Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

Form 8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

or calendar year 2021, or fiscal year beginning	, 2021, and ending	

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records.
 Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

EIN or SSN 26-0557559

Name and title of officer or person subject to tax

JULIE SECRIST

PRESIDENT

Part I Type of Return and Return Information

HEED UGANDA

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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.

ian oi	ie iii ie ii rait i.		
1a	Form 990 check here ► X	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 412,442
2a	Form 990-EZ check here >	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a	Form 1120-POL check here	b Total tax (Form 1120-POL, line 22)	3b
4a	Form 990-PF check here >	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a	Form 8868 check here	b Balance due (Form 8868, line 3c)	. 5b
6a	Form 990-T check here	b Total tax (Form 990-T, Part III, line 4)	
7a	Form 4720 check here	b Total tax (Form 4720, Part III, line 1)	
8a	Form 5227 check here	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a	Form 5330 check here	b Tax due (Form 5330, Part II, line 19)	9b
10a	Form 8038-CP check here	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b
Part	II Declaration and Signat	ure Authorization of Officer or Person Subject to Tax	
Inder	penalties of perjury, I declare that $oxed{X}$	I am an officer of the above entity or 🔲 I am a person subject to tax with re	spect to (name
f entit	y)	, (EIN) and that I have	ve examined a copy of the
021 e	lectronic return and accompanying sch	edules and statements, and, to the best of my knowledge and belief, they are	true, correct, and

2021 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN:	check	one	box	only
------	-------	-----	-----	------

X	I authorize	SMITH	BUNDAY	BERMAN	BRITTON,	P.S.	to enter my P	IN	22522
								=	

ERO firm name

Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 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.

Signature of officer or person subject to tax

Part III Certification and Authentication

number (EFIN) followed by your five-digit self-selected PIN.

ERO's EFIN/PIN. Enter your six-digit electronic filing identification

91436300016 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return 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 ▶ _____ Da

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

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print 26-0557559 HEED UGANDA File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your C/O J. SECRIST 20402 - 88TH AVE W return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. 98026 EDMONDS, WA Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 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 Form 990-T (corporation) 07 NORMA CLAUSON The books are in the care of ► 15520 MILL CREEK BLVD, APT A101 - MILL CREEK, WA 98012 Telephone No. ▶ 206-300-8597 Fax No. 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. NOVEMBER 15, 2022 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: L Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За **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 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. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

EXTENDED TO NOVEMBER 15, 2022

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

Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public

A	or the	e 2021 calendar year, or tax year beginning	and e	ending	_		
В	Check if	C Name of organization			D Employer identifi	cation number	
	Addre	e HEED OGANDA					
	Name chang	e Doing business as			26-05575	59	
	∏lnitial return ∏Final		E Telephone numbe 425-239-				
	—return termir		1 -			412,442.	
Г	ated Amen return	City or town, state or province, country, and ZIP or foreign postal co	ode		G Gross receipts \$ H(a) Is this a group re		
	Applic				for subordinates		
_	pendi	20402 88TH AVE W, EDMONDS, WA 9802	26		H(b) Are all subordinates in		
$\overline{\Gamma}$	Tax-ex		17(a)(1) c	or 527	1	list. See instructions	
		te: WWW.HEEDUGANDA.ORG	()()		H(c) Group exemptio		
		forganization: X Corporation Trust Association Other	-	L Year		■ State of legal domicile: WA	
		Summary			•	-	
•	1	Briefly describe the organization's mission or most significant activities:	ro P	ARTNER	WITH COMMU	NITIES IN	
Governance		UGANDA SO THAT CHILDREN AND THEIR FAN	MILIE	ES THR	IVE AND EXP	ERIENCE	
ř.	2	Check this box if the organization discontinued its operations o	r dispos	sed of more	than 25% of its net as	ssets.	
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)			3	6	
ত	4	Number of independent voting members of the governing body (Part VI, li				6	
es 8		Total number of individuals employed in calendar year 2021 (Part V, line 2				0	
Viti	6	Total number of volunteers (estimate if necessary)			6	7	
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12				0.	
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11 .	7b	0.			
					Prior Year	Current Year	
<u>a</u>	8	Contributions and grants (Part VIII, line 1h)			421,934.	412,442.	
enc	9	Program service revenue (Part VIII, line 2g)			0.	0.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			581.	0.	
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.	0.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lir	ne 12) .		422,515.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			488,429.	370,771.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.	
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines	s 5-10) _.		0.	0.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.	
ď	b	Total fundraising expenses (Part IX, column (D), line 25)	2,21	L6.			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			8,764.	11,220.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .			497,193.	381,991.	
	19	Revenue less expenses. Subtract line 18 from line 12			-74,678.	30,451.	
Net Assets or Fund Balances				Ве	ginning of Current Year	End of Year	
sset	20	Total assets (Part X, line 16)			149,271.	177,842.	
at Age	21	Total liabilities (Part X, line 26)			0.	0.	
		Net assets or fund balances. Subtract line 21 from line 20			149,271.	177,842.	
	art II	Signature Block					
	•	alties of perjury, I declare that I have examined this return, including accompanying s			·	y knowledge and belief, it is	
true	, correc	ct, and complete. Declaration of preparer (other than officer) is based on all informati	ion oi wn	ich preparer	nas any knowledge.		
۵.		Signature of officer			I Date		
Sig		JULIE SECRIST, PRESIDENT			Duto		
Hei	re	Type or print name and title					
_				П	Date Check	PTIN	
Pai	d	Print/Type preparer's name ROB E • KLEE		ا ا	if	D00176472	
	u parer		, P.S	<u> </u>	self-employ	91-1275259	
	Only	Firm's name SMITH BUNDAY BERMAN BRITTON, Firm's address 11808 NORTHUP WAY, SUITE 240		•	Firm's EIN	71-171773	
USE	Only	BELLEVUE, WA 98005-1959	,		Dhone no 12	5-827-8255	
Mar	v the II	RS discuss this return with the preparer shown above? See instructions			Filolie IIO. 4 Z	Yes No	

