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Form **990-PF** Department of the Treasury Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

-OMB No 1545-0052

FUI	calei	ndar year 2012 or tax year deginning		, and ending		
Nai	me of	foundation			A Employer identification	number
_H	EΑ	L "UGANDA, INC.	45-3616639)		
Nur	nber a	and street (or P O box number if mail is not delivered to street	B Telephone number			
_6	21	E EASTWYN BAY DR.			414-272-81	.00
City	or t	own, state, and ZIP code			C if exemption application is p	ending, check here
_M	ΕQ	UON, WI 53092				
G (Check	call that apply: X Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organizations	s, check here
		Final return	Amended return		0 -	
		Address change	Name change		Foreign organizations me check here and attach co	eeting the 85% test, proputation
H C	_	type of organization: X Section 501(c)(3) ex	kempt private foundation		E If private foundation sta	tus was terminated
\perp			Other taxable private founda	ation	under section 507(b)(1)	
l Fa	ur ma	arket value of all assets at end of year J Accounti	ng method: X Cash	Accrual	F If the foundation is in a	60-month termination
			ther (specify)		under section 507(b)(1)	
	-\$	36,642. (Part I, colu	mn (d) must be on cash i	basis)		
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	36,700.	* * * .	2	Court Dasis Office
	2	Check If the foundation is not required to attach Sch. B	, ,	* * * * * * * * * * * * * * * * * * *	N/A	1
	3	interest on savings and temporary cash investments		₹ <u>*</u> *	#/ Win We -	
	4	Dividends and interest from securities				K # # 5 1 1 1
	5a	Gross rents				- 49 W 4
	Ь	Net rental income or (loss)		1341	- Baller of the transfer	
	۱ ـ	Net gain or (loss) from sale of assets not on line 10	<u> </u>	~		
nue	Ь	Gross sales price for all	* */*·* * *	· · · · · ·	(18 \$ 1 Chr.)	* * * * * * * * * * * * * * * * * * *
e e	b Gross sales price for all assets not on line to assets not on line to assets on line 6a 7 Capital gain net income (from Part IV, line, 2) 8 Net short-term capital gain		· · · · · · · · · · · · · · · · · · ·	0.	- 1 - 2 Mark	X 37 78 75 75 75 75
ď			% A 40 20 1 -	2.3.3		***
	9	Income modifications	~ ~ *			7 7
	10a	Gross sales less returns and allowances	` `	*	. 🗸 🛊 🐃	1
		Less Cost of goods sold	` ` `		<u> </u>	, ,
	С	Gross profit or (loss)				
	11	Other income				
	12	Total. Add lines 1 through 11	36,700.	0.		. , .
	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
	14	Other employee salaries and wages				
"	15	Pension plans, employee benefits				
ses	16a	Legal fees				
per	b	Accounting fees				
Ĕ	C	Other professional fees STMT 1	58.	58.		0.
Operating And Adming the Expens	17	Interest				
43	18	Taxes			RECEIVE	<u> </u>
विश्वि	19	Depreciation and depletion			IVEOLIVE	1
륟	20	Occupancy				080
ďζp	21	Travel, conferences, and meetings		600	APR 0 8 2013	9
<u>(4)</u>	22	Printing and publications				SS
ti Ng	23	Other expenses			OGDEN, U	
arat	34	Total operating and administrative		ــــــــــــــــــــــــــــــــــــــ	OGDEN, O	<u></u>
ď	1	expenses. Add lines 13 through 23	58. 0.	58.		0.
4	32	Contributions, gifts, grants paid	U • I			0.
,	10	Total expenses and disbursements.		ΕO		_
-	<u>)</u> 27	Add lines 24 and 25	58.	58.		0.
		Subtract line 26 from line 12:	36 642			
		Excess of revenue over expenses and disbursements	36,642.	0.		
		Net investment income (if negative, enter -0-)		U •	` N/2	
22350		Adjusted net income (if negative, enter -0-)			N/A	

12-05-12 LHA For Paperwork Reduction Act Notice, see instructions.

