Form **990-EZ**

Department of the Treasury

Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2009

Open to Public Inspection

A	For the	e 2009 calend <u>ar year</u>	, or tax year beginning	, 2009, a	and ending			, 20
В		please C Name of organization D Emp					loyer id:	entification number
닖	Address	label or	Busoga Trust America Inc					6-0787621
H	Name ch Initial rete	built of	Number and street (or P.O. box, if mail is not delivered to street	address)	Room/suite	E Telep	ohone nu	
H	Terminat		16 Green Acre Lane					7 699-8985
П	Amended	Specific	City or town, state or country, and ZIP + 4			F 0		
ŏ		ion pending tions.	Westport, CT 06880				up Exer	
	• Sec	tion 501(c)(3) organi	zations and 4947(a)(1) nonexempt charitable trusts mu	-1-44			nber 🕨	
		a coi	mpleted Schedule A (Form 990 or 990-EZ).	st attacn				☐ Cash ☑ Accrual
		· · · · · · · · · · · · · · · · · · ·				(specify		
1 1	Websi	te: ► busogatrust	america org					rganization is not
-			nly one) — ☑ 501(c) () ◀ (insert no.) ☐ 4947(a)(1)		3			hedule B (Form 990,
	Check I					Z, or 99		·
		190-E7 or Form 990 ro	ization is not a section 509(a)(3) supporting organization an	d its gross	receipts are n	ormally	not mo	re than \$25,000. A
$\overline{\Box}$	Add line	e 5b 6b and 7b to lin	turn is not required, but if the organization chooses to file	a return, t	be sure to file	a comp	lete retu	
E	art I	Revenue Evr	e 9 to determine gross receipts; if \$500,000 or more, file Form	990 instea	d of Form 990-	EZ >	* \$	157,72
		Contributions of	penses, and Changes in Net Assets or Fund	Balance	s (See the	ınstru	ctions	
	1	Contributions, gir	ts, grants, and similar amounts received				1 1	157,712
	2	Program service i	revenue including government fees and contracts				2	
	3	Membership dues	s and assessments				3	
	4	Investment incom					4	16
	5a	Gross amount fro	m sale of assets other than inventory	5a				
	b		er basis and sales expenses	5b			21 S 20 A 20	
d)	C	Gain or (loss) fron	n sale of assets other than inventory (Subtract line 5	b from lir	ne 5a)		5c	
ğ	6		tivities (complete applicable parts of Schedule G). If any amount is	from gamir	ng, check here ▶	▶ 🔲 🚶	WENT	
Revenue	а	Gross revenue (no	ot including \$ of contributions	ŝ				
æ		reported on line 1)	6a				
	b	Less: direct exper	nses other than fundraising expenses	6b				
	С		ss) from special events and activities (Subtract line 6		ne 6a)		6c	
	7a	Gross sales of inv	rentory, less returns and allowances	7a		` '	raghill	
	b	Less: cost of good		7b			ja (B) 14	
	С		ss) from sales of inventory (Subtract line 7b from lin				7c	
	8	Other revenue (de		σ. α, .			8	
	9	•	dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			'	9	157,728
	10	Grants and similar	r amounts paid (attach schedule)	· · · · ·	· · · · ·		10	126,575
	11	Benefits paid to o	r for members					120,575
Š	12	Salaries, other co	mpensation, and employee benefits				11	
Sc	13	Professional fees	and other payments to independent contractors .				12	- Address
Expenses	14	Occupancy rent	utilities, and maintenance			}	13	
М	15	Printing publication	ons, postage, and shipping			`	14	
	16		describe OFFICE EXPENSES				15	45.070
	17					—, ∤	16	15,679
	18	Excess or (deficit)	Add lines 10 through 16	· · · · ·	· · · ·	. 🏲	17	142,254
Net Assets	19	Net assets or fun	d balances at beginning of year (from line 27, colu				18	15,474
SS		end-of-vear figure	reported on prior year's return)	лпи (A)) (must agree	with	SPORTE	
ž,	20	Other changes in	not consto or final helevans (attack and all all				19	23,461
ž	21	Not appete or fund	net assets or fund balances (attach explanation) .			• • •	20	
Ð	art II	Ralance Shoo	balances at end of year. Combine lines 18 through	20 .		. 🕨	21	38,935
	at 6 11	Dalatice Stice	ts. If Total assets on line 25, column (B) are \$1,250	,000 or m				
^~		ah andara 11	(See the instructions for Part II.)		(A) Begi		<u></u>	(B) End of year
22	. Ca		vestments			23	3,461 2	
23		ind and buildings.						3
24		her assets (describe			.)		2	
25					·	23	3,461 2	
26		otal liabilities (desc	ribe ► alances (line 27 of column (B) must agree with line	641	_)			6
27	MA	r assers of fulld D	alarices time 27 of column (B) must agree with line.	211	1	22	161 0	7 20 025

