OF THE GRANT, TERMS AND CONDITIONS FOR THE USE OF GRANT MONEY. GRANT FUNDS ARE DISBURSED ONLY AFTER THE GRANTEES SIGN THE GRANT AGREEMENT. DEPENDING UPON THE AMOUNT AND TERM OF GRANT, THE GRANTEES ARE REQUIRED TO MAINTAIN DETAILED RECORDS OF THE USE OF THE GRANT AND PROVIDE PERIODIC REPORTS TO ACUMEN. THE PROGRAM STAFF WILL REVIEW THE GRANTEE REPORTS TO ENSURE COMPLIANCE.

ACUMEN PROGRAM STAFF DILIGENTLY SCREENS THE PROSPECTIVE GRANTEES' TRACK RECORD AND REPUTATION BEFORE AWARDING ANY GRANT, AND WHERE A NEW FUNDING RELATIONSHIP EXISTS, SCREENS GRANT RECIPIENTS AGAINST WATCH LISTS SUCH AS SANCTIONS, SPECIALLY DESIGNATED NATIONALS AND BLOCKED PERSONS,

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

ANTI-CORRUPTION AND ANTI-MONEY LAUNDERING LISTS. THROUGHOUT THE GRANT TERM, THE PROGRAM STAFF INTERACTS WITH THE GRANTEE ORGANIZATION TO UNDERSTAND THE PROGRESS THE ORGANIZATION IS MAKING BY USE OF THE GRANT FUNDS. THEY ALSO REVIEW PERIODIC REPORTS SUBMITTED BY THE GRANTEE TO ENSURE PROPER UTILIZATION OF GRANT FUNDS BY THE GRANTEE. GRANT AGREEMENTS OFTEN REQUIRE THE RIGHT TO INSPECT AND AUDIT THE RECORDS OF THE GRANTEE REGARDING PROPER USE OF FUNDS. THE GRANT AGREEMENT SIGNED BY THE GRANTEE TYPICALLY STATES THAT ALL OR ANY PORTION OF GRANT FUNDS USED IN A MANNER OR PURPOSE OTHER THAN THOSE DESCRIBED IN THE GRANT AGREEMENT MUST BE RETURNED TO ACUMEN.

PART I, LINE 3:

PROGRAM-RELATED INVESTMENTS: THE ORGANIZATION HAS A COMPLEX FINANCIAL STRUCTURE THAT IS NOT EASILY SHOWN IN THE FORM 990. TO BETTER UNDERSTAND THE INFORMATION BEING PROVIDED, THE READER SHOULD APPROACH THE FINANCIAL STATEMENTS WITH TWO KEY PIECES OF INFORMATION IN MIND. FIRST, ACUMEN IS LIKE A TRADITIONAL NON-PROFIT IN THAT IT RECEIVES CONTRIBUTION REVENUE AND HAS ONGOING OPERATING EXPENSES FOR BOTH PROGRAM WORK AND ADMINISTRATIVE COSTS EACH YEAR. SECONDLY, AND UNLIKE ALMOST ALL OTHER CHARITIES, ACUMEN INVESTS A SUBSTANTIAL PORTION OF ITS ASSETS IN ENTREPRENEURIAL ORGANIZATIONS OPERATING DOMESTICALLY OR IN DEVELOPING COUNTRIES. THESE INVESTMENTS WOULD INCLUDE SUPPORTING CONTRIBUTIONS TO RELATED ENTITIES AND PROGRAM-RELATED INVESTMENTS TO THIRD PARTIES AS PART OF ACUMEN'S CHARITABLE WORK. IN SUM THESE ACTIVITIES ARE SHOWN IN PARTS I AND II OF SCHEDULE F. THEY ARE ALSO INCLUDED ON FORM 990 PART X LINE 13, WHICH SHOWS THE ORGANIZATION'S TOTAL CUMULATIVE OUTSTANDING BALANCE OF PROGRAM-RELATED INVESTMENTS. ACUMEN PUTS ITS RESOURCES INTO THESE

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

INVESTEE ORGANIZATIONS AS PROGRAMMATIC INVESTMENTS AND ATTEMPTS TO
NURTURE THEM UNTIL THEY THRIVE (OR FAIL), PROVIDING MULTIPLE BENEFITS TO
CUSTOMERS SERVED - TYPICALLY THE POOREST POPULATIONS WHO LIVE ON LESS
THAN A FEW DOLLARS PER DAY.

THE ACCOUNTING METHOD USED TO ACCOUNT FOR EXPENDITURES IS THE ACCRUAL
METHOD.

PART II, COLUMN (D):

REGION: LATIN AMERICA

(D) PURPOSE OF GRANT: BRAND STRATEGY AND IMPLEMENTATION OF A SUCCESSFUL
GO TO MARKET PLAN FOR ENTRY INTO INTERNATIONAL MARKETS

REGION: NORTH AMERICA

(D) PURPOSE OF GRANT: TO ADVANCE THE ACHIEVEMENT OF CHANGING SOCIAL AND
ENVIRONMENTAL IMPACT OF PLASTIC WASTE

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: ENGAGE AN ADVISOR TO PROVIDE LEGAL AND TAX
ADVISORY SERVICES FOR ESTABLISHING A PAN AFRICAN HOLDING COMPANY

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: DESIGN AND PILOT MINI MILK CHILLERS AND
REFRIGERATED TRUCKS FOR VILLAGE COLLECTION CENTERS

