Short Form 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. 1545-1150

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A F	or the	2013 calenda	ar year, or tax year beginning 01/01 , 2013, and ending		12/31	, 20 13
B c	heck if ap	plicable:	C Name of organization	D Empl	oyer ide	entification number
	Address cl	hange	FRIENDS OF NORTHERN UGANDA INC		20	0-8606393
	Name cha	-	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	E Telep	hone nu	umber
=	nitial retur Terminated		114 Aspen Court		85	6-357-0914
=	Amended		City or town, state or province, country, and ZIP or foreign postal code	F Grou	p Exer	mption
=		n pending	Medford, NJ, 08055	Num	ber 🕨	•
G A	Account	ing Method:	✓ Cash Accrual Other (specify)	heck •	▶ ✓ if	f the organization is not
I W	Vebsite	:► www				ach Schedule B
J Ta	ax-exem	npt status (che	ck only one) - 🗹 501(c)(3) □ 501(c) () ◀ (insert no.) □ 4947(a)(1) or □527 (F	orm 99	90, 990)-EZ, or 990-PF).
KF	orm of	organization:	✓ Corporation ☐ Trust ☐ Association ☐ Other			
			7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total a			
(Par	t II, colu		v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	0
Pa	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the ir	nstruc	tions	for Part I)
		Check if	the organization used Schedule O to respond to any question in this Part I .			<u> </u>
	1	Contribution	ons, gifts, grants, and similar amounts received		1	0
	2	_	ervice revenue including government fees and contracts		2	0
	3	Membersh	ip dues and assessments		3	0
	4	Investment			4	0
	5a	Gross amo	unt from sale of assets other than inventory 5a	0		
	b		or other basis and sales expenses	0		
	6	•	ss) from sale of assets other than inventory (Subtract line 5b from line 5a) d fundraising events		5c	0
e	а		ome from gaming (attach Schedule G if greater than	0		
Revenue	b	Gross inco	me from fundraising events (not including \$ 0 of contributions			
Se.		from fundr	aising events reported on line 1) (attach Schedule G if the			
_		sum of suc	h gross income and contributions exceeds \$15,000) 6b	0		
	С	Less: direc	t expenses from gaming and fundraising events 6c	0		
	d	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and 6b and subt	ract		
		line 6c) .		[6d	0
	7a	Gross sale	s of inventory, less returns and allowances	0		
	b		of goods sold	0		
	С		it or (loss) from sales of inventory (Subtract line 7b from line 7a)		7с	0
	8		nue (describe in Schedule O)		8	0
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. ▶	9	0
	10		I similar amounts paid (list in Schedule O)		10	0
	11		aid to or for members		11	0
ses	12		ther compensation, and employee benefits		12	0
ens	13		al fees and other payments to independent contractors		13	0
Expenses	14		/, rent, utilities, and maintenance		14	300
ш	15		ublications, postage, and shipping		15	370
	16		enses (describe in Schedule O)		16	0
	17		enses. Add lines 10 through 16		17	670
)ts	18 19		(deficit) for the year (Subtract line 17 from line 9)		18	-670
SSE	וש		r figure reported on prior year's return)		10	407
Net Assets	20	=			19	187
Ne	20		ges in net assets or fund balances (explain in Schedule O)		20	0
	21	ivei assets	or fund balances at end of year. Combine lines 18 through 20	. 🚩	21	-483

Form 990-EZ (2013)