	990-EZ (2009) DU SOGA INST CHURN CA IN	IC	40-078762	1		Page 2
	Statement of Program Service Accon		ructions for Part I	II.)	Ĭ	Expenses
vvna	t is the organization's primary exempt purpose?	provide clean water & hygi	ene education in ru	ral Uganda		uired for section
man	cribe what was achieved in carrying out the or	ganization's exempt purpo	oses. In a clear a	nd concise		c)(3) and 501(c)(4)
each	ner, describe the services provided, the number program title.	of persons benefited, and	other relevant info	rmation for		nizations and section (a)(1) trusts; optional
					for o	thers.)
28	Construction of 20 wells in the Masindi region of Uc	janda, Africa. Approximately	10,000 residents be	nefitted		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	from the new water sources as well as receiving tra	ining in water source manag	ement and hygiene	promotion.]
	70	,==u++====u-,-===u				
	(Grants \$) If this amount	t includes foreign grants, ch	neck here	. ▶ 🗸	28a	126,575
29						
	(0)					
	(Grants \$) If this amount	t includes foreign grants, ch	neck here	. ▶ 🗆	29a	
30						
	10					
04	(Grants \$) If this amount	includes foreign grants, ch		. ▶ 🗆	30a	
31	Other program services (attach schedule)					
22	(Grants \$) If this amount	includes foreign grants, ch	eck here	. 🕨 🗌	31a	
Par	Total program service expenses (add lines 28a	through 31a)		>	32	126,575
r ai	List of Officers, Directors, Trustees, and Ke	y Employees. List each one e				tions for Part IV.)
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contribution employee benefit		(e) Expense account and
Thor	dore Huber	devoted to position	enter -0)	deferred compen	sation	other allowances
	reen Acre Lane, Westport CT 06880	President/Director 3				
	ew Pearson		0		0	
	hadwin Road, London, XE	Director .5				
	ony Sharpe		0		0	
	Orangers, 42 Bis Blvd, Jardin Exotique, MN	Director .5				
	ey Kaplan		0		0	***
		Director .5				
	name Ave, East Rockaway, NY 11518 on Miyake		0		0	
~		Treasurer .5				
307	st St, Apt 3 Hoboken, NJ 07030		0		0	
						··-
~					1	
					-	
			ļ			
			f			
				<u> </u>		
			***************************************		-	

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		1
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		1000	
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
ъ 36	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		High.	
ь 38а	Did the organization file Form 1120-POL for this year?	37b 38a	244	1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	Siz six		
39	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on line 9			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶ : 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 is it 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	40b		✓
С	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, 4955, and 4958			
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed. ▶	400		L
42a		646 53	6-312	1
b	Located at ► 780 Third Avenue, 37th floor New York, NY ZIP + 4 ►	100	17	
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)?	40h	Yes	No
	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.	42b		
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		_ ✓
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		, 1	- 🗆
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	Yes	No ✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	i de de la composição d	✓
		000		