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SUPPORT TOWARDS MAKING RESIDENTIAL RECYCLING MORE

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

ACCESSIBLE, INCLUSIVE AND REWARDING

REGION: LATIN AMERICA

(D) PURPOSE OF GRANT: SUPPORT TO INCREASE OPPORTUNITIES FOR SOCIOECONOMIC DEVELOPMENT THROUGH SUSTAINABLE ATTITUDES

SCHEDULE F, PART IV, LINE 1, 3 AND LINE 5

THE ORGANIZATION IS REQUIRED TO FILE FORMS 926, 5471, AND FORM 8865.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization **ACUMEN FUND, INC.** Employer identification number **13-4166228**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
60 DECIBELS, INC. 205 EAST 42 STREET, FL 20 NEW YORK, NY 10017	83-2847769		838,153.	0.			STRENGTHENING IMPACT INVESTING MARKETS FOR AGRICULTURE (SIIMA) AND AFRICA POULTRY
AZAHAR COFFEE COMPANY LLC 325 E 77TH STREET APT 6G NEW YORK, NY 10075	45-3537132		40,000.	0.			SUPPORT DEVELOPMENT OF A GUIDE TO DRIVE INCREASED INCOME FOR SMALLHOLDER COFFEE FARMERS
AZIMUTH GROUP CORP. 1 GRAND ARMY PLAZA APT 14B BROOKLYN, NY 11238	81-2651720		18,230.	0.			INCREASE EFFECTIVENESS OF SALES TEAM, PROCESSES AND TRAINING METHODS
BIOLITE INC 65 JAY STREET BROOKLYN, NY 11201	27-2826296		20,000.	0.			DEVELOP, FIELD TEST AND MANUFACTURE A COMPREHENSIVE SOLAR-ENABLED HOME ENERGY
IDINSIGHT 576 SACRAMENTO STREET 1ST FLOOR SAN FRANCISCO, CA 94111	27-4933181	501(C)(3)	472,274.	0.			ETHIOCHICKEN IMPACT EVALUATIONS/AFRICA POULTRY MULTIPLICATION INITIATIVE
MASSACHUSETTS INSTITUTE OF TECHNOLOGY - 77 MASSACHUSETTS AVE #NE49-31 - CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	95,000.	0.			SUPPORT NEXT GENERATION OF SOCIAL INNOVATORS THROUGH BIG IDEAS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **8.**

3 Enter total number of other organizations listed in the line 1 table **7.**

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

Schedule I (Form 990) (2019)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF THE UNIVERSITY OF CALIFORNIA - 1156 HIGH ST - SANTA CRUZ, CA 95064	94-1539563	501(C)(3)	700,000.	0.			SUPPORT NEXT GENERATION OF SOCIAL INNOVATORS THROUGH BIG IDEAS
REGENTS OF THE UNIVERSITY OF MICHIGAN - 500 S. STATE STREET - ANN ARBOR, MI 48109	38-6006309	501(C)(3)	40,000.	0.			SUPPORT NEXT GENERATION OF SOCIAL INNOVATORS THROUGH BIG IDEAS
SANERGY, INC PO BOX 550288 ATLANTA, GA 30355	27-4528974		20,000.	0.			DEVELOP A MARKETING STRATEGY TO SUPPORT THE EFFORTS OF RESELLERS
SHIMMY TECHNOLOGIES GROUP, INC. 19 MORRIS AVE BROOKLYN, NY 11205	36-4863487		50,000.	0.			SUPPORT RESOURCING EXPENSES TO INCREASE BUSINESS DEVELOPMENT AND SALES LEADS
SIMUSOLAR INC 548 MARKET STREET, UNIT 76691 SAN FRANCISCO, CA 94104	47-2154274		27,500.	0.			IMPLEMENT LOAN MANAGEMENT TOOL AND FINANCE DEVELOPMENT COSTS OF 2ND GENERATION FISHING LIGHTS
TANAGER 50 F STREET NW NO 1000 WASHINGTON, DC 20001	52-1826242	501(C)(3)	135,767.	0.			SUPPORT POULTRY COMPANIES IMPROVE HOUSEHOLD NUTRITION AND EMPOWER WOMEN THROUGH THEIR
THE RESOLUTION PROJECT 420 LEXINGTON AVENUE 1626 NEW YORK, NY 10170	26-4394051	501(C)(3)	30,000.	0.			SUPPORT NEXT GENERATION OF SOCIAL INNOVATORS THROUGH BIG IDEAS
UPCHIEVE, INC. 150 COURT ST. FLOOR 2 BROOKLYN, NY 11201	82-4456163	501(C)(3)	50,000.	0.			FINANCE OPERATING EXPENSES TO SUPPORT MISSION
UNIVERSITY OF SAN DIEGO 5998 ALCALA PARK SAN DIEGO, CA 92110	95-2544535	501(C)(3)	125,000.	0.			SUPPORT NEXT GENERATION OF SOCIAL INNOVATORS THROUGH BIG IDEAS

Schedule I (Form 990)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

IN ALL CASES, THE ORGANIZATION HAS A THOROUGH UNDERSTANDING OF THE WORK BEING UNDERTAKEN AND A FAMILIARITY WITH THE GRANTEE UNDERTAKING THE WORK. FOLLOW UP MONITORING IS PERFORMED BY VERBAL CHECK-INS, PERIODIC PROGRESS REPORTS AND FINAL WRITTEN GRANT PERFORMANCE REPORTS AT THE CONCLUSION OF THE GRANT PERIOD.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: 60 DECIBELS, INC.

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: STRENGTHENING IMPACT INVESTING
MARKETS FOR AGRICULTURE (SIIMA) AND AFRICA POULTRY MULTIPLICATION
INITIATIVE (APMI)

NAME OF ORGANIZATION OR GOVERNMENT: BIOLITE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: DEVELOP, FIELD TEST AND MANUFACTURE
A COMPREHENSIVE SOLAR-ENABLED HOME ENERGY SYSTEM

NAME OF ORGANIZATION OR GOVERNMENT: TANAGER

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT POULTRY COMPANIES IMPROVE
HOUSEHOLD NUTRITION AND EMPOWER WOMEN THROUGH THEIR BUSINESS MODELS

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
ACUMEN FUND, INC.