4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4c	(Code:) (Expenses \$	_ ⁾
15		
		_
4b	(Code:) (Expenses \$	_
	COMMUNITY, AND A DEMONSTRATION FARM PROVIDES FOOD FOR THE SCHOOLS AND DEMONSTRATES CLIMATE-WISE FARMING TO THE COMMUNITY. WATER HARVESTING O	N
	ENTIRE SUBCOUNTY PROVIDING THE ONLY TRAINED MEDICAL CARE IN THE VICINITY. A COMMUNITY CHURCH MEETS THE SPIRITUAL NEEDS OF THE	<u></u>
	SANITATION PROJECTS, SPIRITUAL LIFE AND INCOME GENERATION TO IMPROVE LIVELIHOODS. HEED OPERATES A PRIMARY AND HIGH AND VOCATIONAL SCHOOL WHICH SERVE APPROXIMATELY 750 CHILDREN. THE COMMUNITY CLINIC SERVES TH	
	AND ITS COMMUNITY THROUGH PROJECTS IN THEIR FIVE PATHWAYS TO TRANSFORMATION AIMED AT IMPROVING EDUCATION, HEALTH, WATER AND	
	CHILDREN, SERVING A 5-VILLAGE AREA WITH ABOUT 6000 PEOPLE IN KASSANDA DISTRICT IN CENTRAL UGANDA. THE ORGANIZATIONS (HEED) SERVE THE CHILDRE	N
4a	(Code:) (Expenses \$ 370,771. including grants of \$ 370,771.) (Revenue \$ 412,442 HEED UGANDA PARTNERS WITH ITS UGANDAN PARTNER ORGANIZATION, HEED	<u>•</u> }
	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.	
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes	No
2	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	No
2	AND SPIRITUAL WELLBEING WITHIN THEIR COMMUNITIES. IN THE PLACE WHERE Did the organization undertake any significant program services during the year which were not listed on the	
	HEED, FULLNESS OF LIFE MEANS THAT PEOPLE EXPERIENCE PHYSICAL, MENTAL,	
1	Briefly describe the organization's mission: TO PARTNER WITH COMMUNITIES IN UGANDA SO THAT CHILDREN AND THEIR FAMILIES THRIVE AND EXPERIENCE FULLNESS OF LIFE FOR GENERATIONS. AT	
_		X

26-0557559 Page **3** HEED UGANDA

Form 990 (2021) HEED UGANDA Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
4	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		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? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			x
	Part VI	11a		
ь	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_ ^
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	441.	Х	
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	21	
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		X
00-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		1
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

132003 12-09-21

Form **990** (2021)

26-0557559 Page 4

Form 990 (2021) HEED UGANDA 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? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		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? If "Yes," complete Schedule L, Part II	26		Х
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? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
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? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			<u>Ш</u>
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

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26-0557559 Page **5** HEED UGANDA Form 990 (2021)

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

				Yes	No		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return	2a	0				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns						
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	S			v		
				1	X		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b	+			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a fersion country (such as a back account account as a street in a fersion account.)		1		X		
h	financial account in a foreign country (such as a bank account, securities account, or other financial if "Yes," enter the name of the foreign country	account)?	4a		- 25		
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FRAR)	-				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa				Х		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the						
	any contributions that were not tax deductible as charitable contributions?		6a		Х		
b	If "Yes," did the organization include with every solicitation an express statement that such contribut						
	were not tax deductible?		. 6b				
7	Organizations that may receive deductible contributions under section 170(c).						
а	$Did the organization \ receive \ a \ payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ sense \ sense$	vices provided to the payo	r? 7a		X		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		. 7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required					
	to file Form 8282?	.	. 7с		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			<u> </u>			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			<u> </u>			
g	If the organization received a contribution of qualified intellectual property, did the organization file For						
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, airplanes, or other vehicles, did the organization of cars, airplanes, airpl		? 7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		8				
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.		•				
а	Did the agree of a constitution and a great scale distribution and a continue 40000		9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		· -				
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders	11a					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	11b					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	l I	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	_				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40				
а	Is the organization licensed to issue qualified health plans in more than one state?		. 13a				
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the						
D	organization is licensed to issue qualified health plans	13b					
С	Enter the amount of reserves on hand	13c					
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune						
	excess parachute payment(s) during the year?		. 15		Х		
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	. 16		Х		
	If "Yes," complete Form 4720, Schedule O.						
17	$\textbf{Section 501(c)(21) organizations.} \ Did the trust, any disqualified person, or mine operator engage in the trust of the trust of$	any					
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		. 17				
	If "Yes," complete Form 6069.						