Part \	0-EZ (2009) Busaga Trust sunctic			26-07876	021	Page 4
	Section 501(c)(3) organizations a 501(c)(3) organizations and section and complete the tables for lines 5		nexempt charita aritable trusts mu	hla 44	. D	on 49b
46	Did the organization engage in direct or ind	irect political campaign activ	vities on behalf of o	or in opposition to	Y	es No
47	candidates for public office? If "Yes," compl	ete Schedule C, Part I			46	- ✓
47 48	Did the organization engage in lobbying acti-	vities? If "Yes," complete Sci	nedule C, Part II		47	✓
49a	Is the organization a school as described in second the organization make any transfers to a	ection 170(b)(1)(A)(ii)? If "Yes,"	complete Schedul	eE	48	_
b	If "Yes," was the related organization a secti	n exempt non-charitable rela	ted organization?		49a	- ✓,
ວບ	Complete this table for the organization's five	e highest compensated emr	lovees (other than	officers directors	49b	√
	employees) who each received more than \$1	00,000 of compensation from	n the organization.	If there is none, en	ter "Non	ана ке е."
	(a) Name and address of each employee paid more than \$100,000	(b) Titte and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Ex	pense nt and
	Total number of other employees paid over \$					
(\$100,000 of compensation from the organization	ve highest compensated incation. If there is none, enter "	lependent contrac None."	tors who each rece	eived mo	re thar
	\$100,000 of compensation from the organization.	ation. It there is none, enter "	None."		eived mo	
		ation. It there is none, enter "	None."			
		ation. It there is none, enter "	None."			<u>-</u>
		ation. It there is none, enter "	None."			
		ation. It there is none, enter "	None."			
	(a) Name and address of each independent contra	ctor paid more than \$100,000	(b) Ty			<u>-</u>
		ctor paid more than \$100,000	(b) Ty			
	(a) Name and address of each independent contra	ctor paid more than \$100,000 rs each receiving over \$100,0	(b) Ty	pe of service	(c) Compe	nsation
d T	(a) Name and address of each independent contra (b) Name and address of each independent contra (c) Name and address of each independent contra (d) Name and address of each independent contra (a) Name and address of each independent contra (b) Name and address of each independent contra (d) Name and address of each independent contra (e) Name and address of each independent contra (a) Name and address of each independent contra (b) Name and address of each independent contra (b) Name and address of each independent contra (c) Name and address of each independent contra (d) Name and address of each independent contra (e) Name and address of each independent contra (f) Name and address of each independent contractor (f) Name and address of perions (f) Name and (f)	ctor paid more than \$100,000 rs each receiving over \$100,0	(b) Ty (b) Ty (c) Ty	pe of service	(c) Compe	nsation
d T	(a) Name and address of each independent contra (a) Name and address of each independent contra Fotal number of other independent contracto Under penalties of perjury, I declare that I have exa and belief, it is true, correct, and complete. Declara	ctor paid more than \$100,000 rs each receiving over \$100,0	(b) Ty (b) Ty (c) Ty	atements, and to the best of which preparer has a	(c) Compe	nsation
d 7	(a) Name and address of each independent contra (a) Name and address of each independent contra (b) Total number of other independent contracto Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declara Signature of officer Allison Miyake, Treasurer Type or print name and title Preparer's signature	ctor paid more than \$100,000 rs each receiving over \$100,0	(b) Ty (b) Ty (b) Ty (c) Ty (b) Ty	atements, and to the best of which preparer has a	(c) Compe	nsation wledge
d 7	(a) Name and address of each independent contracto Fotal number of other independent contracto Under penalties of perjury, I declare that I have exa and belief, it is true, correct, and complete. Declara Allison Miyake, Treasurer Type or print name and title Preparer's signature Firm's name for	ctor paid more than \$100,000 rs each receiving over \$100,000 mined this return, including accompation of preparer (other than officer) is	(b) Ty (b) Ty (b) Ty (c) Ty (b) Ty	atements, and to the best of which preparer has a ST 13/2000. Preparer's identifying num	(c) Compe	nsation wledge dge.