Employer identification number
13-4166228

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JACQUELINE NOVOGRATZ CEO & DIRECTOR	(i)	320,281.	39,000.	0.	10,920.	17,427.	387,628.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CARLYLE SINGER JONES PRESIDENT	(i)	270,864.	33,000.	0.	9,240.	12,813.	325,917.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LYNN ROLAND BOARD SECRETARY / GENERAL COUNSEL	(i)	196,512.	27,000.	0.	6,948.	26,734.	257,194.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JACQUELINE WOO CHIEF FINANCIAL OFFICER	(i)	201,095.	22,550.	0.	6,977.	26,099.	256,721.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) YASMINA ZAIDMAN CHIEF STRATEGIC PARTNERSHIPS OFFICER	(i)	204,600.	24,500.	0.	6,873.	372.	236,345.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CATHERINE C. NANDA DIRECTOR, ACUMEN AMERICA	(i)	173,909.	17,719.	0.	5,932.	24,737.	222,297.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) AMRITA BHANDARI CHIEF OF BUSINESS DEVELOPMENT	(i)	180,030.	26,393.	0.	6,193.	372.	212,988.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ALBERTO GOMEZ OBREGON DIRECTOR, PORTFOLIO	(i)	169,088.	15,555.	0.	5,687.	16,820.	207,150.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JOANNA MCQUADE DIRECTOR, TALENT	(i)	173,588.	15,938.	0.	5,740.	9,013.	204,279.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) WILLIAM CHARNOCK, CHIEF MARKETING OFFICER AS OF APRIL 2019	(i)	183,875.	0.	0.	3,750.	13,261.	200,886.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ELEANOR MURPHY, HEAD OF BUSINESS DEVELOPMENT, EAST COAST	(i)	145,619.	15,422.	12,500.	5,338.	15,250.	194,129.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) JO-ANN TAN DIRECTOR, LEADERSHIP	(i)	155,000.	18,506.	0.	5,205.	372.	179,083.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) AMON ANDERSON DIRECTOR, ACUMEN AMERICA	(i)	147,825.	15,225.	0.	4,957.	8,936.	176,943.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) VIRGILIO BARCO DIRECTOR, LATIN AMERICA	(i)	128,953.	19,078.	0.	4,588.	17,594.	170,213.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) BATOOL HASSAN DIRECTOR, LEADERSHIP	(i)	142,000.	12,627.	0.	4,639.	372.	159,638.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) ALEXANDRA TRABULSI, HEAD OF BUSINESS DEVELOPMENT, WEST COAST	(i)	150,000.	0.	0.	3,375.	372.	153,747.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) ALEXANDER DICHTER, CHIEF INNOVATION OFFICER THRU MARCH 2019	(i)	70,489.	35,280.	0.	3,231.	6,274.	115,274.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

ACUMEN OFFERS A DISCRETIONARY PERFORMANCE-BASED BONUS FOR ITS EMPLOYEES WITH GUIDELINES SET BY THE MANAGEMENT COMMITTEE AND AGREED BY THE BOARD. BONUSES ARE REFLECTIVE OF ORGANIZATIONAL AND INDIVIDUAL PERFORMANCE WHICH PROVIDES COLLECTIVE ACCOUNTABILITY (INCREASING BY LEVEL), FOSTERS INCREASED COLLABORATION AND PROBLEM-SOLVING. THE ORGANIZATIONAL COMPONENT OF THE BONUS IS RECOMMENDED BY THE MANAGEMENT COMMITTEE TO THE COMPENSATION COMMITTEE, BASED ON ACHIEVEMENT OF ANNUAL GOALS (WHICH ARE DETERMINED AT THE END OF THE PRIOR YEAR AND APPROVED BY THE BOARD), THEN REVIEWED BY THE COMPENSATION COMMITTEE AND ULTIMATELY APPROVED BY THE BOARD.

EACH INDIVIDUAL'S SUPERVISOR DETERMINES THE INDIVIDUAL RATING BASED ON PERFORMANCE AGAINST INDIVIDUAL GOALS, AND THE DIRECTOR OF TALENT AND RESPECTIVE MANAGEMENT COMMITTEE MEMBER APPROVES THE RATINGS.

BONUSES WERE TREATED AS TAXABLE COMPENSATION TO THE RECIPIENTS.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2019

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

ACUMEN FUND, INC.

Employer identification number

13-4166228

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?		
			To	From			Yes	No	Yes	No	Yes	No	
60 DECIBELS	PART V	PART V		X	2,750,000.	2,750,000.		X	X		X		
60 DECIBELS	PART V	PART V		X	662,500.	662,500.		X	X		X		
JO-ANN TAN	PART V	PART V		X	575.	575.		X		X		X	
Total						\$ 3,413,075.							

▶ \$ 3,413,075.

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
60 DECIBELS	SEE PART V	681,202.	SEE PART V	SEE PART V
60 DECIBELS	SEE PART V	156,951.	SEE PART V	

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
60 DECIBELS	SEE PART V	255,000.	SEE PART V		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

FORM 990, SCHEDULE L, PART II

NAME OF INTERESTED PERSON: 60 DECIBELS

RELATIONSHIP WITH ORGANIZATION: ENTITY > 35% OWNED BY ALEXANDER

DICHTER, FORMER CHIEF INNOVATION OFFICER THROUGH MARCH 2019

PURPOSE OF LOAN: CONVERTIBLE NOTE RECEIVABLE IN EXCHANGE FOR SALE OF THE ORGANIZATION'S LEAN DATA SOCIAL IMPACT MEASUREMENT PROGRAM TO A NEW COMPANY, IN ORDER TO MAKE A CONTRIBUTION TO THE WIDER SECTOR.