Form **990** (2021) 5 9 1 5 _____ 1 16091021 759182 5915 2021.04030 HEED UGANDA

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

	Check if Schedule O contains a response or note to any line in this Part VI			X								
Sec	tion A. Governing Body and Management											
			Yes	No								
1a	Enter the number of voting members of the governing body at the end of the tax year	5										
	If there are material differences in voting rights among members of the governing body, or if the governing											
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.											
b	Enter the number of voting members included on line 1a, above, who are independent 1b	;										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1										
	officer, director, trustee, or key employee?											
3												
	of officers, directors, trustees, or key employees to a management company or other person?											
4												
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х								
6	Did the organization have members or stockholders?	6		Х								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	<u> </u>										
	more members of the governing body?	7a		х								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or											
-	persons other than the governing body?	7b		х								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.5										
а	The governing body?	8a	х									
b	Each committee with authority to act on behalf of the governing body?	8b	X									
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the											
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х								
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)											
	tion Dividios (mis decidal Broqueste information about policies not required by the internal nevenue dede.)		Yes	No								
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X								
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100										
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b										
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х									
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.											
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х									
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe											
·	on Schedule O how this was done	12c	х									
13	Did the organization have a written whistleblower policy?	13	Х									
14	Did the organization have a written document retention and destruction policy?	14		Х								
15	Did the process for determining compensation of the following persons include a review and approval by independent											
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?											
а	The organization's CEO, Executive Director, or top management official	15a		х								
	Other officers or key employees of the organization	15b		X								
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	.55										
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a											
104	taxable entity during the year?	16a		х								
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's											
		16b										
Sec	exempt status with respect to such arrangements? tion C. Disclosure	100										
17	List the states with which a copy of this Form 990 is required to be filed ►WA											
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	le only) avail	ahla								
10	for public inspection. Indicate how you made these available. Check all that apply.	, o or ny	, availe	ADIC								
	X Own website Another's website X Upon request Other (explain on Schedule O)											
10	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	nd fina	acial									
19	statements available to the public during the tax year.	iu iiila	icial									
20	State the name, address, and telephone number of the person who possesses the organization's books and records											
20	NORMA CLAUSON - 206-300-8597											
	15520 MILL CREEK BLVD, APT A101, MILL CREEK, WA 98012											

132006 12-09-21

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

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

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

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

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

Check this box if neither the organization n	or any related	 						ed any current officer, of				
(A)	(B)	(C)						(D)	(E)	(F)		
Name and title	Average	Positio				than	one	Reportable	Reportable	Estimated		
	hours per		box, unless persor officer and a direct					compensation	compensation	amount of		
	week (list any	ctor					Ĺ	from the	from related organizations	other compensation		
	hours for	or dire	يو			ated		organization	(W-2/1099-MISC/	from the		
	related	ustee	truste		e e	suadı		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization		
	organizations below	dual tr	tional	١.	nploy	st con yee	_	1099-NEC)		and related organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
(1) HALEY MILLET	12.00											
BOARD MEMBER		Х						4,875.	0.	0.		
(2) JULIE SECRIST	25.00											
PRESIDENT		Х		Х				0.	0.	0.		
(3) STEVE SECRIST	0.00											
VICE PRESIDENT		Х		Х				0.	0.	0.		
(4) BARBARA SNOW	25.00											
TREASURER		Х		Х				0.	0.	0.		
(5) CHERI HERZER	1.00							_	_	_		
SECRETARY		Х		Х				0.	0.	0.		
(6) STEPHANIE EVANS	1.00											
BOARD MEMBER		Х						0.	0.	0.		
	I	ı	ı	ı	1	1		I	i	I		

Form 990 (2021)

Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees/	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)			(0				(D)	(E)			(F)	
Name and title	Average	Position (do not check more than one						Reportable	Reportable		Es ⁻	timate	d
	hours per	box	, unle	ss pe	rson	is bot	h an	1 '	compensation			ount o	of
	week (list any	-	ou al	Jau		517 d uS	,	from	from related			other	L!
	hours for	lirecto				L		the	organizations (W-2/1099-MISC	、 /		oensatom the	
	related	e or d	tee			sated		organization (W-2/1099-MISC/	1099-NEC)	"		anizati	
	organizations	Individual trustee or director	Institutional trustee		ee/	mper		1099-NEC)	10001120)		•	d relate	
	below	idual	ution	<u></u>	Key employee	est co oyee	-E	′				nizatio	
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
		1											
						_				\dashv			
		4											
	1					-							
		-											
	+					-				\dashv			
		-											
	+	\vdash				\vdash				+			
		1											
	 					\vdash				\dashv			
		1											
	1									\dashv			
		1											
										\dashv			
		1											
1b Subtotal							▶	4,875.		0.			0.
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)								4,875.		0.			0.
2 Total number of individuals (including but	not limited to th	nose	liste	ed al	bove	e) wł	no r	eceived more than \$100	,000 of reportable				
compensation from the organization													0
										_		Yes	No
3 Did the organization list any former officer			•		•		_		•				
line 1a? If "Yes," complete Schedule J for											3		<u>X</u>
4 For any individual listed on line 1a, is the s			-						the organization				37
and related organizations greater than \$15			•								4		X
5 Did any person listed on line 1a receive or	-				-						_		Х
rendered to the organization? If "Yes," con Section B. Independent Contractors	npiete Scriedui	e J i	or s	ucn	pers	son .				<u></u>	5		
Complete this table for your five highest co	nmneneated in	den	anda	nt o	onti	racto	are t	that received more than	\$100 000 of comp		ation f	rom	
the organization. Report compensation for	-	-								, UI 130	COII II	0111	
(A)	trie edicridar y	oui	Cridi	ng v	VICII	01 11	1	(B)	your.		(C	:)	
Name and business	s address	N	INC	Ξ				Description of s	ervices	Co	omper	, nsatior	า
											_		
							_						
	, ·					-	\perp						
2 Total number of independent contractors		ot li	mite	d to		se li: 0	stec	d above) who received n	nore than				
\$100,000 of compensation from the organ	ization >											200 /2	2004
										F	-orm	990 (2	:021)