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Form 990-RF (2012) HEAL UGANDA

HEAL UGANDA INC. Form 990-PF (2012) 45-3616639 Capital Gains and Losses for Tax on Investment Income Part/lV2 (b) How acquired P - Purchase (a) List and describe the kind(s) of property sold (e.g., real estate, (c) Date acquired (d) Date sold (mo., day, yr.) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) (mó., day, yr.) D - Donation 1a NONE b C d е (f) Depreciation allowed (a) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) đ e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or (j) Adjusted basis (k) Excess of col. (i) Losses (from col. (h)) (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (j), if any b d е If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) If (loss), enter -0- in Part I, line 7 2 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8 Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.) N/A If section 4940(d)(2) applies, leave this part blank. Yes Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part. 1 Enter the appropriate amount in each column for each year; see the instructions before making any entries. (d)
Distribution ratio
(col. (b) divided by col. (c)) (a) Base period years (b) (c) Adjusted qualifying distributions Net value of noncharitable-use assets Calendar year (or tax year beginning in) 2011 2010 2009 2008 2007 2 Total of line 1, column (d) 2 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years 3 4 Enter the net value of noncharitable-use assets for 2012 from Part X, line 5 4 5 Multiply line 4 by line 3 5 6 Enter 1% of net investment income (1% of Part I, line 27b) 6

8 Enter qualifying distributions from Part XII, line 4

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

7

8

7 Add lines 5 and 6

	n 990-PF (2012) HEAL UGANDA, INC.	-			<u> 3616</u>			Page 4
Pá	Int VI Excise Tax Based on Investment Income (Section 494	10(a),	4940(b), 4940(e), or	4948	- see i	nstrı	ıctio	ns)
1ìa	Exempt operating foundations described in section 4940(d)(2), check here and e	enter "N	/A" on line 1.	1.343	â ¥	~ 3 '	Jan Jan	
	Date of ruling or determination letter: (attach copy of letter if ne			15.2			ાં કે. ઉત્ત∶ે	
t	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%							0.
	of Part I, line 27b				1 10	- 1.2° ×	,3.,	
•	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 49	% of Par	t I line 12 col (h)		124	~~\		
,	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. 0			2			Thomas	0.
3	Add lines 1 and 2)(IIIGI 3 GI	11161 -0-)	3				$\frac{0}{0}$
4		Othora a	ntor 0 \	-	-			0.
-	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. (omers e	mer -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			5			14.36	
ь	Credits/Payments:	١.	1		~ ' 、		. "	
	2012 estimated tax payments and 2011 overpayment credited to 2012	6a	ļ	- *	٠.,	٠		
	Exempt foreign organizations - tax withheld at source	6b		- 1."				
	Tax paid with application for extension of time to file (Form 8868)	6c	<u> </u>	,				
0	Backup withholding erroneously withheld	6d			14	123- 12	····	
7	Total credits and payments. Add lines 6a through 6d			7				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is atta	ached		8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		>	9				0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		>	10				•
11	Enter the amount of line 10 to be: Credited to 2013 estimated tax		Refunded▶	11				
	irt VII-A Statements Regarding Activities	•						
	During the tax year, did the foundation attempt to influence any national, state, or local legis	slation o	or did it participate or interven	e in			Yes	No
	any political campaign?			•		1a		Х
ł	Did it spend more than \$100 during the year (either directly or indirectly) for political purpo	ses (se	e instructions for definition)?			1b		X
	If the answer is "Yes" to _{1a} or _{1b} , attach a detailed description of the activities an		<u>-</u>	and or		- "		
	distributed by the foundation in connection with the activities	ia copi	es of any materials publish	ieu vi		.78 .55		
,	Did the foundation file Form 1120-POL for this year?					1.		X
		0.11005	-			1c	>	<u> </u>
•	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the		0			9	55	
	(1) On the foundation. \$ 0. (2) On foundation managers			<u>-</u>				1
€	Enter the reimbursement (if any) paid by the foundation during the year for political expend	iiture tax	k imposed on toundation					,
_	managers. ▶ \$. سيئيد
2	Has the foundation engaged in any activities that have not previously been reported to the li	IKS7				2	3004.01 J.Ser	X
_	If "Yes," attach a detailed description of the activities							
3	Has the foundation made any changes, not previously reported to the IRS, in its governing		ent, articles of incorporation,	or				<u> </u>
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change					3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year	ar?				4a		Х
	If "Yes," has it filed a tax return on Form 990-T for this year?			N	/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	7				5		X
	If "Yes," attach the statement required by General Instruction T					7.4.6.2 ×		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied e	either:				X		٠, ا
	By language in the governing instrument, or							₫ ~
	• By state legislation that effectively amends the governing instrument so that no mandator	ry direct	tions that conflict with the sta-	e law				4, 4
	remain in the governing instrument?					6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?					7	Х	
	If "Yes," complete Part II, col. (c), and Part XV							<u> </u>
8a	Enter the states to which the foundation reports or with which it is registered (see instruction	ons) 🕨	NONE					ļ
	10000000000000000000000000000000	, -						
H	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	Attorney	General (or designate)					
	of each state as required by General Instruction G? If "No," attach explanation	шотпоу		/ENT	2	8b		
of each state as required by General Instruction G? If "No," attach explanation SEE STATEMENT 2 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar						ου		A 1
J				ciiudi			-	 -
10	year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," or					9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedu	ule listing	their names and addresses			10		Ι Δ