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. ▶ See separate instructions.

OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization Employer identification number **Busoga Trust America Inc** 0787621 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part The organization is not a private foundation because it is; (For lines 1 through 11, check only one box.) 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.) 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.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33\% % 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 331/4 % 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated a 🗌 Type I **b** Type II d Type III-Other e By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? ... 11g(iii) Provide the following information about the supported organization(s). h (iii) Type of organization (iv) Is the organization (vii) Amount of (i) Name of supported (ii) EIN (v) Did you notify (vi) Is the organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col. support (i) organized in the above or IBC section governing document? col. (i) of your U.S.? support? (see instructions)) Yes No Yes No Yes No Total

America Part II Support Schedule for (rganizations 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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 116,938 157,712 274,650 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 116,938 157,712 274,650 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. 274,650 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 . . . 274,650 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . 16 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 Total support. Add lines 7 through 10 274,666 Gross receipts from related activities, etc. (see instructions) 12 12 First five years. 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 stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . % 14 15 Public support percentage from 2008 Schedule A, Part II, line 14 _15 % 16a 331/4 % support test-2009. If the organization did not check the box on line 13, and line 14 is 331/4 % or more, check this box 331/4 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 331/4 % or more, check this 17a 10%-facts-and-circumstances test-2009. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2008. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ □

Schedule A (Form 990 or 990-EZ) 2009 Busoqu Twit America Inc

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)

Se	ction A. Public Support	od the box c	011 III 10 0 01 1	art i.j		*****	
	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities				116,938	157,712	274,650
	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 business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				P P P P P P P P P P P P P P P P P P P		
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						274,650
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	· · · · · · · · · · · · · · · · · · ·					
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			A 44 (Print)			
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)	多原基性 6 的 医角管管丛膜					274,650
	etion B. Total Support selendar year (or fiscal year beginning in)	(-) 0005	4 > 2000	T			
9	Amounts from line 6	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				116,938 873	157,712 16	274,650 889
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						18.77
13	Total support. (Add lines 9, 10c, 11, and 12.)						275,539
14	First five years. If the Form 990 is for to organization, check this box and stop has been stoped to the stoped to	iere		nd, third, fourth	, or fifth tax ye	ear as a section	1 501(c)(3)
Sec	tion C. Computation of Public Sup	port Percer	ntage				<u> </u>
15	Public support percentage for 2009 (line	e 8, column (f)	divided by lin	e 13, column (f))	15	%
16 Sec	Public support percentage from 2008 S tion D. Computation of Investmen	chedule A, Pa	ırt III. line 15			16	%
	· · · · · · · · · · · · · · · · · · ·						
17 18	Investment income percentage for 2009	(line 10c, col	umn (f) divided	d by line 13, co		17	<u>%</u>
19a	Investment income percentage from 200 33% % support tests—2009. If the orga	o Schedule A nization did so	N, Part III, line	1/	L	18	<u> %</u>
	17 is not more than 33% %, check this bo	x and stop he	re. The organi	ox on line 14, a zation qualifies	nu line 15 is m as a publiciv e	ore than 33% % Upported organ	, and line ization ► □
b	33% % support tests - 2008. If the organization 18 is not more than 33% %, check this	zation did not o box and stop l	check a box on here. The organ	line 14 or line 1 nization qualifies	l 9a, and line 16 s as a publicly s	is more than 35	31/3 %, and ization ▶ □
20	Private foundation. If the organization of	lid not check a	a box on line 1	4 19a or 19b	check this ho	v and see instri	uctions >

Schedule A (Fo	orm 990 or 990-EZ) 20	109 BUSOMA	-Trust	America	lne		Ue-078	HOZI	Page 4
Part IV	Supplemental	Information.	Complete	this part to	o provide th	e explanation	ons required	by Part II, I	ine 10;
	Supplemental Part II, line 17a	a or 17b; and	Part III, lin	ne 12. Provid	de any other	r additional	information.	See instruc	tions.