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			Check if Schedule O	contains	a response	or note to any lin	e in this Part VIII			
			Offeck if Scriedule O (Julianis	a response	or note to any iii	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenuè excluded
								function revenue	business revenue	
<u> </u>										sections 512 - 514
nts	1 :	а	Federated campaigns		1a					
S or	- 1	b	Membership dues		1b					
Ar.	(С	Fundraising events		1c					
Contributions, Gifts, Grants and Other Similar Amounts		d	Related organizations		1d					
ini	(е	Government grants (contr	ributions)	1e					
rior	1	f	All other contributions, gifts,	grants, an	d					
t pd			similar amounts not included	above	1f	412,442.				
n di			Noncash contributions included in		1g \$	8,412.				
a Sol		_	Total. Add lines 1a-1f				412,442.			
- 1		<u> </u>	Totally lad miles fa fr			Business Code	,			
as l	2 :	_								
Š										
šer		b								
ž a		с								
gra Re	(d								
Program Service Revenue	(е								
-			All other program service							
\rightarrow			Total. Add lines 2a-2f							
	3		Investment income (include							
			other similar amounts)							
	4		Income from investment of		-	1				
	5		Royalties							
					(i) Real	(ii) Personal				
	6 8	а	Gross rents	6a						
	- 1	b	Less: rental expenses	6b						
		С	Rental income or (loss)	6с						
	(d	Net rental income or (loss))						
	7 :	а	Gross amount from sales of	(i)	Securities	(ii) Other				
			assets other than inventory	7a						
	1		Less: cost or other basis							
e			and sales expenses	7b						
en			Gain or (loss)	-						
Revenue			Net gain or (loss)	-						
her			Gross income from fundraisir							
됩	•		including \$	ng ovente	of					
			contributions reported on	lino 10)	_ ।					
			·	•	I .					
			Part IV, line 18							
			Less: direct expenses		·····					
			Net income or (loss) from		_					
	9 8	а	Gross income from gamin	-						
		_	Part IV, line 19							
			Less: direct expenses							
			Net income or (loss) from							
	10 8		Gross sales of inventory, I		I .					
			and allowances			 				
			Less: cost of goods sold			·				
\rightarrow		С	Net income or (loss) from	sales of i	nventory					
sn						Business Code				
ne eo	11 :	а								
llar /en	ı	b								
Miscellaneous Revenue		С								
Ĭ Z			All other revenue							
		e	Total. Add lines 11a-11d				410 440	^		
	12		Total revenue. See instruction	ons			412,442.	0.	0.	0.

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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).

Secti	ion 501(c)(3) and 501(c)(4) organizations must com				
Do.	Check if Schedule O contains a responsor include amounts reported on lines 6b,	(A)	this Part IX	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	270 771	270 771		
	individuals. See Part IV, lines 15 and 16	370,771.	370,771.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a h	Management				
b	Legal	6,162.		6,162.	
ر. د	Accounting	0,102.		0,102.	
d e	Lobbying Professional fundraising services. See Part IV, line 17				
f	-				
	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	924.		924.	
14	Information technology	3,008.		2,708.	300.
15	Royalties	,		,	
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,200.		1,200.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	PAYPAL EXPENSE	914.			914.
b	OTHER	-988.		-1,990.	1,002.
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	381,991.	370,771.	9,004.	2,216.
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)				
40004	n 12-n9-21				Form 990 (2021)

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26-0557559 Page **11** Form 990 (2021)
Part X Balance Sheet HEED UGANDA