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had not been removed from jeopardy before the first day of the tax year beginning in 2012?

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued) 5a During the year did the foundation pay or incur any amount to:	1)					
The state of the s						
		· * **.				
` (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?						
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly,						
· · ·	X No					
	X No					
(4) Provide a grant to an organization other than a charitable, etc., organization described in section		, i				
	X No					
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for						
•	X No					
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations						
· · · · · · · · · · · · · · · · · · ·	N/A	5b				
Organizations relying on a current notice regarding disaster assistance check here						
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained	l					
expenditure responsibility for the grant? N/A Yes	No					
If "Yes," attach the statement required by Regulations section 53.4945-5(d).		138				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on	ਦ ਾ… ˈˈ					
Yes [
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<u> </u>	6b X				
If "Yes" to 6b, file Form 8870.	⋥ 🤼					
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		2907 13				
	N/A	7b				
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors						
1 List all officers, directors, trustees, foundation managers and their compensation.						
(a) Name and address (b) Title, and average hours per week devoted to position enter -0-) (d)	Contributions to ployee benefit plans and deferred compensation	(e) Expense account, other allowances				
DONNIE C STERN OFFICER/DIRECTOR						
621 E EASTWYN DR.						
MEQUON, WI 53092 0.00 0.	0.	0.				
LARRY STERN OFFICER/DIRECTOR						
621 E EASTWYN DR.						
MEQUON, WI 53092 0.00 0.	0.	0.				
REV. DAVID NORMAN DIRECTOR						
621 E EASTWYN DR.	_					
MEQUON, WI 53092 0.00 0.	0.	0.				
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."						
(a) Name and address of each employee paid more than \$50,000 hours per week (c) Compensation	Contributions to loyee benefit plans and deferred	(e) Expense account, other				
devoted to position	and deferred compensation	allowances				
NONE		_				
	<u>.</u>					

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Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	lation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, ent	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services Part IX A Summary of Direct Charitable Activities		▶ 0
W	 	····
List the foundation's four largest direct charitable activities during the tax year. Include relevant state number of organizations and other beneficiaries served, conferences convened, research papers pro	istical information such as the oduced, etc.	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year of	n lines 1 and 2	Amount
1 N/A	inites i and z.	Amount
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	>	0.