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			**	*					

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									*

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

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number Busoga Trust America Inc.

Busoga Trust Atherica i	nc	26	0787621
Organization type (check	(one):	<u> </u>	
Filers of:	Section:		
Form 990 or 990-EZ	501(c)(3) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private f	oundation	
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private found	dation	
	501(c)(3) taxable private foundation		
Check if your organization Note. Only a section 501(instructions. General Rule	is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule	and a Spe	cial Rule. See
	ofiling Form 900, 900 E7, or 900 PE that we shall still be a		_
property) from any	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,0 one contributor. Complete Parts I and II.)00 or more	(in money or
Special Rules			
sections 509(a)(1) a	e)(3) organization filing Form 990 or 990-EZ that met the 33½ % support and 170(b)(1)(A)(vi), and received from any one contributor, during the ye 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ	ear, a contrib	oution of the greater
the year, aggregate)(7), (8), or (10) organization filing Form 990 or 990-EZ that received fron contributions of more than \$1,000 for use exclusively for religious, chares, or the prevention of cruelty to children or animals. Complete Parts I,	itable, scien	ontributor, during tific, literary, or
the year, contribution aggregate to more year for an exclusive applies to this orga	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from 50 or use exclusively for religious, charitable, etc., purposes, but these than \$1,000. If this box is checked, enter here the total contributions the ely religious, charitable, etc., purpose. Do not complete any of the particular particular in transfer in the contribution of the particular in the contribution of the	e contributio lat were rece s unless the ontributions	ns did not eived during the General Bule
Caution. An organization t 990-EZ, or 990-PF), but it	hat is not covered by the General Rule and/or the Special Rules does newst answer "No" on Part IV, line 2 of its Form 990, or check the box of PFF, to certify that it does not meet the filing requirements of School IV.	not file Sche on line H of	its Form 990-EZ.

ot meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B	(Form 990.	990-F7.	or	990-PF	1	วกกจ
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	₹.		2	
Page .	•	of	-	of Part I

Name of organization Busoga Trust America Inc

Employer identification number 26 0787621

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Alexandra and Spencer Wells 10 Greenn Acre Lane Westport, CT 06880	\$ 5,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	David and Sally Scialabba 210-B Sunset Rd Oyster Bay, NY 11771		Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	Jeffrey Kaplan 20 Rhames Avenue East Rockaway, NY 11518	\$ 8,539	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	Keith and Elizabeth Morgan 79 Seabonk Cross Road Great Barrington, MA 01230	\$6,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	Shari Saap, Rancho Santa Fe Foundation P.O. Box 811 Rancho Santa Fe, CA 92067	\$5,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	Theodore Huber 16 Green Acre Lane Westport, CT 06880	\$30,100	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B	8 (Form 990, 990-EZ, or 990-PF) (2009)		Page 2 of 2 of Part
	organization Trust America Inc	E	mployer identification number
Part I	Contributors (see instructions)		26 0787621
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	Deerfield Foundation		Person 🗸
	780 Third Avenue New York, NY 10017	\$ 60,000	Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		**************************************	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
e produce		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution

(Complete Part II if there is a noncash contribution.)

Person Payroll Noncash Form 990-F7 Part I line 10

Commission State Commission Commi									
Purpose of Payn	nent CONSTRUCTION OF WEL	LS IN UGANDA							
Class of Activi	ty Grantee's Name and Address	Grantee's Relationship	Amount Given						
	Business X Person THE BUSOGA TRUST ST MARGARET PATTERNS CHURCH; ROOD LANE EASTCHEAP LONDON ENG 0	CONTRACTUAL/ARMS LENGTH	124,575						
Description of Pr	than cash was given, the following additional in		rovided:						
Book Value	How Book Value	Determined							
FMV How FMV Determined									