	Obselvit Calcadula O cantaina a vacanana av					
	Check if Schedule O contains a response or	note to	any line in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			143,228.	1	173,689
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 any curren	nt or forn	er officer, director,			
	trustee, key employee, creator or founder, su	ubstantia	l contributor, or 35%			
	controlled entity or family member of any of t	these pe	rsons		5	
6	Loans and other receivables from other disqu	jualified p	ersons (as defined			
	under section 4958(f)(1)), and persons descri	ribed in s	ection 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				9	
10a	Land, buildings, and equipment: cost or other	er				
b	Less: accumulated depreciation	101			10c	
11				6,043.	11	4,153
12	Investments - other securities. See Part IV, lin			12		
13	Investments - program-related. See Part IV, li		13			
14			14			
15	Other assets. See Part IV, line 11			4.40.054	15	455 040
16				149,271.	16	177,842
17			17			
18	Grants payable					
19						
20						
					21	
22						
					24	
25						
	•	ines 17-2	4). Complete Part X			
				0		0
26				0.	26	U
		спеск п	ere 🚩 🔼			
27	• • • • • • • • • • • • • • • • • • • •			136 397.	27	175,225
						2,617
20				12,074.	20	2,017
	_	iC 936, C	neck nere			
20		nde			20	
				149 271		177,842
33	Total liabilities and net assets/fund balances			149,271.	33	177,842
	2 3 4 5 6 7 8 9 10a b 11 12 13 14 15 16 17 18 19	2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any currer trustee, key employee, creator or founder, si controlled entity or family member of any of 6 Loans and other receivables from other discounder section 4958(f)(1)), and persons descrived and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or oth basis. Complete Part VI of Schedule D b Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, II 13 Investments - program-related. See Part IV, II 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must accounts payable and accrued expenses. Grants payable 19 Deferred revenue 10 Tax-exempt bond liabilities 11 Escrow or custodial account liability. Complete Loans and other payables to any current or trustee, key employee, creator or founder, si controlled entity or family member of any of Secured mortgages and notes payable to unreustee, key employee, creator or founder, si controlled entity or family member of any of Secured mortgages and notes payable to unreustee, and other liabilities not included on los Schedule D 10 Total liabilities. Add lines 17 through 25 11 Organizations that follow FASB ASC 958, and complete lines 27, 28, 32, and 33. 12 Net assets with donor restrictions 13 Net assets with donor restrictions 14 Organizations that do not follow FASB ASC 958, and complete lines 29 through 33. 15 Capital stock or trust principal, or current fur Paid-in or capital surplus, or land, building, capital stock or trust principal, or current fur Paid-in or capital surplus, or land, building, capital stock or trust principal, or current fur Paid-in or capital surplus, or land, building, capital stock or trust principal, or current fur Paid-in or capital surplus, or land, building, capital stock or trust principal, or current	2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per 6 Loans and other receivables from other disqualified punder section 4958(f)(1)), and persons described in si 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part I' 22 Loans and other payables to any current or former of trustee, key employee, creator or founder, substantia controlled entity or family member of any of these per 23 Secured mortgages and notes payable to unrelated third other liabilities (including federal income tax, payable parties, and other liabilities not included on lines 17-2 of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check he and complete lines 27, 28, 32, and 33. 27 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check he and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds Organizations that do not follow FASB ASC 958, check he and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipm Retained earnings, endowment, accumulated income	2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 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 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) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 1 Less: accumulated depreciation 1 Investments - publicly traded securities 1 Investments - broogram-related. See Part IV, line 11 1 Intangible assets 1 Other assets. See Part IV, line 11 1 Intangible assets 1 Other assets. See Part IV, line 11 1 Total assets. Add lines 1 through 15 (must equal line 33) 1 Accounts payable and accrued expenses 1 Grants payable 1 Deferred revenue 2 Tax-exempt bond liabilities 2 Escrow or custodial account liability. Complete Part IV of Schedule D 2 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 2 Secured mortgages and notes payable to unrelated third parties 2 Unsecured notes and loans payable to unrelated third parties 2 Unsecured notes and loans payable to unrelated third parties 2 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 2 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here	1 Cash · non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 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 6 Loans and other receivables from other disqualified persons (as defined under section 4958(h(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 11 Investments publicity traded securities 12 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 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 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities, Add lines 17 through 25 26 Total liabilities, Add lines 17 through 25 27 Organizations that follow FASB ASC 958, check here 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 31 Retained earnings, endowment, accumulated income, or other funds 31 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 31 Total net assets or fund balances	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 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 5 Controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10a b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 10 Other assets. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 16 Other assets. See Part IV, line 11 17 Accounts payable and accrued expenses 17 Accounts payable and accrued expenses 19 Deferred revenue 19 Deferred revenue 19 Taxe.eempt bond liabilities 20 Taxe.eempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 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 Secured mortgages and notes payable to unrelated third parties 23 Other liabilities (including federal income tax, payables to related third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities of included on lines 17:24). Complete Part X of Schedule D 26 Total liabilities for included on lines 17:24). Complete Part X of Schedule D 27 Taxe and other liabilities on included on lines 17:24). Complete Part X of Schedule D 28

Form **990** (2021)

Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O)	1 2 3 4 5 6 7 8 9	41 38 3 14	2,4 1,9 0,4 9,2	91. 51. 71.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	17	7,8	42.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
1 2a	Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule Were the organization's financial statements compiled or reviewed by an independent accountant?	e O.	2a	Yes	No
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis	d on a			v
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 separat consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	e basis,	2b		Х
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the 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 Sch		2c	Х	
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Act and OMB Circular A-133?	ngle Audit	За		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	990	(2021)
			⊢orm	330 ((LUZI)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization HEED UGANDA 26-0557559 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Pa	art II Support Schedule for	-					• •
	(Complete only if you checked			-	on failed to qualify	under Part III. If th	ne organization
<u>S</u>	fails to qualify under the tests ction A. Public Support	listed below, pież	ase complete Part	111.)			
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2019	(a) 2010	(4) 2020	(a) 2021	(6) Total
	Gifts, grants, contributions, and	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
'	membership fees received. (Do not						
	include any "unusual grants.")						
•						+	+
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						
4	the organization without charge						-
	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
_	column (f)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support		1 "		1,0000	1 , , , , , ,	T (n =
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4					1	
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources			-		-	
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,						
13	First 5 years. If the Form 990 is for the	e organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop						<u></u> ▶∟
	ction C. Computation of Publ						
	Public support percentage for 2021 (I						%
	Public support percentage from 2020						%
16a	a 33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies						
k	o 33 1/3% support test - 2020. If the o						
	and stop here. The organization qual						
17a	a 10% -facts-and-circumstances tes	t - 2021. If the org	anization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	6 or more,
	and if the organization meets the fact	s-and-circumstand	ces test, check thi	s box and stop he	ere. Explain in Parl	t VI how the organ	ization
	meets the facts-and-circumstances te	st. The organizati	on qualifies as a p	ublicly supported	organization		▶□
	100/ facts and sireumstances too			منا محريحها مراممها	- 10 10- 10	17	- 100/

Schedule A (Form 990) 2021

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 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

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

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

Se	ction A. Public Support	ciow, picase comp	noto i ait iii)				
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	` ,	, ,	, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")	229,147.	425,058.	489,139.	421,934.	412,442.	1977720.
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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	229,147.	425,058.	489,139.	421,934.	412,442.	1977720.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons	151,044.	31,929.	79,918.	56,249.	59 108.	378,248.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that	131,0110	3173230	, , , , , , , ,	30,2131	33,1001	37072101
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		47,940.	59,324.			107,264.
	Add lines 7a and 7b	151,044.	79,869.	139,242.	56,249.	59,108.	485,512.
	Public support. (Subtract line 7c from line 6.)						1492208.
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020 421,934.	(e) 2021	(f) Total
9	Amounts from line 6	229,147.	425,058.	489,139.	421,934.	412,442.	1977720.
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties,			1,105.	581.		1,686.
	and income from similar sources Unrelated business taxable income			1,103.	301.		1,000.
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975			1 105	581.		1 606
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on			1,105.	501.		1,686.
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.)	229,147.	425,058.	490,244.	422,515.	412,442.	1979406.
14	First 5 years. If the Form 990 is for the	e organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizat	ion,
	check this box and stop here						<u></u> ▶∟
	ction C. Computation of Publ						
	Public support percentage for 2021 (I					15	75.39 %
	Public support percentage from 2020					16	%
	ction D. Computation of Inves					1	00
	Investment income percentage for 20					17	.09 %
	Investment income percentage from 2					18	%
198	a 33 1/3% support tests - 2021. If the						17 is not ► X
t	more than 33 1/3%, check this box as 33 1/3% support tests - 2020. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and sto	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	▶∐
20	Private foundation. If the organization	n did not check a !	box on line 14, 19	a or 19b check th	is box and see ins	structions	

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3c		
	4a		
	-Tu		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	35		
	9с		
	10a		
	10b		
_		~ 000	

Par	Supporting Organizations (continued)			
	_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
	_		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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 officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	-		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	-		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
800	supported organizations played in this regardtion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	20)	
с 2	Activities Test. Answer lines 2a and 2b below.	iruciioi 	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	NO
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	£a		
D	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	Z.U		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

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of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Sche	edule <i>P</i>	A (Form 990) 2021	HE
Pa	rt V	Type III Non-	Functional
1		Check here if the	organization s
		All other Type III n	on-functionall
Sect	ion A	- Adjusted Net Inc	ome
1	Net s	short-term capital ga	ain
2	Reco	veries of prior-year	distributions
3	Othe	r gross income (see	instructions)
4	Add	lines 1 through 3.	
5	Depr	eciation and deplet	ion
6	Porti	on of operating exp	enses paid or
	colle	ction of gross incon	ne or for mana
	main	tenance of property	held for prod
7	Othe	r expenses (see ins	tructions)

Pa	rt v Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on l	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
	Charly have if the augment year in the avantization's first as a non-function	ally into avote	d Type III supporting or	vanization (acc

Schedule A (Form 990) 2021

instructions).

	dule A (Form 990) 2021 REED OGANDA	(a)(2) Cupparting O	onizations		0-0557559 Page 7
	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	amzations _{(continu}	<u>ued)</u>	0
	ion D - Distributions				Current Year
	Amounts paid to supported organizations to accomplish exe			1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns .	3	
4_	Amounts paid to acquire exempt-use assets	· · · · · · · · · · · · · · · · · · ·		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
<u>6</u>	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	Э	_	
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		T	10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
ī	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
	Expans from 2019				

Schedule A (Form 990) 2021

c Excess from 2019 d Excess from 2020 e Excess from 2021

HEED UGANDA 26-0557559

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

2021

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2017 Amount	2018 Amount	2019 Amount	2020 Amount	2021 Amount
	151,044.	31,929.	79,918.	56,249.	59,108.
otal to Schedule A, lart III, Line 7a	151,044.	31,929.	79,918.	56,249.	59,108.