Page 2

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

	Dalance Silects (See the instructions					
	Check if the organization used Schedule	O to respond to ar				
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			187		0
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)				24	0
25	Total assets			187		0
26	Total liabilities (describe in Schedule O)				26	483
27	Net assets or fund balances (line 27 of column			187	27	-483
Par	Statement of Program Service Accom	-		•		Expenses
	Check if the organization used Schedule	•	• •	Part III		quired for section
Wha	t is the organization's primary exempt purpose?	See Schedule O, Sta	itement 2			(c)(3) and 501(c)(4) anizations and section
	ribe the organization's program service accompli					7(a)(1) trusts; optional
	neasured by expenses. In a clear and concise m		e services provided	, the number of	for o	others.)
	ons benefited, and other relevant information for ea	ach program title.				1
28	School fees for children in the Village of Adwila.					
	(Crente \$ a) If this amount	includes foreign are	unto chook horo		200	
20		includes foreign gra			28a	0
29	Emergency Food Provided to Families in Need in Ac	iwiia, uganda				
	(Grants \$ 0) If this amount	includes foreign gra	ints chack hara		298	0
30	0.1 1 16 6 1111 1 0.1 11 1				230	1 U
30	School utiliothis for children in Adwira Oganda.					
	(Grants \$ 0) If this amount	includes foreign gra	ints, check here	• 🗆	30a	0
31	Other program services (describe in Schedule O)					-
	Other program services (describe in Schedule O)					
				▶ □	31a	0
	(Grants \$ 0) If this amount	includes foreign gra	ints, check here .	▶ □	31a	
32	(Grants \$ 0) If this amount Total program service expenses (add lines 28a	includes foreign grathrough 31a)	ints, check here .	🕨	32	0
	(Grants \$ 0) If this amount Total program service expenses (add lines 28a IV List of Officers, Directors, Trustees, and Ke	includes foreign gra through 31a) y Employees (list each	nts, check here .	▶ pensated—see the in	32	0
32	(Grants \$ 0) If this amount Total program service expenses (add lines 28a	includes foreign grathrough 31a)	ants, check here . n one even if not company question in this less than the contract of the c	pensated—see the in Part IV (d) Health benefits,	32 nstru	ctions for Part IV)
32	(Grants \$ 0) If this amount Total program service expenses (add lines 28a IV List of Officers, Directors, Trustees, and Ke	includes foreign grathrough 31a)	nts, check here none even if not company question in this compensation	pensated—see the in Part IV (d) Health benefits, contributions to employ	32 nstru 	ctions for Part IV)
32	(Grants \$ 0) If this amount Total program service expenses (add lines 28a List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	includes foreign gra through 31a)	ants, check here . n one even if not company question in this less than the contract of the c	pensated—see the in Part IV (d) Health benefits, contributions to employ	32 nstru 	ctions for Part IV)
32 Par	(Grants \$ 0) If this amount Total program service expenses (add lines 28a List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	includes foreign grathrough 31a)	nts, check here none even if not company question in this less to compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstru 	ctions for Part IV)
32 Par	(Grants \$ 0) If this amount Total program service expenses (add lines 28a List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	includes foreign grathrough 31a)	nts, check here	pensated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstru 	ctions for Part IV)
32 Par	(Grants \$ 0) If this amount Total program service expenses (add lines 28a IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	includes foreign grathrough 31a)	nts, check here	pensated—see the incommendate i	32 nstru 	ctions for Part IV)
32 Par Vinc Exec Thor	(Grants \$ 0) If this amount Total program service expenses (add lines 28a List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title ent Ajuk utive Director	includes foreign gra through 31a)	nts, check here	pensated—see the incommendate i	32 nstru ee (e)	ctions for Part IV)
Vinc Exec Thor	(Grants \$ 0) If this amount Total program service expenses (add lines 28a List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title ent Ajuk cutive Director nas W Hawkins III	includes foreign gra through 31a)	nts, check here	pensated—see the incommendate i	32 nstru ee (e)	ctions for Part IV)
Vinc Exec Thor Pres	(Grants \$ 0) If this amount Total program service expenses (add lines 28a List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title ent Ajuk sutive Director mas W Hawkins III ident	includes foreign grathrough 31a)	nts, check here	pensated—see the incommendate i	32 nstru ee (e)	ctions for Part IV)
Vinc Exec Thor Pres	(Grants \$ 0) If this amount Total program service expenses (add lines 28a IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title ent Ajuk sutive Director mas W Hawkins III ident frey Ojok	includes foreign grathrough 31a)	nts, check here	pensated—see the incommendate i	32 nstru ee (e)	ctions for Part IV)
Vinc Exec Thor Pres	(Grants \$ 0) If this amount Total program service expenses (add lines 28a IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title ent Ajuk sutive Director mas W Hawkins III ident frey Ojok	includes foreign grathrough 31a)	nts, check here	pensated—see the incommendate i	32 nstru ee (e)	ctions for Part IV)
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Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V Yes No 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the 34 Did the organization have unrelated business gross income of \$1,000 or more during the year from business 35a 35a If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ | 37a | 37a 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a 1 If "Yes," complete Schedule L, Part II and enter the total amount involved 483 39 Section 501(c)(7) organizations. Enter: 39a Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ► o ; section 4955 ► b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b / Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c 0 All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter List the states with which a copy of this return is filed ► NJ 41 **42a** The organization's books are in care of ► Thomas Hawkins Telephone no. ▶ 609-668-3584 Located at ► 28 Evergreen Trail, Medford, NJ 08055 ZIP + 4 ▶ 08055 **b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here 43 and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 44a Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 44b Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a 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 45b

