

Click on the question-mark icons to display help windows.  
The information provided will enable you to file a more complete return and reduce the chances the IRS will need to contact you.

Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2020****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

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

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

► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

<b>A For the 2020 calendar year, or tax year beginning</b>	January	, 2020, and ending	December	, 2020
<b>B Check if applicable</b>	<b>C Name of organization</b> <input type="text"/> <b>U4Uganda</b>			<b>D Employer identification number</b> <input type="text"/> <b>27-483503</b>
<input type="checkbox"/> Address change	Number and street (or P O box if mail is not delivered to street address) <input type="text"/> <b>23W381 Green Trails Dr</b>			Room/suite <input type="text"/> <b>03</b>
<input type="checkbox"/> Name change				E Telephone number <input type="text"/> <b>630-235-3643</b>
<input type="checkbox"/> Initial return				
<input type="checkbox"/> Final return/terminated				
<input type="checkbox"/> Amended return				
<input type="checkbox"/> Application pending				

**G Accounting Method:**  Cash  Accrual Other (specify) ► \_\_\_\_\_

**I Website:** ► [www.U4Uganda.org](http://www.U4Uganda.org)

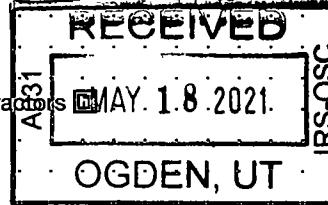
**J Tax-exempt status (check only one) —**  501(c)(3)  501(c) ( ) (insert no)  4947(a)(1) or  527

**K Form of organization:**  Corporation  Trust  Association  Other **Public Charity 170(b)(1)(A)(vi)**

**L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ**

► \$ **60,979.27****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 

<b>Revenue</b>	1 Contributions, gifts, grants, and similar amounts received . . . . .	1 <b>\$60,979.27</b>
	2 Program service revenue including government fees and contracts . . . . .	2 0
	3 Membership dues and assessments . . . . .	3 0
	4 Investment income . . . . .	4 0
	5a Gross amount from sale of assets other than inventory . . . . .	5a 0
	b Less: cost or other basis and sales expenses . . . . .	5b 0
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . .	5c 0
	6 Gaming and fundraising events: . . . . .	
	a Gross income from gaming (attach Schedule G, if greater than \$15,000) . . . . .	6a 0
	b Gross income from fundraising events (not including \$ . . . . . of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b 0
	c Less: direct expenses from gaming and fundraising events . . . . .	6c 0
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d 0
	7a Gross sales of inventory, less returns and allowances . . . . .	7a 0
	b Less: cost of goods sold . . . . .	7b 0
	c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . .	7c 0
	8 Other revenue (describe in Schedule O) . . . . .	8 0
	<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ► <b>\$60979.27</b>	9
<b>Expenses</b>	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10 <b>\$63685.00</b>
	11 Benefits paid to or for members . . . . .	11 0
	12 Salaries, other compensation, and employee benefits <input type="checkbox"/> . . . . .	12 0
	13 Professional fees and other payments to independent contractors . . . . .	13 0
	14 Occupancy, rent, utilities, and maintenance . . . . .	14 0
	15 Printing, publications, postage, and shipping . . . . .	15 <b>\$463.00</b>
	16 Other expenses (describe in Schedule O) <input type="checkbox"/> . . . . .	16 0
	<b>17 Total expenses.</b> Add lines 10 through 16 ► <b>\$64,148.00</b>	17
<b>Net Assets</b>	18 Excess or (deficit) for the year (subtract line 17 from line 9) . . . . .	18 <b>(\$3168.73)</b>
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19 <b>\$5801.27</b>
	20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20 0
	<b>21 Net assets or fund balances at end of year. Combine lines 18 through 20</b> ► <b>\$2632.54</b>	21



## Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II . . . . .