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P	Minimum Investment Return (All domestic foundations must complete this part. Foreign for	undations, se	ee instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	223	
а	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	3,642.
	Fair market value of all other assets	1c	<u></u> <u>-</u>
d	Total (add lines 1a, b, and c)	1d	3,642.
е	Reduction claimed for blockage or other factors reported on lines 1a and	\$ 700	
	1c (attach detailed explanation) 1e 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	3,642.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	55.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,587.
6	Minimum investment return. Enter 5% of line 5	6	179.
,P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations check here and do not complete this part.)	nd certain	· · · · · · · · · · · · · · · · · · ·
1 -	Minimum investment return from Part X, line 6	Ti	179.
2a	Tax on investment income for 2012 from Part VI, line 5	1000	
b	Income tax for 2012. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	179.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	179.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	179.
P	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	0.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	3 3:	
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	0.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies for th	ne section

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI, line 7				0.
2 Undistributed income, if any, as of the end of 2012				
a Enter amount for 2011 only			0.	
b Total for prior years:				
3 Excess distributions carryover, if any, to 2012:		0.		
a From 2007				
b From 2008				
c From 2009				
d From 2010				
e From 2011				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2012 from	2745.2903.200 3.23 763			
Part XII, line 4: ►\$ N/A				
a Applied to 2011, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.		Ž.	
d Applied to 2012 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2011. Subtract line				
4a from line 2a. Taxable amount - see instr.	/% *		0.	
f Undistributed income for 2012. Subtract	*			
lines 4d and 5 from line 1. This amount must				•
be distributed in 2013				0.
7 Amounts treated as distributions out of				i i
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			} !
8 Excess distributions carryover from 2007				
not applied on line 5 or line 7	0.			1
9 Excess distributions carryover to 2013.				
Subtract lines 7 and 8 from line 6a	0.			;
O Analysis of line 9:				
a Excess from 2008				ę L
b Excess from 2009				1 •
c Excess from 2010				4 1
d Excess from 2011				1
e Excess from 2012	<u> </u>			5 000 PF (0040)

Part XIV Private Operating F	oundations (see in	structions and Part VII	A, question 9)	N/A		
1 a If the foundation has received a ruling o	r determination letter tha	t it is a private operating				
foundation, and the ruling is effective for 2012, enter the date of the ruling						
b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)						
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	10 12(1)(0) 01	(1)/(-)	
income from Part I or the minimum	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total	
investment return from Part X for	(-,	(-,	(-,	. (-,	(-)	
each year listed						
b 85% of line 2a		ļ				
c Qualifying distributions from Part XII,						
line 4 for each year listed						
d Amounts included in line 2c not						
used directly for active conduct of						
exempt activities						
e Qualifying distributions made directly						
for active conduct of exempt activities.				1		
Subtract line 2d from line 2c				- 1		
3 Complete 3a, b, or c for the		.	 -			
alternative test relied upon:						
a "Assets" alternative test - enter: (1) Value of all assets						
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)						
b "Endowment" alternative test - enter		-	<u> </u>	-		
2/3 of minimum investment return						
shown in Part X, line 6 for each year						
listed						
c "Support" alternative test - enter:						
(1) Total support other than gross						
investment income (interest, dividends, rents, payments on						
securities loans (section		İ		1		
512(a)(5)), or royalties)						
(2) Support from general public				ļ		
and 5 or more exempt						
organizations as provided in section 4942(j)(3)(B)(iii)						
(3) Largest amount of support from						
an exempt organization						
(4) Gross investment income						
Part XV Supplementary Info	rmation (Comple	ete this part only	if the foundation	had \$5,000 or mo	re in assets	
at any time during t						
1 Information Regarding Foundation						
a List any managers of the foundation wh	-	than 2% of the total contr	ibutions received by the	foundation before the clos	e of any tax	
year (but only if they have contributed in						
NONE						
b List any managers of the foundation wh	o own 10% or more of th	ne stock of a corporation (or an equally large portio	n of the ownership of a na	rtnership or	
other entity) of which the foundation has			or arroquary large portio	or and difficiently or a pa	raioramp or	
NONE	•					
2 Information Regarding Contributi	on Cront Cift Loon	Scholarchin etc. Dr.				
				at against uppeliested requi	note for funds. If	
Check here \(\sum_{\textstyle \textstyle \t						
<u></u>	<u>`</u>			implete items Ea, B, c, and		
a The name, address, and telephone num	per or e-mail of the perso	on to whom applications s	nould be addressed:			
b The form in which applications should b	e submitted and informa	tion and materials they sh	ould include:			
c Any submission deadlines:						
V FRIJ COSTINUOSI AUGUMICO.						
d Any restrictions or limitations on awards	s, such as by geographic	al areas, charitable fields,	kınds of institutions, or o	ther factors:		