BALANCE DUE: \$2,750,000

NAME OF INTERESTED PERSON: 60 DECIBELS

RELATIONSHIP WITH ORGANIZATION: ENTITY > 35% OWNED BY ALEXANDER

DICHTER, FORMER CHIEF INNOVATION OFFICER THROUGH MARCH 2019

PURPOSE OF LOAN: CONVERTIBLE NOTE RECEIVABLE IN EXCHANGE FOR ADDITIONAL FUNDING PROVIDED TO COMPANY

BALANCE DUE: \$662,500

NAME OF INTERESTED PERSON: JO-ANN TAN

RELATIONSHIP WITH ORGANIZATION: KEY EMPLOYEE OF ACUMEN FUND

PURPOSE OF LOAN: CASH ADVANCE TO COORDINATE AN EVENT OF THE ORGANIZATION

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

BALANCE DUE: \$575

FORM 990, SCHEDULE L, PART III:

NAME OF INTERESTED PERSON: 60 DECIBELS

RELATIONSHIP BETWEEN THE INTERESTED PERSON AND ORGANIZATION: ENTITY >

35% OWNED BY ALEXANDER DICHTER, FORMER CHIEF INNOVATION OFFICER THROUGH MARCH 2019

TYPE: SUBAWARD

PURPOSE OF ASSISTANCE: STRENGTHENING IMPACT INVESTING MARKETS FOR AGRICULTURE (SIIMA) SUBAWARD FROM UK DEPARTMENT FOR INTERNATIONAL DEVELOPMENT

AMOUNT OF TRANSACTION: \$681,202

NAME OF INTERESTED PERSON: 60 DECIBELS

RELATIONSHIP BETWEEN THE INTERESTED PERSON AND ORGANIZATION: ENTITY >

35% OWNED BY ALEXANDER DICHTER, FORMER CHIEF INNOVATION OFFICER THROUGH MARCH 2019

TYPE: SUBAWARD

PURPOSE OF ASSISTANCE: AFRICA POULTRY MULTIPLICATION INITIATIVE SUBAWARD FROM BILL & MELINDA GATES FOUNDATION

AMOUNT OF TRANSACTION: \$156,951

FORM 990, SCHEDULE L, PART IV:

NAME OF INTERESTED PERSON: 60 DECIBELS

RELATIONSHIP BETWEEN THE INTERESTED PERSON AND ORGANIZATION: ENTITY >

35% OWNED BY ALEXANDER DICHTER, FORMER CHIEF INNOVATION OFFICER THROUGH MARCH 2019

DESCRIPTION OF TRANSACTION: PAYMENT IN EXCHANGE FOR SOCIAL IMPACT

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

MEASUREMENT SERVICES

AMOUNT OF TRANSACTION: \$255,000

Multiple horizontal lines for supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **ACUMEN FUND, INC.** Employer identification number **13-4166228**

Part I	Types of Property			
	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1				
2				
3				
4				
5				
6				
7				
8				
9	X	12	567,116.	AVG SELLING PRICE
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS IN PART I, COLUMN (B) OF SCHEDULE M.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

ACUMEN FUND, INC.

Employer identification number

13-4166228

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OUR MISSION IS TO CHANGE THE WAY THE WORLD TACKLES POVERTY BY INVESTING
IN COMPANIES, LEADERS AND IDEAS.

OUR VISION IS THAT ONE DAY EVERY HUMAN BEING WILL HAVE ACCESS TO THE
CRITICAL GOODS AND SERVICES THEY NEED - INCLUDING AFFORDABLE HEALTH
CARE, CLEAN ENERGY, EDUCATION, WATER & SANITATION, HOUSING, ACCESS TO
FINANCIAL SERVICES, AND AGRICULTURAL INPUTS - SO THEY HAVE THE CHOICE
AND OPPORTUNITY TO TRANSFORM THEIR LIVES. THIS IS WHERE DIGNITY STARTS
- NOT JUST FOR THE POOR BUT FOR EVERYONE ON EARTH.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WE INVEST PATIENT CAPITAL IN BUSINESSES THAT DELIVER CRITICAL,
AFFORDABLE GOODS AND SERVICES TO THE POOR, IMPROVING THE LIVES OF
MILLIONS IN SOUTH ASIA, EAST AND WEST AFRICA, LATIN AMERICA AND THE
UNITED STATES. SINCE 2001, ACUMEN FUND HAS INVESTED \$128 MILLION IN 128
SOCIAL ENTERPRISES WORKING IN HEALTH CARE, ENERGY, EDUCATION/WORKFORCE
DEVELOPMENT, WATER & SANITATION, HOUSING, FINANCIAL SERVICES, AND
AGRICULTURE.

WE ALSO INVEST IN BUILDING A GLOBAL COMMUNITY OF EMERGING LEADERS
WORKING TO CREATE A MORE JUST, INCLUSIVE AND SUSTAINABLE WORLD THROUGH
OUR ACUMEN FELLOWS PROGRAM AND ONLINE SCHOOL FOR SOCIAL CHANGE,
+ACUMEN.

THROUGH THESE EFFORTS, WE ARE WORKING TO CREATE SUSTAINABLE SOLUTIONS

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization ACUMEN FUND, INC.	Employer identification number 13-4166228
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TO POVERTY.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

LEAN DATA, OUR APPROACH TO SOCIAL IMPACT MEASUREMENT, WAS CREATED IN 2014 BY ACUMEN, A NOT FOR PROFIT PATIENT CAPITAL INVESTOR. ACUMEN SOUGHT TO BUILD A WAY TO MEASURE IMPACT THAT BOTH MET ITS NEEDS AS AN INVESTOR AND CREATED SIGNIFICANT VALUE FOR ITS INVESTEES. AFTER LOTS OF EXPERIMENTATION, MUCH OF IT FOCUSED ON FINDING THE BEST WAYS TO MEASURE IMPACT USING MOBILE PHONES, BY 2015, ACUMEN HAD CROSS-PORTFOLIO, COMPARABLE IMPACT DATA THAT WENT BEYOND BASIC MEASURES SUCH AS "LIVES IMPACTED." AS IMPORTANT, ACUMEN'S INVESTEES FOUND THAT LEAN DATA HELPED THEM UNDERSTAND AND BETTER SERVE THEIR CUSTOMERS. IN EARLY 2019, RECOGNIZING THE POTENTIAL TO MAKE A POSITIVE CONTRIBUTION TO THE WIDER SECTOR BY SCALING THIS NEW APPROACH TO MEASURING IMPACT, ACUMEN CARVED OUT LEAN DATA TO CREATE A NEW COMPANY, 60 DECIBELS, FOUNDED BY THE TEAM THAT BUILT LEAN DATA AT ACUMEN.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