Page 3

Form 99	90-EZ (2	013)								Р	age 4
46	Did th	ne organization engage, directly or in	ndirectly, in political c	ampaign activities	on b	ehalf of or	in opposit	tion		Yes	No
Part	VI	ndidates for public office? If "Yes," of Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51.	only						46 les f	or line	∠ es
		Check if the organization used Sch	nedule O to respond	I to any question i	n this	s Part VI					
		<u> </u>	•	• .						Yes	No
47		he organization engage in lobbying ⁹ If "Yes," complete Schedule C, Par		section 501(h) elec			luring the	tax	47		_
48	Is the	organization a school as described in	n section 170(b)(1)(A)(i	i)? If "Yes," comple	te Sc	hedule E		.	48		1
49a		ne organization make any transfers to							49a		~
b	If "Ye	es," was the related organization a se	ection 527 organization	on?					49b		
50		plete this table for the organization's		sated employees ((othe	than offic	ers, direct	ors, t			d ke
	empl	oyees) who each received more than	\$100,000 of comper	nsation from the or	ganiz	ation. If th	ere is non	e, ent	er "N	lone."	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	lh	(d) Health I contributions t enefit plans, a compens	o employee and deferred			d amou pensat	
None											
	T-4-1		\$1.00.000								
		number of other employees paid over									
51		plete this table for the organization' ,000 of compensation from the orga			ent c	ontractors	wno eacr	ı rece	eivea	more	tnar
	(a)	Name and business address of each independ	lent contractor	(b) Type of	service		(c)	Comp	ensati	on	
None											
				_							
				_							
				-							
				-							
d	Total	number of other independent contra	actors each receiving	Over \$100 000	—						
52		ne organization complete Schedule A	_		nne a	nd 4947(a)	(1)				
32		xempt charitable trusts must attach					(')	> 	Yes		No
Under n		of perjury, I declare that I have examined this r	•		ement	s, and to the	best of mv kr				
		d complete. Declaration of preparer (other than						•	J	,	
		\									
Sign		Signature of officer				Date					
Here		Tom Hawkins, President Type or print name and title									
		Print/Type preparer's name	Preparer's signature		Date		I	, F	PTIN		
Paid			. 3				Check L self-emplo	if			
Prep		Firm's name ▶	1			Firm	Firm's EIN ▶				
Use	Uniy	Firm's address ►				Phor					
Mav th	ne IRS	discuss this return with the preparer	shown above? See	instructions				▶ □	Yes		No.

SCHEDULE A (Form 990 or 990-EZ)

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.

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	of the organization							Employer i	dentificatio	n number		
	NDS OF NORTHER									06393		
Par			rity Status (All orga					,	instruction	ons.		
1 2	☐ A church, con☐ A school desc☐ A hospital or a☐ A medical res	vention of churc cribed in section a cooperative ho earch organization	ation because it is: (For hes, or association of 170(b)(1)(A)(ii). (Attacs spital service organization operated in conjunc	churches ch Sched ation desc	s describe ule E.) cribed in s	ed in sec section	tion 170	(b)(1)(A)(i (A)(iii).		(iii). Ent	er the	
_	•	ne, city, and stat								Lal		
5	section 170(b	o)(1)(A)(iv). (Com	•		-				overnmen	tai unit (aescrii	oea in
6 7	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.)									public		
8	☐ A community	trust described i	n section 170(b)(1)(A)(vi). (Cor	nplete Pa	art II.)						
9	receipts from support from	activities related gross investment	receives: (1) more that d to its exempt funct ent income and unre lifter June 30, 1975. Se	ions-sul lated bus	bject to d siness ta	certain e xable ind	xceptions come (les	s, and (2) ss sectio) no more	e than 3	31/3%	of its
10 11	An organization	on organized ar one or more pub	d operated exclusively and operated exclusive blicly supported organ describes the type of	ely for th	ne benefit described	t of, to point of the section of the	perform ion 509(a	the funct a)(1) or se	tions of, ection 50	9(a)(2).		
e f	other than for or section 509 If the organiz	his box, I certify undation manage (a)(2).	that the organization ers and other than one written determination	is not co e or more	ntrolled deputies publicly	lirectly or support	r indirectl ed organ a Type	ly by one izations o	described II, or Typ	disquali I in sect	fied pe ion 50	ersons 9(a)(1)
g	,	17, 2006, has t	he organization acce									· ⊔
	(i) A person	who directly or i	ndirectly controls, eithody of the supported								Yes	No
	(ii) A family m	nember of a pers	on described in (i) abo a person described in	ove? n (i) or (ii) a	 above? .					11g(i	ii)	
h		, <u> </u>	ion about the support		. ,			1				
(i) ¹	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col. (i) lis	organization sted in your document?	the organ	ou notify nization in of your port?	organiza (i) organ	Is the tion in col. ized in the .S.?	(vii) Amou	unt of me support	onetary
				Yes	No	Yes	No	Yes	No			
(A)												
(B)												
(C)												
(D)												
(E)												
T-4-1												

