## Form **990**

## **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

**Open to Public** 

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

A	For the	e 2017 cale	endar year, or tax year beginning , 2017, an		ormation.		Inspection		
В		f applicable:	C Name of organization HEED UGANDA	a enaing			, 20		
		change	Doing business as	Employer identification number					
П	Name cl	_	Number and start / DO I / DO I	26-05					
	Initial ref		C/O J. SECRIST 20402 - 88TH AVE W	E Telephone number					
$\Box$		ırn/terminated	(425)	239-6123					
$\exists$	Amende								
			EDMONDS, WA 98026  F Name and address of principal officer:		G Gross receipts \$ 229,216				
	Applicat	ion penaing				p return for subordinates? Yes No			
_	T		JULIE SECRIST, 98026				ncluded? Yes No		
J	Tax-exempt status:              \( \infty \) 501(c)(3)               \( \infty \) 501(c)()               \( \infty \) 4947(a)(1) or								
			/A X Corporation Trust Association Other ► LYear C		H(c) Group ex				
	art I	Summ		of formation:	2016	M State of	f legal domicile: WA		
	1								
Φ	1	Drielly de	scribe the organization's mission or most significant activities:	HELP E	VANGALIZ	E EQUI	IP AND DISCIPLE		
nc		ESTABL	ISH AND CONTRIBUTE TO THE RUNNING OF A PRIM	ARY SCI	HOOL AND	THE (	ONLY		
r	0	HIGH S	CHOOL IN A RADIUS OF 20 MILES. CLOSE TO AC	HIEVIN	G WATER	SECUR:	ITY.		
Activities & Governance	2	Check th	is box $ ightharpoonup \square$ if the organization discontinued its operations or disp	osed of n	nore than 2	5% of its	s net assets.		
Ü	3	Number	of voting members of the governing body (Part VI, line 1a)			3	6		
S	4	Number of	of independent voting members of the governing body (Part VI, li	ne 1b) .		4	3		
ij	5	Total nun	nber of individuals employed in calendar year 2017 (Part V, line 2	a)		5			
cti	6	Total nun	nber of volunteers (estimate if necessary)			6	15		
4	7a	lotal unre	elated business revenue from Part VIII, column (C), line 12			7a	0.		
	b	Net unrel	ated business taxable income from Form 990-T, line 34			7b	0.		
		04-14			Prior Year		Current Year		
ne	8	Contribut	ions and grants (Part VIII, line 1h)	215,	144.	229,147.			
Revenue		( a							
Re	10	Investme		69.					
	11	Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						
-	12	l otal reve	nue-add lines 8 through 11 (must equal Part VIII, column (A), line	12)	215,	144.	229,216.		
	13	Grants an	d similar amounts paid (Part IX, column (A), lines 1-3)		209,	268.	169,840.		
			paid to or for members (Part IX, column (A), line 4)						
es			other compensation, employee benefits (Part IX, column (A), lines 5-						
Expenses	16a	Profession	nal fundraising fees (Part IX, column (A), line 11e)						
Xp			draising expenses (Part IX, column (D), line 25)						
ш			enses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,791.		2,684.			
	18	Total exp	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		212,	059.	172,524.		
		Revenue	ess expenses. Subtract line 18 from line 12		3,085.		56,692.		
S or	a respective			Begi	nning of Curre	nt Year	End of Year		
Net Assets Fund Balanc	1		ets (Part X, line 16)		81,	425.	138,117.		
Ind			lities (Part X, line 26)						
			s or fund balances. Subtract line 21 from line 20		81,	425.	138,117.		
	rt II		ure Block						
Und	der penalt	ties of perjur	y, I declare that I have examined this return, including accompanying schedules an te. Declaration of preparer (other than officer) is based on all information of which p	nd statement	ts, and to the l	pest of my	knowledge and belief, it is		
	5, 0011001,	, and comple	te. Declaration of preparer (other than officer) is based on an information of which preparer	oreparer has	any knowledg	je.			
o: ~		<u></u>							
Sig		Signa	ture of officer	Date					
Hei	re	Tyma	or print name and title						
					Torini .				
Pai		F	e preparer's name Preparer's signature	Date			if PTIN		
	pare		st Messenger, CPA				yed P00011441		
Us	e Only	Firm's na			SEIN ▶ 91-1738467				
May	Firm's address ► 4616 - 25TH AVENUE NE #31, SEATTLE, WA 98105   Phone no. (206)729-9500   May the IRS discuss this return with the preparer shown above? (see instructions)								
							X Yes No		

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	briefly describe the organization's mission:
	HELP EVANGALIZE EQUIP AND DISCIPLE
	ESTABLISH AND CONTRIBUTE TO THE RUNNING OF A PRIMARY SCHOOL AND THE ONLY
	HIGH SCHOOL IN A RADIUS OF 20 MILES. CLOSE TO ACHIEVING WATER SECURITY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
4	If "Yes," describe these changes on Schedule O.
7	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.
	, and the second of the second
4a	(Code: ) (Expenses \$ 172,524. including grants of \$ 169,840.) (Revenue \$ 229,147.)
	OPERATIONS TAKE PLACE IN MUBENDE DISTRICT IN UGANDA IN A VILLAGE, KYAKITANGA 20 MILES OFF
	THE PAVED ROAD IN THE BUSH. ESTABLISHED PRIMARY AND HIGH SCHOOLS. HAVE BUILT CLASSROOMS
	AND OTHER STRUCTURES AND PAY FOR OVER 50% OF THE OPERATING COSTS OF BOTH SCHOOLS.
	DRILLED WELL THAT PROVIDES A SMALL AMOUNT OF WATER NEEDS AND DUG A RESEVOIR
	AND HAVE SET UP WATER HARVESTING TANKS TO SUPPLEMENT WATER NEEDS.
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$
	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 172,524