IN THE FIRST QUARTER OF 2019, OUR TEAM CONDUCTED ANNUAL REVIEWS FOR ALL PORTFOLIO COMPANIES TO MEASURE ACTUAL PERFORMANCE AGAINST SOCIAL AND FINANCIAL IMPACT TARGETS AND DEVELOP DETAILED POST-INVESTMENT ENGAGEMENT PLANS OUTLINING THE SUPPORT REQUIRED BY ACUMEN TO HELP THE COMPANIES GROW. ACUMEN DIRECTLY SUPPORTED COMPANIES IN 2019 THROUGH OUR PARTICIPATION ON 71 COMPANY BOARDS, CONDUCTING 22 LEAN DATA IMPACT MEASUREMENT SURVEYS AND PROVIDING 14 NEW TECHNICAL ASSISTANCE GRANTS ALLOWING COMPANIES TO EXPERIMENT WITH HIGH-IMPACT PROJECTS AND PRODUCTS.

Name of the organization ACUMEN FUND, INC.	Employer identification number 13-4166228
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FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

OUR FIRST REGIONAL PARTNERS INCLUDE VISIONARY INDIVIDUALS AND FOUNDATIONS IN BANGLADESH, MALAYSIA AND SPAIN, WHOSE INAUGURAL COHORTS OF SOCIAL CHANGE LEADERS WILL BEGIN THEIR FELLOWSHIP IN EARLY 2020. BY OPERATING AS SEPARATE ENTITIES FROM ACUMEN, REGIONAL PARTNERS ALLOW US TO EXPAND OUR COMMUNITY OF FELLOWS FASTER THAN THROUGH OUR EXISTING SELF-OPERATED MODEL.

IN 2019, WE ALSO EXPERIMENTED WITH NEW MODELS OF ENGAGEMENT FOR OUR GROWING COMMUNITY OF SOCIAL INNOVATORS. WE ARE PARTICULARLY EXCITED ABOUT THE SUCCESS OF WHAT WE CALL "CHALLENGES" DESIGNED TO ACCELERATE THE PROGRESS OF ENTREPRENEURS FOCUSED ON SPECIFIC PROBLEMS. OUR FIRST CHALLENGE, IN PARTNERSHIP WITH UNILEVER, ADDRESSED PLASTIC POLLUTION IMPACTING LOW-INCOME COMMUNITIES. THE ACUMEN-UNILEVER SOCIAL INNOVATION CHALLENGE ON PLASTICS RECEIVED NEARLY 100 SUBMISSIONS AND THREE WINNING TEAMS RECEIVED \$25,000 AS WELL AS MENTORSHIP FROM UNILEVER TO START OR TO SCALE THEIR PLASTIC WASTE MANAGEMENT BUSINESS IDEAS.

THIS SUCCESS WAS QUICKLY FOLLOWED BY A SECOND, LARGER CHALLENGE: THE ROCKEFELLER FOUNDATION-ACUMEN STUDENT INNOVATION CHALLENGE. IN PARTNERSHIP WITH THE ROCKEFELLER FOUNDATION, THIS CHALLENGE ENGAGED A NEW GENERATION OF STUDENT INNOVATORS TO ADDRESS PROBLEMS OF POVERTY. THE CHALLENGE RECEIVED ENTRIES FROM MORE THAN 5,500 STUDENTS IN 138 COUNTRIES; WINNERS, WHO WILL BE SELECTED IN 2020, WILL RECEIVE UP TO \$20,000 TO SUPPORT THEIR IDEAS.

IN 2019, WE MADE THE STRATEGIC DECISION TO BRING OUR LEADERSHIP PROGRAMS AND ONLINE CONTENT TOGETHER UNDER ONE ROOF AND NEWLY BRANDED

Name of the organization ACUMEN FUND, INC.	Employer identification number 13-4166228
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AS ACUMEN ACADEMY. LAUNCHING IN EARLY 2020, THIS 'UNIVERSITY REIMAGINED' WILL BRING MORE THAN 500 ACUMEN FELLOWS TOGETHER WITH NEARLY 500,000 +ACUMEN COURSE-TAKERS TO FORM A POWERFUL, UNITED COMMUNITY OF SOCIAL INNOVATORS. TO BRING ACUMEN ACADEMY TO LIFE, WE DEVELOPED A NEW DIGITAL PLATFORM IN 2019 TO HOUSE OUR ONLINE COURSES, MASTER CLASSES, FELLOWSHIP CONTENT AND INNOVATION CHALLENGES, MAKING THIS CONTENT AVAILABLE TO ANYONE, ANYWHERE - EVEN AT DIFFERENT LEVELS OF TECHNOLOGY ACCESS. BY BRINGING OUR MULTIPLE LEARNING AND LEADERSHIP COMMUNITIES TOGETHER ON A SINGLE PLATFORM, ACUMEN ACADEMY CREATES THE POSSIBILITY FOR LEADERS TO FIND ONE ANOTHER, COLLABORATE AND FORM COMMUNITIES OF PRACTICE AROUND SOCIAL ISSUES - AND FOR NEW LEADERS TO JOIN US. FOR ACUMEN, HAVING ONE CENTRALIZED PLATFORM WILL ALSO GIVE US THE DEPTH OF DATA WE NEED TO SUPPORT AND SERVE THIS COMMUNITY MEANINGFULLY AND DRIVE EXPONENTIAL GROWTH AND SOCIAL INFLUENCE FOR THE FUTURE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

ACUMEN PUBLISHED TWO REPORTS IN 2019. IN PARTNERSHIP WITH UNILEVER, ACUMEN RELEASED A LEAN DATA HOW-TO GUIDE: UNDERSTANDING GENDER IMPACT IN JUNE 2019 TO PROVIDE A SIMPLE, EASY-TO-USE, AND ACTIONABLE TOOLKIT TO HELP BUSINESSES, PROGRAM DESIGNERS, AND INVESTORS MEASURE THEIR IMPACT SPECIFICALLY ON WOMEN AND GIRLS.