HEED UGANDA 26-0557559

Schedule A

Excess Payments from Non-Disqualified Persons Included on Part III, Line 7b

2021

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2017 Amount	2018 Amount	2019 Amount	2020 Amount	2021 Amount
	0.	47,940.	59,324.	0.	0.
Total to Schedule A, Part III, Line 7b		47,940.	59,324.		

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number Name of the organization 26-0557559 HEED UGANDA

Organization type (check one):							
Filers of	:	Section:					
Form 99	0 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
X		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one 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; line 1. Complete Parts I and II.					
	contributor, during literary, or educatio	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, anal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.					
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., neplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year					
answer "	'No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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					

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page **2**

Name of organization Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COLIN AND TRISH CARY 3504 218TH ST SW LYNNWOOD, WA 98036	\$6,155.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BARBARA AND STAN SNOW 2632 NE 184TH PL LAKE FOREST PARK, WA 98155	\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	BRAD AND LAURA DECKER 117 E3 LOUSA ST, UNIT 230 SEATTLE, WA 98102	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	ANDUIN FOUNDATION 601 UNION ST #4600 SEATTLE, WA 98101	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	CHARLES SCHWAB 211 MAIN ST SAN FRANCISCO, CA 98105	\$35,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	SUGAR LAKES FOUNDATION 1310 NE A HWY LATHROP, MO 64465	\$83,451.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

HEED UGANDA

26-0557559

Schedule B (Form 990) (2021) Page 2

Name of organization Employer identification number

HEED UGANDA 26-0557559

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	lditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Typ	(d) e of contribution
7	ROBERT AND LAVERNE GIBBS 9918 240TH ST SW EDMONDS, WA 98026	\$ 5,000 No (Comp	rson X yroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) e of contribution
8	JILL MILLET 8412 OLYMPIC VIEW DR EDMONDS, WA 98026	Per Par No (Comp	rson X yroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Typ	(d) e of contribution
9	JOHN AND CLAIRE MURPHY 23510 93RD AVE W EDMONDS, WA 98026	\$ 11,000. Pag No (Comp	yroll ncash blete Part II for ish contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Typ	(d) e of contribution
10	STEVE AND JULIE SECRIST 2402 88TH AVE W EDMONDS, WA 98026	Per Par No (Comp.	rson X yroll ncash olete Part II for sh contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) e of contribution
11	CROSS INTERNATIONAL AID INC. 1280 SW 36TH AVE, SUITE 303 POMPANO BEACH, FL 33069	Per Par No (Comp	rson X yroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Typ	(d) e of contribution
12	NATIONAL CHRISTIAN FOUNDATION 2025 FIRST AVE, PH-A SEATTLE, WA 98121	Per Pay No (Comp	rson X yroll ncash blete Part II for

Schedule B (Form 990) (2021) Page

Name of organization

Employer identification number

26-0557559

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	LAURENA HUBER 9142 N MERCER WAY, APT 702 MERCER ISLAND, WA 98040	\$\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	NETWORK FOR GOOD PO BOX 191 SOUTHFIELD, MI 48037	\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	SMITH BUNDAY BERMAN BRITTON 11808 NORTHUP WAY, SUITE 240 BELLEVUE, WA 98005	\$\$6,162.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Nume, address, and 2n + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization Employer identification number

HEED UGANDA

26-0557559

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	AUDIT AND TAX RETURN PREPARATION		
15	SERVICES		
		\$6,162.	12/31/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Employer identification number

Name of organization

26-0557559 HEED UGANDA 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 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Inspection

Employer identification number

HE	ED UGANDA					26-05575	59
Pa		rmation on A	ctivities Ou	tside the United States. Comple	te if the organ		
	 Form 990, Part I\			•	J		
1	For grantmakers. Does	the organization	n maintain recor	ds to substantiate the amount of its gra	nts and other	assistance,	
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or ass	istance?	Yes X No
2	For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and o	ther assistance ou	tside the
3		he following Par	t I. line 3 table c	an be duplicated if additional space is n	eeded.)		
	(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, pro- gram services, investments, grants to recipients located in the region)	(e) If acti is a pro describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
SUB-	-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCTED IN THE SUB-SAHARAN AFRICA REGION			370,771.
505	DAMANAN AFRICA			REGION			370,771.
3 2	Subtotal	0	(370,771.
	Total from continuation sheets to Part I	0	(0.
С	Totals (add lines 3a and 3b)	0	(370,771.
LHA	For Paperwork Reduct	ion Act Notice,	see the Instruc	tions for Form 990.		Schedule F	(Form 990) 202

132071 12-20-21

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021 HEED UGANDA 26-0557559 Page 2

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)
			FUNDS PRIMARILY				ALL ASSISTANCE IS	
			SUPPORT THE COSTS OF		CHECK, MONEY		IN THE FORM OF	
		SUB-SAHARAN	PROVIDING EDUCATION		ORDER OR BY		CASH WITH THE	
		AFRICA	AT HEED CHILDREN	370,771.	WIRE	3,350.	EXCEPTION OF	
2 Enter total number of		no listed above that are	recognized as charities by the	foreign country	roognized as a tay	1	l .	<u> </u>

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

Schedule F (Form 990) 2021 HEED UGANDA 26-0557559 Page 4
Part IV Foreign Forms

	1 Stelight Stills	
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 X 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 X 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 X 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 X 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 X 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 X No

Schedule F (Form 990) 2021

26-0557559 Page 5

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:

GRANT RECIPIENTS ARE REQUIRED TO PROVIDE PURCHASE REQUISITIONS FOR THE

FUNDS THEY NEED AND THEN ARE GIVEN AUTHORIZATION TO WITHDRAW THE FUNDS.