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Enter gross amounts unless otherwise indicated.		Unrelated business income			uded by section 512, 513, or 514	(e)
		(a) Business	(b) Amount	Exclu- sion	(d) Amount	Related or exempt function income
-	m service revenue:	code		code		TENOUS INCOME
å		-		-	ļ	
b		-		┼		
°. —		_		₩		
d		_		╄		
e		_	7-1	╄		
¹ <u>-</u> -	- 	_		 		
-	s and contracts from government agencies			 		
	rship dues and assessments			 		
	t on savings and temporary cash]			
investr				_	·	
	ds and interest from securities			<u> </u>	N. 7000000	**************************************
	tal income or (loss) from real estate:			· . %		10 15 17 14 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15
	t-financed property					
b Not	debt-financed property			<u> </u>	<u> </u>	
6 Net ren	tal income or (loss) from personal					i
proper	у .					
7 Other II	nvestment income		<u> </u>			
8 Gain or	(loss) from sales of assets other					
than in	ventory					
9 Net inc	ome or (loss) from special events					
10 Gross p	profit or (loss) from sales of inventory					
11 Other r	evenue:					_
a						
ь						
c						
d						
е						
12 Subtota	al. Add columns (b), (d), and (e)	×,. 4	0.		0.	0
13 Total.	Add line 12, columns (b), (d), and (e)		· · · · ·		13	0
	sheet in line 13 instructions to verify calculations.))			_	
Part X			omplishment of Ex	xemp	ot Purposes	
Line No.	Explain below how each activity for which in		<u> </u>			mplishment of
▼	the foundation's exempt purposes (other tha					TIPHOTH TOTAL OF
1	NOT APPLICABLE					
						·
					<u>-</u>	
				_		

Part*XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of							No	
the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?									1 63/1
a Transfers from the reporting foundation to a noncharitable exempt organization of:									
(1) Ca	ish						1a(1)		X
(2) Ot	her assets						1a(2)		X
b Other to	ransactions:							C. K	1. A
(1) Sa	lles of assets to a noncharita	ble exempt organiza	tion				1b(1)	A	X
(2) Pu	irchases of assets from a no	ncharitable exempt o	organization				1b(2)		Х
(3) Rental of facilities, equipment, or other assets									Х
(4) Reimbursement arrangements									Х
(5) Lo	ans or loan guarantees						1b(5)		X
(6) Pe	rformance of services or me	mbership or fundrais	sıng solıcıtatıo	ns			1b(6)		X
c Sharing	g of facilities, equipment, ma	ılıng lists, other asse	ts, or paid em	ployees			1c		Х
d If the a	nswer to any of the above is	"Yes," complete the f	following sche	dule. Column (b) should a	lways show the fair i	narket value of the goods, o	ther ass	ets,	
or serv	ices given by the reporting fo	oundation. If the four	ndation receive	ed less than faır market val	ue in any transaction	n or sharing arrangement, sl	now in		
columr	(d) the value of the goods,								
(a)Line no	(b) Amount involved	(c) Name of		e exempt organization	(d) Description	of transfers, transactions, and s	haring arr	angeme	nts
			N/A						
	·								
									