## 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 . . .

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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
<b>(A)</b> Name and Title	(B)  Average hours per week (list any hours for related organizations below dotted line)	(do n box, office or direct	ot ci unles	Pos heck ss pe	c) sition more erson		one n an tee)	(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
(1) JULIE SECRIST PRESIDENT	40.00			×				0.	0.	0.
(2) STEVE SECRIST VICE PRESIDENT	5.00			×				0.	0.	0.
(3) BARBARA SNOW TREASURER	35.00			×				0.	0.	0.
(4) CHERI HERZER SECRETARY	5.00			×				0.	0.	0.
(5) HALLEY MILLET BOARD MEMBER	5.00			×				0.	0.	0.
(6) BRENDA BRATT BOARD MEMBER (7)	10.00			×				0.	0.	0.
(8)										
(9) (10)										
(11)										
(12)										
(13)										
(14)										

Pai	rt VIII	Statement of Revenue					Page
		Check if Schedule O contains a r	esponse or note to	o any line in this (A) Total revenue	Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d	Federated campaigns 1 Membership dues 1 Fundraising events 1 Related organizations 1 Government grants (contributions)	b c d		revenue		512-514
Contributions, Gifts, and Other Similar An	f g	All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a-1f:	f 229,147.				
	h	Total. Add lines 1a-1f	Business Code	229,147.			
Program Service Revenue	2a b c d e f	All other program service revenue .					
	3	Total. Add lines 2a-2f	idends, interest.				
	4 5	and other similar amounts)	bond proceeds ▶	69.	0.	0.	69.
	6a b c d 7a	Gross rents  Less: rental expenses Rental income or (loss)  Net rental income or (loss)  Gross amount from sales of assets other than inventory					
	b	Less: cost or other basis and sales expenses .					
	c d	Gain or (loss)	▶				
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18					
	b		b				
0	C	Net income or (loss) from fundraising Gross income from gaming activities.	events . >				
	С	See Part IV, line 19	tivities ►				
		Less: cost of goods sold I Net income or (loss) from sales of in	ventory				
		All other revenue	Business Code				
	12	Total revenue. See instructions		220 216	0	0	

Pa	rt IX Statement of Functional Expenses			The state of the s	Page 1
Sec	tion 501(c)(3) and 501(c)(4) organizations must cor	mplete all columns. A	MI other organization	s must complete colu	mn (A).
	Check if Schedule O contains a respon	se or note to any lin	ne in this Part IX .		
8b,	not include amounts reported on lines 6b, 7b, 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	-		general expended	expenses
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	169,840.	169,840.		
<b>4 5</b>	Benefits paid to or for members				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	9				
b	Legal				
d	Accounting				
e	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column				
10	(A) amount, list line 11g expenses on Schedule O.)				
12 13	Advertising and promotion	862.	0.	862.	0.
14	Office expenses	278.	203.	75.	0.
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization .				
24	Insurance				
24	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	ADMINISTRATIVE AND ISP COSTS	106.	0.	106.	0.
b	BUSINESS LICENSE	56.	0.	56.	0.
C	BANK FEES	105.	0.	105.	0.
d	LIABILITY INSURANCE	1,277.	1,022.	255.	0.
е 25	All other expenses  Total functional expenses. Add lines 1 through 24e	172,524.	171,065.	1 450	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here    if following SOP 98-2 (ASC 958-720)	112,324.	1/1,003.	1,459.	0.

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pal	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	81,425.	1	138,117.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,		Page 1	
		trustees, key employees, and highest compensated employees.  Complete Part II of Schedule L			
				5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
S		organizations (see instructions). Complete Part II of Schedule L			
Assets	7	Notes and loans receivable, net		6	
AS	8	Inventories for sale or use		7	
	9	Prepaid expenses and deferred charges		8	
	10a	Land, buildings, and equipment: cost or		9	
		other basis. Complete Part VI of Schedule D			
	b			10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments-program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	81,425.	16	138,117.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19 20	Deferred revenue		19	
	21	Tax-exempt bond liabilities		20	
S	22	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
Pil		disqualified persons. Complete Part II of Schedule L			
Lia	23	Secured mortgages and notes payable to unrelated third parties		22	
	24	Unsecured notes and loans payable to unrelated third parties		23	
	25	Other liabilities (including federal income tax, payables to related third		24	
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
(O		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and			
ce		complete lines 27 through 29, and lines 33 and 34.			
lar	27	Unrestricted net assets	21,481.	27	111,104.
Ba	28	Temporarily restricted net assets	59,944.	28	27,013.
pur	29	Permanently restricted net assets		29	
T		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
0	20				
sets	30	Capital stock or trust principal, or current funds		30	
Ass	31 32	Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds .		31	
<b>~</b>	33	Total net assets or fund balances	01 405	32	100 115
	34	Total liabilities and net assets/fund balances	81,425.	33	138,117.
		The state of the s	81,425.	34	138,117.

Form **990** (2017)