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments . . . . .	5801.27	2632.54
23 Land and buildings . . . . .	0.23	0
24 Other assets (describe in Schedule O) . . . . .	none	none
<b>25 Total assets . . . . .</b>	<b>5801.27</b>	<b>2632.54</b>
<b>26 Total liabilities (describe in Schedule O) . . . . .</b>	<b>none</b>	<b>none</b>
<b>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</b> . . . . .	<b>5801.27</b>	<b>2632.54</b>

**Part III Statement of Program Service Accomplishments (see the instructions for Part III)**

Check if the organization used Schedule O to respond to any question in this Part

### What is the organization's primary exempt purpose? **Improve education/desks/solar technology in Alenga, Uganda**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

## Expenses

(Required for section  
501(c)(3) and 501(c)(4)  
organizations, optional for  
others.)

**28 Historical Floods in addition to pandemic. Majority of people are farmers. Farms destroyed. Provided emergency food relief \$50,085 for 1253 families.**

Grants \$  If this amount includes foreign grants, check here . . . ►

29 \$13,600 was sent to improve educational environment and resources:Desks - Solar technology - School fees

(Grants \$ ) If this amount includes foreign grants, check here  ►

30

(Grants \$ ) If this amount includes foreign grants, check here  ►  □

**31 Other program services (describe in Schedule O)**

(Grants \$ ) If this amount includes foreign grants, check here . . . .

**32 Total program service expenses (add lines 28a through 31a) . . . . . ►**

**Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)**

Check if the organization used Schedule O to respond to any question in this Part IV

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33		✓
34		✓
35a		✓
35b		
35c		✓
36		✓
37a	37a	-0-
b		
37b		✓
38a		
b	38b	N/A
39		
a	39a	N/A
b	39b	N/A
40a		
b		
c		
d		
e		
41	List the states with which a copy of this return is filed ► Illinois	
42a	The organization's books are in care of ► Dolores Bopp Potterton Telephone no. ► 630-235-3643	
	Located at ► 23W381 Green Trails Dr, Naperville, IL ZIP + 4 ► 60540	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ►	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ►	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here □ and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 -0-	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	
c	Did the organization receive any payments for indoor tanning services during the year?	
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	



**SCHEDULE A**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**Open to Public  
InspectionName of the organization  
U4UgandaEmployer identification number  
27-4835030**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**. 07

2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)

3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:

5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)

6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.

12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . \_\_\_\_\_

g Provide the following information about the supported organization(s).

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	4791.56	10116.62	23,587.71	58,566.05	\$60,979.27	158041.21
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	-0-	-0-	-0-	-0-	-0-	-0-
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	-0-	-0-	-0-	-0-	-0-	-0-
<b>4 Total.</b> Add lines 1 through 3 . . . . .	<b>4791.56</b>	<b>10116.62</b>	<b>23,587.71</b>	<b>58,566.05</b>	<b>\$60,979.27</b>	<b>158041.21</b>
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) . . . . .						29,100
<b>6 Public support.</b> Subtract line 5 from line 4						<b>128941.21</b>

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4 . . . . .						158041.21
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	-0-	-0-	-0-	-0-	-0-	-0-
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	-0-	-0-	-0-	-0-	-0-	-0-
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	-0-	-0-	-0-	-0-	-0-	-0-
<b>11 Total support.</b> Add lines 7 through 10						<b>158041.21</b>
12 Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	0
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	82 %
15 Public support percentage from 2019 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test—2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ► <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ► <input type="checkbox"/>		

**Form 990 EZ - Part 1, Question 10 \$63685.00 donated to Alenga Cathoic Parish, Lira, Uganda. The sole purpose of U4Uganda is to**

provide the impoverished, primitive village of Alenga, Uganda with improved school conditions, i.e. desks, solar technology, classrooms so more children will attend and stay in school. This year we provided emergency food relief necessitated by the pandemic and historical floods that wiped out the majority of farms, the main occupation of the people and the sole food source.