						 			
			_						
	·								
					- -				
-									
				· <u>.</u>					
						<u> </u>			
2a Is the fo	oundation directly or indirect	Ltlv affiliated with or r	elated to one	or more tay-eyempt organ	L Izations described				
	on 501(c) of the Code (other				izations acscribed	Г	Yes	X	No
	complete the following sche		(0)) 01 111 0001	1011 021		_	103		טוו נ
	(a) Name of org			(b) Type of organization		(c) Description of relationsh	ID.		
	N/A			<u>- : </u>		<u> </u>		_	
	- .					· · · · ·			
				<u> </u>					
1 200	der penalties of perjury, I declare to belief, it is true, correct and con					has any knowledge May	the IRS d	iscuss ti	his
Sign	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	inplace becommend of pre	cpa or tource and	t aspayor, is observed an all little		show	n with the		
Here	Jaun Hern			4/1/2013	OFFICE	ER X	Yes		No
s	ighature of officer or trustee			Daté /	Title				
	Print/Type preparer's na	ıme	Preparer's si	gnature	Date	Check if PTIN			
Doid	D.T.G.11.D.D. 11					self- employed			
Paid Prepare			KICHAR	D H. SPLETT	04/01/13		6516		
Use Onl	1	בחד הה5				Firm's EIN ► 39 – 07	5844	49	
Joe On		ΠΠΠ ΤΝΙΝΙΟΝ	λπτΩNI	DRIVE, SUITE	250				
		LWAUKEE,			4 430	Phone no. 414-4	21 (2204	Λ
		LHAUKEE,	HT 334	40 - 40J/			m 990 -		
						FUI	3 3 0-	-rr (2	20 (2)

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

2012

Employer identification number

45-3616639 HEAL UGANDA, INC. Organization type (check one) Filers of: Section: Form 990 or 990-EZ)(501(c)) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, chantable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Person Payroll Noncash

(Complete Part II if there is a noncash contribution)

Schedule B (Form 990, 990-EZ, or 990-PF) (2012) Name of organization Employer identification number HEAL UGANDA, INC. 45-3616639 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 LARRY AND DONNIE STERN Person Payroll 621 E EASTWYN BAY DR. 33,000. Noncash (Complete Part II if there MEQUON, WI 53092 is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person Payrol! Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution

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
		\$	
(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
		\$	

Schedule	R	/Form 990	990.F7	or 990-PF)	(2012)
Concadic	_	(1 01111 000		01 3301 1 1	120121

Page 4

	• ····		Employer Identification number						
	UGANDA, INC.		45-3616639						
Part III	Exclusively religious, charitable, etc., indi year. Complete columns (a) through (e) and i	vidual contributions to section 501(c)(he following line entry. For organization	(7), (8), or (10) organizations that total more than \$1,000 for the is completing Part III, enter the year. (Enter this information once)						
	the total of exclusively religious, charitable, elumber to the exclusively religious to the exclusive to the ex	c., contributions of \$1,000 or less for t	the year. (Enter this information once)						
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
-		(e) Transfer of gift							
		(e) manerer er gm							
1	Transferee's name, address, a	nd 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	(5), diposo oi giit	(0) 000 01 9.71	(d) Description of now gift is field						
									
	(e) Transfer of gift								
	Transferee's name, address, a	nd 7ID ± 4	Relationship of transferor to transferee						
-	Transfer ee 3 name, address, a	III T T T	netationship of transferor to transferee						
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
F		(e) Transfer of gift							
	(o) maillest of gift								
-	Transferee's name, address, a	nd 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						
Part I		(-,)	(-,						
									
-									
	(e) Transfer of gift								
	Transferee's name, address, a	nd 7IP ± 4	Relationship of transferor to transferee						
r	manistere e a name, audi ess, a	14 T T	Heradonamp of danaterol to danateree						
		<u>_</u>							

(B) S NET INVES KS MENT INCO	·	(D) CHARITABLE
	OME NET INCOME	PURPOSES
58.	58.	0.
58.	58.	0.
		

EXPLANATION

REPORTING NOT REQUIRED FOR PRIVATE FOUNDATIONS