ACUMEN'S INDUSTRY REPORT WITH OPEN CAPITAL ADVISORS, LIGHTING THE WAY: ROADMAP TO EXITS IN OFF-GRID ENERGY, PUBLISHED IN OCTOBER 2019, EXPLORES THE CHALLENGES LIMITING EXITS IN THE SECTOR, VIABLE PATHWAYS TO EXIT AND HOW COMPANIES, INVESTORS AND OTHER STAKEHOLDERS CAN - AND MUST - FACILITATE MORE OF THEM.

Name of the organization ACUMEN FUND, INC.	Employer identification number 13-4166228
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ACUMEN ALSO PUBLISHES THE PROGRESS OF ITS WORK IN OTHER WAYS, INCLUDING SHARING THE STORIES OF OUR INVESTEES AS WELL AS ENTERPRISES LED BY ACUMEN FELLOWS. IN 2019, ACUMEN RAN A CAMPAIGN CALLED POWER WHAT'S POSSIBLE TO SHOWCASE SIX ACUMEN PORTFOLIO COMPANIES AND FOUR ACUMEN FELLOWS TRANSFORMING LOW-INCOME COMMUNITIES AROUND THE WORLD. THE CAMPAIGN RAN ON SOCIAL MEDIA AND THROUGH WEEKLY EMAIL COMMUNICATIONS FROM GIVING TUESDAY THROUGH NEW YEAR'S DAY.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

GHANA, INDIA, KENYA, PAKISTAN,
COLOMBIA, CANADA, UNITED KINGDOM, MAURITIUS

FORM 990, PART VI, SECTION A, LINE 3:

THE ORGANIZATION UTILIZES ADP TOTALSOURCE, A PROFESSIONAL EMPLOYER ORGANIZATION ("PEO"). AS A PROFESSIONAL EMPLOYER ORGANIZATION, TOTALSOURCE PROVIDES PROFESSIONAL EMPLOYER SERVICES TO ACUMEN FUND, INC. (ACUMEN). IN THE PEO RELATIONSHIP TOTALSOURCE AND ACUMEN SHARE CERTAIN RESPONSIBILITIES AND ALLOCATE OTHER EMPLOYER RESPONSIBILITIES BETWEEN EACH OTHER.

ACUMEN REMAINS AN EMPLOYER OF THE WORKSITE EMPLOYEES AND TOTALSOURCE IS A CO-EMPLOYER OF ACUMEN'S EMPLOYEES.

ACUMEN HAS:

- DIRECTION AND CONTROL OVER EMPLOYEES AS IS NECESSARY TO CONDUCT ITS BUSINESS, DISCHARGE ANY FIDUCIARY RESPONSIBILITY IT MAY HAVE, OR COMPLY WITH ANY APPLICABLE LICENSURE, REGULATORY OR STATUTORY REQUIREMENT OF ACUMEN

Name of the organization ACUMEN FUND, INC.	Employer identification number 13-4166228
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- CONTROL OVER THE DAY TO DAY JOB DUTIES OF EMPLOYEES AND OVER THE JOB SITES AT WHICH, OR FROM WHICH EMPLOYEES PERFORM SERVICES

TOTALSOURCE RESERVES A RIGHT OF DIRECTION AND CONTROL OVER EMPLOYEES AS IS NECESSARY TO FULFILL ITS OBLIGATIONS AND PROVIDE ITS SERVICES UNDER AN AGREEMENT BETWEEN ACUMEN AND TOTALSOURCE.

TOTALSOURCE AND ACUMEN HAVE A RIGHT TO HIRE, DISCIPLINE, AND TERMINATE EMPLOYEES AS TO EACH ONE'S EMPLOYMENT RELATIONSHIP WITH EMPLOYEES.

THE TOTAL AMOUNT OF SERVICE FEE PAID TO ADP TOTALSOURCE FOR THE TAX YEAR ENDING 12/31/19 IS \$171,546.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION'S FINANCE STAFF MEMBERS PREPARE THE FORM 990 IN CONJUNCTION WITH THE ORGANIZATION'S EXTERNAL INDEPENDENT ACCOUNTANTS. SEVERAL SENIOR MANAGEMENT AND INTERNAL LEGAL STAFF MEMBERS REVIEW THE INFORMATION AND A DRAFT FORM 990 IS CIRCULATED ELECTRONICALLY BY E-MAIL TO THE BOARD OF DIRECTORS. AFTER SOLICITING THE BOARD'S FEEDBACK AND COMMENTS, THE FORM 990 IS E-FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY WHICH IS ANNUALLY MONITORED, REQUIRING ALL OF THE ORGANIZATION'S OR ITS AFFILIATES' BOARD MEMBERS, MEMBERS OF THE INVESTMENT COMMITTEE, OFFICERS, KEY EMPLOYEES, AND EACH OF THEIR RESPECTIVE RELATIVES TO DISCLOSE ANY FINANCIAL INTEREST THAT MAY BE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST TO THE GENERAL COUNSEL,