Part II

	(Complete only if you checked the Part III. If the organization fails to				-	•	alify under
Secti	on A. Public Support	quality array	51 1110 10010 110	tod Bolow, p	ioacc comple	no r art iii.j	
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(1)					()
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support				4 10 20 40		
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
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 IV.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the	e organization	n's first, secon	d, third, fourth			
	organization, check this box and stop her	e					▶ □
	on C. Computation of Public Suppor						
14 15 16a	Public support percentage for 2013 (line 6 Public support percentage from 2012 Sch 331/3% support test—2013. If the organiz	edule A, Part	II, line 14 .			14 15 /3% or more, cl	% % heck this
	box and stop here. The organization qual			-			
b	331/3% support test—2012. If the organicheck this box and stop here. The organic					15 is 33 ¹ / ₃ %	or more, . ► □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization meet Part IV how the organization meets the "fa organization	ets the "facts-	and-circumsta	nces" test, che	eck this box an	id stop here. E	xplain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization Explain in Part IV how the organization me supported organization	ion meets the eets the "fact	e "facts-and-ci	rcumstances" tances" test. T	test, check th	is box and st	op here.
18	Private foundation. If the organization did	d not check a	box on line 13,	16a, 16b, 17a	a, or 17b, chec	k this box and	see

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

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

(Complete only if you checked the box on line 9 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.)

Secti	on A. Public Šupport			· · ·	'	,	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")	2,150	1,250	550	1,673	0	5,623
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	0	0	0	0	0	0
3	Gross receipts from activities that are not an unrelated trade or business under section 513		0		•		•
4		0	0	0	0	0	0
4	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities		J		-	Ü	
	furnished by a governmental unit to the						
	organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	2,150	1,250	550	1,673	0	5,623
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	0	0	0	0	0	0
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	0	0	0	0	0	0
с 8	Add lines 7a and 7b	0	0	0	0	0	0
0	line 6.)						5,623
Secti	on B. Total Support						5,023
	dar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	2,150	1,250	550	1,673	0	5,623
10a	Gross income from interest, dividends,	27.00	.,200		1,070		3,020
	payments received on securities loans, rents,						
	royalties and income from similar sources .	0	0	0	0		0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	0	0	0	0		0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business activities not included in line 10b, whether						
	or not the business is regularly carried on	0	0	0	0		0
12	Other income. Do not include gain or	0	U	U	0		0
	loss from the sale of capital assets						
	(Explain in Part IV.)	0	0	0	0		0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	2,150	1,250	550	1,673	0	5,623
14	First five years. If the Form 990 is for the	_			_		
	organization, check this box and stop her						> 🗸
	on C. Computation of Public Suppor			0 1 (0)		1	
15	Public support percentage for 2013 (line 8						<u>%</u>
16 Socti	Public support percentage from 2012 Schoon D. Computation of Investment Inc					16	%
17	Investment income percentage for 2013 (l			v line 13 colum	nn (f))	17	%
18	Investment income percentage from 2012		.,				
19a	33 ¹ / ₃ % support tests—2013. If the organi						
	17 is not more than 33 ¹ /3%, check this box						
b	331/3% support tests—2012. If the organiz	_	_	-		_	_
	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization di	d not check a b	oox on line 14,	19a, or 19b, c	heck this box	and see instruc	ctions $ ightharpoonup$

chedule A (I	Form 990 or 990-EZ) 2013	Page
Part IV		

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
 ► Attach to Form 990 or Form 990-EZ.
 ► See separate instructions.
 ► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** FRIENDS OF NORTHERN LIGANDA INC.