ONCE THE FUNDS ARE SPENT RECEIPTS ARE SCANNED TO HEED UGANDA FOR REVIEW.

THE RECIPIENT ALSO MAINTAINS A SET OF BOOKS THAT IS CHECKED MONTHLY BY

HEED UGANDA TO MAKE SURE THE FUNDS ARE BEING SPEND ON ON AUTHORIZED

PURCHASES.

PART II, COLUMNS (D) AND (H):

REGION: SUB-SAHARAN AFRICA

- (D) PURPOSE OF GRANT: FUNDS PRIMARILY SUPPORT THE COSTS OF PROVIDING

 EDUCATION AT HEED CHILDREN LIMITED'S PRIMARY SCHOOL, HIGH SCHOOL, AND

 VOCATIONAL INSTITUTE THROUGH BUILDING OF STRUCTURES, PAYING TEACHERS,

 ADMINISTRATION, AND SUPPORT STAFF AND PROVIDING EDUCATIONAL MATERIALS.

 ADDITIONAL FUNDS UTILIZED FOR COMMUNITY HEALTH INITIATIVES, WATER,

 SANITATION, AND HYGIENE PROJECTS. THE FARM PROJECTS PROVIDE BOTH

 EDUCATION AND FOOD FOR THE SCHOOLS.
- (H) DESCRIPTION OF NON-CASH ASSISTANCE: ALL ASSISTANCE IS IN THE FORM OF CASH WITH THE EXCEPTION OF \$2250 TOTAL FMV OF 15 LAPTOPS SENT TO SCHOOLS.

132075 12-20-21 Schedule F (Form 990) 2021

SCHEDULE 0 (Form 990)

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

Name of the organization

Employer identification number

HEED UGANDA	26-055/559
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
FULLNESS OF LIFE FOR GENERATIONS. AT HEED, FULLNESS OF L	IFE MEANS THAT
PEOPLE EXPERIENCE PHYSICAL, MENTAL, AND SPIRITUAL WELLBEI	NG WITHIN
THEIR COMMUNITIES. IN THE PLACE WHERE THEY LIVE, PEOPLE H	AVE ACCESS TO
ENOUGH FOOD AND WATER, EDUCATION, OPPORTUNITY FOR IMPROVE	D LIVELIHOODS,
BASIC HEALTH SERVICES, AND A FLOURISHING CHRISTIAN CHURCH	I
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION M	ISSION:
THEY LIVE, PEOPLE HAVE ACCESS TO ENOUGH FOOD AND WATER, E	DUCATION,
OPPORTUNITY FOR IMPROVED LIVELIHOODS, BASIC HEALTH SERVIC	ES, AND A
FLOURISHING CHRISTIAN CHURCH.	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHME	NTS:
ALL THE BUILDINGS AT THE PRIMARY AND HIGH SCHOOL COLLECT	WATER TO
PROVIDE AN IMPROVED WATER SOURCE FOR THE CHILDREN AND STA	FF.
FORM 990, PART VI, SECTION A, LINE 2:	
STEVE AND JULIE SECRIST ARE HUSBAND AND WIFE.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE BOARD REVIEWS FORM 990 IN A MEETING PRIOR TO SUBMISS	ION TO THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C:	
EACH DIRECTOR AND OFFICER SHALL PERIODICALLY SIGN A STATE	MENT THAT AFFIRMS
SUCH PERSON:	

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

HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY, HAS READ AND

Schedule O (Form 990) 2021

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Name of the organization Employer identification number 14ED UGANDA 26-0557559

UNDERSTANDS THE POLICY,

C. HAS AGREED TO COMPLY WITH THE POLICY, AND

D. UNDERSTANDS THAT HEED UGANDA IS A CHARITABLE ORGANIZATION AND IN ORDER
TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN

ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN

INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND
BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS
AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING
THE PROPOSED TRANSACTION OR ARRANGEMENT.AFTER DISCLOSURE OF THE FINANCIAL
INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE
INTERESTED PERSON, HE/SHE SHALL LEAVE THE GOVERNING BOARD OR COMMITTEE

MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND

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

CONFLICT OF INTEREST EXISTS.

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

ARE AVAILABLE ON REQUEST AND ON THE HEED UGANDA WEBSITE.

VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A

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

OTHER MISC 10.

FORM 990, PAGE 2, PART XII, LINE 2C

BOARD MEMBERS SELECT THE ACCOUNTANT AND OVERSEE ANY INFORMATION NEEDS

FOR THE COMPILATION. THE COMPILATION IS THEN REVIEWED WITH THE ENTIRE

BOARD OF DIRECTORS AND QUESTIONS ANSWERED

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