Name of the organization ACUMEN FUND, INC.	Employer identification number 13-4166228
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SUBJECT TO REVIEW BY THE AUDIT & FINANCE COMMITTEE OF THE BOARD. SUCH DISCLOSURES INVOLVING A TRANSACTION OR ARRANGEMENT ARE REVIEWED BY THE GENERAL COUNSEL, WITH OVERSIGHT BY THE PRESIDENT, AND, IF OVER A CERTAIN THRESHOLD, REFERRED TO THE AUDIT & FINANCE COMMITTEE TO DETERMINE APPROPRIATE ACTION TO BE TAKEN TO ADDRESS THE CONFLICT OF INTEREST WITH RESPECT TO THE TRANSACTION OR ARRANGEMENT. THE INDIVIDUAL WITH THE CONFLICT OF INTEREST IS REQUIRED TO DISCLOSE THE CONFLICT AND RECUSE HIM/HERSELF FROM THE DISCUSSION AND NOT BE PRESENT DURING ANY DELIBERATION OR VOTE ON MATTERS WHERE HE/SHE HAS AN ACTUAL CONFLICT. A DISINTERESTED PERSON MAY BE APPOINTED TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT, AND THE AUDIT & FINANCE COMMITTEE SHALL DETERMINE IF ACUMEN CAN OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST, AND IF NOT, IF THE TRANSACTION OR ARRANGEMENT IS IN ACUMEN'S BEST INTEREST FOR ITS OWN BENEFIT AND FAIR AND REASONABLE. ADDITIONALLY, THE ORGANIZATION REQUIRES ALL SUCH INDIVIDUALS TO PROMPTLY AND FULLY DISCLOSE ALL MATERIAL FACTS OF ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST THAT MAY EXIST AT THE TIME OF HIRE OR APPOINTMENT, AS APPLICABLE, AND AS THEY MAY ARISE WHILE THE INDIVIDUAL IS SERVING OR EMPLOYED IN SUCH CAPACITY BY THE ORGANIZATION. SUCH DISCLOSURES ARE REVIEWED BY THE GENERAL COUNSEL, WITH OVERSIGHT BY THE PRESIDENT AND/OR OTHER MEMBERS OF SENIOR MANAGEMENT, AND THE AUDIT & FINANCE COMMITTEE, WHERE APPROPRIATE, TO DETERMINE APPROPRIATE ACTION TO BE TAKEN, WHICH, IF ADVISABLE, MAY INCLUDE INFORMATION FIREWALLS, OVERSIGHT BY DISINTERESTED PERSONS AND/OR DISCOURAGEMENT OF THE ACTIVITY.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION ANNUALLY REVIEWS COMPARABLE COMPENSATION DATA FOR ITS NON-PROFIT PEER GROUP AND SIMILAR ORGANIZATIONS IN THE FOR-PROFIT PRIVATE

Name of the organization ACUMEN FUND, INC.	Employer identification number 13-4166228
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SECTOR. ACUMEN TALENT BENCHMARKS AGAINST THESE COMPARATIVE FIGURES WHEN SETTING COMPENSATION FOR ITS CHIEF EXECUTIVE OFFICER AND PRESIDENT. THE ORGANIZATION WILL ALSO CONSIDER JOB PERFORMANCE WHEN EVALUATING CEO COMPENSATION. THE COMPENSATION COMMITTEE RECOMMENDS AND THEN THE BOARD OF DIRECTORS DISCUSSES AND APPROVES, IN EXECUTIVE SESSION, THE COMPENSATION INFORMATION AND DETERMINES THE CEO AND PRESIDENT'S SALARIES. THE COMPENSATION COMMITTEE IS COMPOSED SOLELY OF BOARD MEMBERS WHO DO NOT HAVE A CONFLICT OF INTEREST IN DETERMINING THE SALARY OF THE CEO. ANY BOARD MEMBERS WHO ARE CONFLICTED IN DETERMINING THE CEO'S COMPENSATION ARE RECUSED FROM THE PORTION OF THE MEETING WHERE THE CEO'S COMPENSATION IS DISCUSSED AND DETERMINED. MINUTES DOCUMENTING BOTH THE ACTIVITIES AND ACTIONS OF THE COMPENSATION COMMITTEE AND THE BOARD OF DIRECTORS, INCLUDING THE MATERIALS THEY USED IN EVALUATING COMPENSATION, ARE TAKEN AND RETAINED CONTEMPORANEOUSLY. THIS PROCESS WAS LAST COMPLETED IN 2019.

THE CEO, IN CONSULTATION WITH THE PRESIDENT AND DIRECTOR OF TALENT, DETERMINES SALARIES OF THE OTHER MEMBERS OF SENIOR MANAGEMENT OF THE ORGANIZATION USING THE SAME PROCESSES AS DESCRIBED ABOVE. THIS PROCESS WAS LAST COMPLETED IN 2019.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION POSTS ITS FORM 990 AND AUDITED FINANCIAL STATEMENTS ON ITS PUBLICLY ACCESSIBLE WEBSITE WWW.ACUMEN.ORG. CURRENT YEAR INFORMATION IS POSTED AS IT BECOMES AVAILABLE AND TWO PRIOR YEAR'S RESULTS ARE MAINTAINED ONLINE. THE ORGANIZATION ALSO PROVIDES ITS INFORMATION TO CHARITY NAVIGATOR AND GUIDESTAR.ORG. PUBLIC INFORMATION ABOUT ACUMEN IS AVAILABLE ON THE WEBSITE OF THE NYS ATTORNEY GENERAL CHARITIES BUREAU, AS WELL AS UPON REQUEST. THE FORM 1023 IS MADE AVAILABLE UPON REQUEST.

Name of the organization ACUMEN FUND, INC.	Employer identification number 13-4166228
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THE GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON SPECIFIC REQUEST, AND A SUMMARY OF THE CONFLICT OF INTEREST POLICY IS AVAILABLE ON THE FORM 990.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

FOREIGN CURRENCY TRANSLATION LOSS	-105,662.
CHANGE IN VALUE OF CHARITABLE REMAINDER TRUST	246,965.
LOSS ON DISPOSAL OF FIXED ASSETS	-5,138.
UNREALIZED INVESTMENT LOSS ALLOCATION	-335,564.
TOTAL TO FORM 990, PART XI, LINE 9	-199,399.

