

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



990-EZ

Department of the Treasury

SCANNED

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)

2009

OMB No 1545-1150

Open to Public Inspection

► 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

Internal Revenue Service A For the 2009 calendar year, or tax year beginning , 2009, and ending Please C Name of organization D Employer identification number B Check if applicable use IRS Address change Uganda Farmers Inc 06-1827129 abel or Name change orant or Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number Initial return 100 203-283-9292 31 Cherry Street, Suite 109 See Terminated Specific City or town, state or country, and ZIP + 4 F Group Exemption Amended return nstruc-Milford, CT 06460 Number ▶ Application pending ions. G Accounting Method: ☑ Cash ☐ Accrual Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) H Check ▶ ☐ if the organization is not required to attach Schedule B (Form 990, ! Website: ▶ ugandafarmersinc.org 990-EZ, or 990-PF) J Tax-exempt status (check only one) — ✓ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Part I Contributions, gifts, grants, and similar amounts received 129,709 2 Program service revenue including government fees and contracts 2 3 3 4 4 Investment income Gross amount from sale of assets other than inventory 5a 5b Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 5c Revenue Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here Gross revenue (not including \$ 6b Less: direct expenses other than fundraising expenses Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . 6c 7a Gross sales of inventory, less returns and allowances Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 7c С 8 8 Other revenue (describe ▶ 129,709 9 q Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 122,500 10 10 Grants and similar amounts paid (attach schedule) 11 11 Benefits paid to or for members Salaries, other compensation, and employee benefits 12 12 13 13 Professional fees and other payments to independent contractors . . . 14 14 Occupancy, rent, utilities, and maintenance 15 1.855 15 Printing, publications, postage, and shipping Other expenses (describe bank fees, subscription service, misc 330 16 16 124,685 17 17 Total expenses. Add lines 10 through 16 . 5.024 18 18 Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 1415 19 Net 20 Other changes in net assets or fund balances (attach explanation) . . . 20 6.439 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. Part II (See the instructions for Part II.) (A) Beginning of year (B) End of year 1,415 22 6,439 22 23 23 24 24 Other assets (describe ▶ 25 25 26 Total liabilities (describe ▶ 26 Net assets or fund balances (line 27 of column (B) must agree with line 21) 1.415 27

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2009)



Conti	990-E2 (2009)					Page ∠		
Par	t III Statement of Program Service Accom	nplishments (See the instr	uctions for Part II	l.)		Expenses		
Wha	t is the organization's primary exempt purpose?	to solicit & distribute donat	ions to Africa's rura	il poor.		uired for section		
	cribe what was achieved in carrying out the or					c)(3) and 501(c)(4)		
man	ner, describe the services provided, the number	of persons benefited, and o	other relevant info	rmation for		nizations and section (a)(1) trusts, optional		
each program title.								
28	Completed a community water project which serves	s over 450 people. Construction	on of a social service	e center	1			
	where farmers are trained and people receive psych	anneigl consison						
	The state of the s				1			
	(Grants \$ 122,500) If this amount	t includes foreign greats, oh	ank hara	 [7]	28a	122,500		
00					208	122,300		
29					ĺ	ĺ		
	(Grants \$) If this amount	t includes foreign grants, ch	eck here	. ▶ ⊔	29a			
30								
	••••••							
				 -				
		t includes foreign grants, ch	eck here	<u>. ▶ ⊔</u>	30a			
31	,							
					31a			
32					32	122,500		
Par	List of Officers, Directors, Trustees, and Ke	y Employees. List each one ex	ven if not compensa	ted. (See the	instruc	ctions for Part IV.)		
	(a) Name and address	(b) Title and average	(c) Compensation			(e) Expense		
	(a) Name and address	devoted to position	enter -0)			other allowances		
Dani	el Marecki	am services (attach schedule)						
31 C	herry St., Suite 109, Milford, CT 06460	- President; 8 nours	0		0	0		
	Holler							
31 C	herry St., Suite 109, Milford, CT 06460	1st Vice President; 8 hours	0		0	0		
	ony D:Armiento							
	1 Launch Cir., Apt 104, Manassas, VA 20109	2nd Vice President, 1 hour	o		0	0		
	Firth							
	7 Branch Water Way, Mishawaka, IN 46545	Secretary, 1 hour	٥	•	0	0		
-0.0								
		ļ						