	Types Pers		a (acation EO	(0)(2)	and sast	ion F01/a\/	1) 0 40	anizations only).		20-0	00003	73		
Par								anizations only). 5a or 25b, or For		1-F7	Part \	/ line	40h	
	Oompiete ii ti						1110 20	54 OF 200, OF 1 OF	111 000	<i>J</i> LZ,	ı art	v , III IC		rected?
1	(a) Name of disqualified	person	(b) Relationship be	etween organiz		person and		(c) Description	of tran	nsaction	ו		Yes	No
(1)													103	110
(2)														
(3)														
(4)														
(5)														
(6)														
2	Enter the amount under section 4958		-		-	-	-	ied persons du	-	-	ar			
3	Enter the amount of									,	Φ			
3	Enter the amount of	or tax, ii ariy, ori	ilile 2, above,	remin	oursed by	r the organ	ızatıoı			•	Φ			
Par	Loans to and	l/or From Inter	ested Person	S.										
	Complete if the		answered "Ye	s" on				e 38a or Form 99	90, Pa	rt IV, I	line 20	6; or i	f the	
(a) A	lame of interested person	(b) Relationship	(c) Purpose of	(4)	oan to or	(e) Origin	201	(f) Balance due	(a) In d	lefault?	(b) An	oround	(i) \A/	ritten
(a) I	iame of interested person	with organization	loan		om the	principal an		(i) Dalarice due	(9) 111 0	leiauit :	by bo	ard or	agree	
				orga	anization?						comm	nittee?		
				То	From				Yes	No	Yes	No	Yes	No
(1)	Sch L, Stmt 1													
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
Total		<u> </u>					<u>.▶</u>	\$ 483						
Part	Grants or Ass Complete if the	sistance Bene ne organization	fiting Interest answered "Ye	ed Pe s" on	Form 99	0, Part IV, I	ine 27	7.						
(a)	Name of interested person		ship between inter and the organization		(c) Amount	of assistance		(d) Type of assistanc	е	(e)	Purpo	se of a	ssistan	се
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														

Schedule L	(Form 990 or 990-EZ) 2013				F	age ∠
Part IV	Business Transactions Involv Complete if the organization an), Part IV, line 28a, 2	8b, or 28c.		
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	zation's
					Yes	No
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
Part V	Supplemental Information		O-l - /	:		
	Provide additional information f	or responses to questions	on Schedule L (see	instructions).		

Schedule L, Part V, Statement 1

FRIENDS OF NORTHERN UGANDA INC 20-8606393

Form: Schedule L

Page: 1

Line Number: Part II

Description of Loans to and/or From Interested Persons

Name of interested person	Relationship with organization	Purpose of Ioan	Loan to Loan fr.	OPA	Due Dflt.	Appr.	Writt.
Vincent Ajuk	Chairman and Executive Director	Cash to cover expenses	Yes	483	483 No	Yes	Yes

Total: 483

Loan to = Loan to organization? Loan fr. = Loan from organization? OPA = Original principal amount

Due = Balance due Dflt. = In default?

Appr. = Approved by board or committee?

Writt. = Written agreement?

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Employer identification number Name of the organization FRIENDS OF NORTHERN UGANDA INC 20-8606393 Form 990-EZ, Part II, Line 26 - Expenses exceeded income during 2012, creating an accounts payable amount of \$483 to Vincent Ajuk. Schedule O, Statement 1

FRIENDS OF NORTHERN UGANDA INC Form: 990-EZ 20-8606393

Page: 1 Line Number:

Reasonable Cause Explanations

Explanation

AFONU has been essentially dormant for the past 3 years. Our founder Vincent Ajuk's children were finally allowed to come to the USA and his focus has been on helping them acclimate to life in the United States. During that time, our Post Office Box was cancelled and we forgot to inform the IRS of our new mailing address, so we did not receive a postcard reminder. Because of the inactivity of the charity, we simply forgot to file. Mr. Ajuk's mother died in April 2015 and during his trip back to Adwila, Uganda, Mr. Ajuk saw the good his mother did caring for 150 orphans, partly through money sent by AFONU in the past. Now that his children are established in the USA and after seeing the continuing poverty in Adwila, Uganda, Mr. Ajuk has vowed to restart his charity's efforts to help the poor and oppressed in Northern Uganda.

Page: 1

Schedule O, Statement 2

FRIENDS OF NORTHERN UGANDA INC 20-8606393

Form: 990-EZ Page: 2

Line Number: Part III

Primary Exempt Purpose

Primary Exempt Purpose

To help the starving and oppressed people in Northern Uganda.

Schedule O, Statement 3

FRIENDS OF NORTHERN UGANDA INC 20-8606393

Page: 2

Form: 990-EZ

Line Number: Part III Line 31

Other Program Service Accomplishments

Description	Grants And Allocations	Includes Foreign Grants	Program Service Expenses
School Books for children in Adwila, Uganda.	0		0
Total:			