FORM 990, PART XII, LINE 2C:

ACUMEN FUND, INC. HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS DID NOT CHANGE FROM 2018.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **ACUMEN FUND, INC.** Employer identification number **13-4166228**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ACUMEN CAPITAL MARKET INVESTMENTS LLC - 36-4796906, 40 WORTH STREET, SUITE 303, NEW YORK, NY 10013	CARRY VEHICLE	DELAWARE	0.	0.	ACUMEN CAPITAL PARTNERS LLC
ACUMEN RESILIENT AGRICULTURE CAPITAL INVESTMENTS, LLC - 83-1263292, 40 WORTH STREET, SUITE 303, NEW YORK, NY 10013	CARRY VEHICLE	DELAWARE	0.	0.	ACUMEN CAPITAL PARTNERS LLC

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ACUMEN (PAKISTAN) 11-C, 4TH FL., 1ST COMMERCIAL LANE SHAHBAZ KARACHI, PAKISTAN	INVESTING IN SOCIAL ENTERPRISES	PAKISTAN	501(C)(3)	LINE 7	ACUMEN FUND, INC.	X	
ACUMEN FUND, CANADA 700 WEST GEORGIA STREET, 25TH FLOOR VANCOUVER, CANADA V7Y 1B3	ALLEVIATE POVERTY	CANADA	501(C)(3)	LINE 7	ACUMEN FUND, INC.	X	
AF TRUST 201, DHEERAJI PLAZA, HILL ROAD, BANDRA WEST MUMBAI, INDIA 400050	LEADERSHIP	INDIA	501(C)(3)	LINE 7	ACUMEN FUND, INC.	X	
ACUMEN FUND WEST AFRICA LTD/GTE 10TH FLOOR ST. NICHOLAS HOUSE, CATHOLIC MISS LAGOS, NIGERIA	INVESTING IN SOCIAL ENTERPRISES	NIGERIA	501(C)(3)	LINE 7	ACUMEN FUND, INC.	X	

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

Schedule R (Form 990) 2019

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ACUMEN CAPITAL MARKETS I, LP - 26-3831409, 40 WORTH STREET, STE 303, NEW YORK, NY 10013	INVESTING IN SOCIAL ENTERPRISES	DE	ACUMEN FUND, INC.	RELATED	-50,863.	1,083,212.		X	N/A	X		16.88%
KAWISAFI VENTURES LIMITED - 32-0466550, C/O ESTERA MANAGEMENT (MAURITIUS) LTD, 11TH FL, MEDINE MEWS, LA	INVESTING IN SOCIAL ENTERPRISES	MAURITI	ACUMEN CAPITAL PARTNERS, LLC	RELATED	22,311.	8,848,358.		X	N/A	X		28.54%
ACUMEN LATIN AMERICA EARLY GROWTH FUND LP - 98-1364491, 40 WORTH STREET, STE 303, NEW YORK, NY 10013	INVESTING IN SOCIAL ENTERPRISES	CANADA	ACUMEN CAPITAL MARKETS LATIN AMERICA EARLY GROWTH LLC	RELATED	0.	409,558.		X	N/A	X		4.57%
ACUMEN CAPITAL MARKETS LATIN AMERICA EARLY GROWTH LLC - 82-0973614, 40 WORTH STREET, STE 303, NEW YORK, NY 10013	CARRY VEHICLE	DE	ACUMEN CAPITAL PARTNERS, LLC	RELATED	0.	0.		X	N/A	X		.00%

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
ACUMEN FUND ADVISORY SERVICES INDIA PVT LTD 203 DHEERAJ PLAZA HILL ROAD BANDRA (WEST), MUMBAI, INDIA 400050	ADVISORY SERVICES	INDIA	ACUMEN FUND, INC.	C CORP	596,968.	1,776,955.	99.90%		X
ACUMEN CAPITAL PARTNERS, LLC - 32-0450985 40 WORTH STREET, STE 303 NEW YORK, NY 10013	FUND MANAGER	DE	ACUMEN FUND, INC.	C CORP	1,937,700.	3,279,899.	100%		X
ACUMEN CAPITAL HOLDING LLC - 82-0758236 40 WORTH STREET, STE 303 NEW YORK, NY 10013	HOLDING COMPANY	DE	ACUMEN FUND, INC.	C CORP	0.	46,685.	100%		X
UNDER THE MANGO TREE A 412, BYCULLA SERVICE INDUSTRIES CS, DADOJI BYCULLA, MUMBAI, INDIA	BEEKEEPING	INDIA	ACUMEN FUND, INC.	C CORP	115,229.	87,578.	82.14%		X
ACUMEN LATIN AMERICA CAPITAL PARTNERS COLOMBIA SAS - 98-1503546, DIAGONAL 76 # 1-29, BOGOTA DC, CUNDINAMARCA, COLOMBIA	INVESTING IN SOCIAL ENTERPRISES	COLOMBIA	ACUMEN LATIN AMERICA CAPITAL	C CORP	0.	0.	.00%		X

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.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ACUMEN FUND ADVISORY SERVICES INDIA PRIVATE LIMITED	M	628,197.	FMV
(2) ACUMEN LATIN AMERICA CAPITAL PARTNERS, LLC	Q	264,411.	COST
(3) ACUMEN RESILIENT AGRICULTURE FUND, LP	Q	250,000.	COST
(4) ACUMEN CAPITAL MARKETS LATIN AMERICA EARLY GROWTH LLC	Q	200,000.	COST
(5)			
(6)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

KAWISAFI VENTURES LIMITED

EIN: 32-0466550

C/O ESTERA MANAGEMENT (MAURITIUS) LTD, 11TH FL, MEDINE MEWS, LA CHAUSSEE ST
PORT LOUIS, MAURITIUS

NAME OF RELATED ORGANIZATION:

ACUMEN LATIN AMERICA EARLY GROWTH FUND LP

DIRECT CONTROLLING ENTITY: ACUMEN CAPITAL MARKETS LATIN AMERICA EARLY
GROWTH LLC

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

ACUMEN LATIN AMERICA CAPITAL PARTNERS COLOMBIA SAS

DIRECT CONTROLLING ENTITY: ACUMEN LATIN AMERICA CAPITAL PARTNERS LLC