		 			_			
				<u> </u>				
		.[
	·							
		7]					
_		T -		_				
••••		1						
								
	••	1						
		-1						
		 				<u> </u>		
		· 						

Part	V Other Information (Note the statement requirements in the instructions for Part V.)						
			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		✓			
34	the changes						
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.						
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		✓			
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b					
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					
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a]					
b	Did the organization file Form 1120-POL for this year?	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 period covered by this return?	38a		✓			
þ	If "Yes," complete Schedule L, Part II and enter the total amount involved	J '					
39	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on line 9						
b	Gross receipts, included on line 9, for public use of club facilities	<u> </u>					
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶						
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						
d	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. ▶						
42a	The organization of books are in our over	203-28	3-929)			
	Located at ► 31 Cherry St., Suite 109, Milford, CT 06460 ZIP + 4 ►	064	160				
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	$\overline{}$	Yes	No_			
	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.						
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		. 1	▶ □			
	and enter the amount of tax-exempt interest received or accrued during the tax year						
			Yes	No			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	$\overline{}$	162	140			
44	Form 990-EZ	44		./			
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	44	-				
45	"Yes," Form 990 must be completed instead of Form 990-EZ	45	<u> </u>	✓			

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 an	section 4947(a)(1) non 7(a)(1) nonexempt cha d 51.	exempt charita ritable trusts mu	ble trusts only. A st answer question	ll section ns 46–49b	
	Did the organization engage in direct or indirect				Yes No	
	candidates for public office? If "Yes," complete S				46 ✓	
	Did the organization engage in lobbying activities				47 🗸	
	Is the organization a school as described in sectio				48 ✓	
	Did the organization make any transfers to an ex	•	-		49a ✓	
	If "Yes," was the related organization a section 5				49b	
	Complete this table for the organization's five high					
	employees) who each received more than \$100,0	(b) Title and average	(c) Compensation		(e) Expense	
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position	ļ	employee benefit plans & deferred compensation	account and other allowances	
			-	+		
f	Total number of other employees paid over \$100	000				
	(a) Name and address of each independent contractor p	paid more than \$100,000	(b) T	ype of service	(c) Compensation	
						
						
d	Total number of other independent contractors e	ach receiving over \$100,	000 ▶			
	Under penalties of perjury, I declare that I have examine					
	and belief, it is true, correct, and complete Declaration	of preparer (other than officer) is	based on all information	n of which preparer has a	any knowledge	
Sign Here	I am Man	•	<u>. </u>	8-10-1	د	
	Signature of officer Date					
	Daniel Marecki, President Type or print name and title			·		
Paid	Preparer's signature	Date S/10/	Check if self-	Preparer's identifying num	•	
Prepare	r's Firm's name (or Keyin Numer CPA				0011	
Use Onl	y yours if self-employed), address, and ZiP + 4 11 Milford Chase Rd., M	Milford, CT 06460			-877-8246	
May the	e IRS discuss this return with the preparer shown				Yes No	
<u> </u>					m 990-EZ (2009)	

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.

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

Ug	anda	Farmers, Inc	С						06		1827129
Pa	rt i	Reason	for Public Ch	narity Status (All or	ganizatio	ons mus	t comple	ete this	part.) Se	e instru	ctions.
Гhе 1		anization is no	ot a private foun	idation because it is:	(For lines	1 throug	jh 11, ch	eck only	one box)	
2	_	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)									
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4		A medical re	search organiza	ation operated in conj	unction v	with a ho	spital de	scribed in	n sectio r	170(b)(1)(A)(iii). Enter the
5		An organizat		the benefit of a colle							l unit described in
6		A federal, sta	ate, or local gov	ernment or governme	ental unit	describe	d in sect	ion 170(l	b)(1)(A)(v).	
7	V	An organizat	on that normally	y receives a substantia (1)(A)(vi). (Complete P	al part of						the general public
8				d in section 170(b)(1)		Complete	Part II)				
9		An organizat receipts from support from	ion that normally activities relate gross investm	receives (1) more that ed to its exempt funct ent income and unre a after June 30, 1975.	an 33½ % tions—su lated bus	of its sup bject to d siness tax	pport froi certain ex xable inc	ceptions ome (les	s, and (2) s section	no more	than 331/3 % of its
10 11		An organizat purposes of	ion organized a one or more pul	nd operated exclusive and operated exclusive blicly supported organ at describes the type	ely for th	ne benefi described	t of, to p d in secti	perform to on 509(a)	he functi)(1) or se	ons of, o	(a)(2). See section
				_							
	_	a Type		, ,		e III-Fund	-	-			Type III-Other
е		persons other	this box, I cen er than foundatio section 509(a)(2)	tify that the organizat on managers and other	tion is no r than on	e or more	publicly	supporte	ed organi	y one or zations de	escribed in section
f		If the organi	zation received	a written determinati	on from	the IRS t	that it is	а Туре	I, Type II	, or Type	III supporting
			check this box				•				
g		Since Augus following per		the organization acce	epted any	gift or c	ontributio	on from a	any of the	•	
					irectly controls, either alone or together with persons described in (ii) body of the supported organization?						11g(ı)
		(ii) A family	member of a pe	erson described in (i) a	above?						11g(ii)
			-	of a person described							11g(iii)
h	<u> </u>	Provide the	following informa	ation about the suppo					·		<u> </u>
(1)		e of supported panization	(II) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section	(iv) Is the organization in col (i) listed in your governing document? (v) Did you not the organization of the organization col (i) of you support?		nization in of your	organizat (i) organi	s the ion in col zed in the S?	(vii) Amount of support	
				(see instructions))	Yes	No	Yes	No	Yes	No	
		go Farmer's tion (KYEFA)	NA	Foreign Private Exempt	√ ·		√			1	122,500
	300.0		107	ZXONIPE					<u> </u>	· ·	
			ve-t-/mir								
					ļ 		ļ	ļ			

Total

122,500

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (d) 2008 (f) Total (a) 2005 (b) 2006 (c) 2007 (e) 2009 Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not 7,171 23,950 122,500 153,621 include any "unusual grants.") 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 122,500 153,621 7.171 23,950 Total, Add lines 1 through 3 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. Section B. Total Support (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) 7,171 23,950 122,500 153.621 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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) 153,621 *, 2" **** x * 1 1 1 1 2 * Total support. Add lines 7 through 10 11 12 Gross receipts from related activities, etc. (see instructions) 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 14 % Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 15 % Public support percentage from 2008 Schedule A, Part II, line 14 16a 33%% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33%% or more, check this box **▶** □ and stop here. The organization qualifies as a publicly supported organization b 33\% support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33\% or more, check this box and stop here. The organization qualifies as a publicly supported organization 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 b 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 ▶

Page 3 Schedule A (Form 990 or 990-EZ) 2009 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.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total grants, contributions, membership fees received (Do not include any "unusual grants.") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 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 5 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 c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) (a) 2005 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b 1 1

11	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)							
13	Total support. (Add lines 9, 10c, 11, and 12)							
14	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							
Sec	tion C. Computation of Public Su	pport Perce	entage					
15	Public support percentage for 2009 (lir	ne 8, column ((f) divided by lii	ne 13, column	(f))	15	ļ	%
16	Public support percentage from 2008 5					16	%	
Sec	tion D. Computation of Investmen	nt Income P	Percentage					
17	Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . 17 %						%	
18						%		
19a	33\% support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33\%, and line							
	17 is not more than 33⅓ %, check this box and stop here . The organization qualifies as a publicly supported organization ▶ □							
b	33⅓% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ □							
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ □							
					•			000-E7\ 2000

Part IV	orm 990 or 990-EZ) 2009 Supplemental Information Complete the	his part to provide the explanations required by Part II line 10.
Partiv	Part II, line 17a or 17b; and Part III, line	his part to provide the explanations required by Part II, line 10; 12. Provide any other additional information. See instructions.