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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

Department of the Treasury Internal Revenue Service

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

Open to Public

Inspection

For the 2009 calendar year, or tax year beginning 2/01 . 2009, and ending 2010 D Employer identification number Check if applicable Address channe MT. MERU COFFEE PROJECT, INC. 20-0252838 label o Name change PO BOX 313 E Telephone number WAUKESHA, WI 53187 Initial return type. See Termination Specific Instruc-Amended return Group Exemption Number Application pending Cash X Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Accounting method. Accrual Other (specify) > Check ► X if the organization is not Website: ► WWW.MTMERUCOFFEE.ORG required to attach Schedule B (Form 990, 990-EZ, or 990-PF) Tax-exempt status (check only one) -|X| 501(c) (3) \triangleleft (insert no) 4947(a)(1) or Check 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 CENTRACE MAY 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 170,727. Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1,711. Contributions, gifts, grants, and similar amounts received 1 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 4 Investment income 4 5a Gross amount from sale of assets other than inventory **b** Less: cost or other basis and sales expenses 5 b c Gain or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a) 5 c Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here 2 a Gross revenue (not including \$ of contributions reported on line 1) 6a **b** Less: direct expenses other than fundraising expenses 6b c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6 c 168,922 7a Gross sales of inventory, less returns and allowances 7 a 105,026 b Less cost of goods sold 7Ь c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) **7** c 63,896. Other revenue (describe > SEE STATEMENT 1 8 94. 65,701. 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 1 9 RECEIVEDEE STATEMENT 10 Grants and similar amounts paid (attach schedule) 10 28,637. 11 Benefits paid to or for members. 11 9,916. Salaries, other compensation, and employee bene 12 12 conMAYors 3 2010 13 13 10. Occupancy, rent, utilities, and maintenance 14 1,800. 15 Printing, publications, postage, and shipping 15 8,140. OGDEN 26,512. Other expenses (describe ► SEE STATEMENT 3 16 17 Total expenses. Add lines 10 through 16 17 75,015. Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 -9,314. Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year 19 112,538. figure reported on prior year's return) 19 20 20 Other changes in net assets or fund balances (attach explanation) Net assets or fund balances at end of year Combine lines 18 through 20 21 103,224. Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End of year 22 Cash, savings, and investments. 6,045. 22 16,318. Land and buildings 23 23 Other assets (describe - SEE STATEMENT 4 171,684 132,596. 24 24 25 Total assets 177,729.25 148,914. 65,191. 45,690. Total liabilities (describe ► SEE STATEMENT 5 26

SCANNED JUL 19

Form 990-EZ (2009)

103,224.

112,538. **27**

Net assets or fund balances (line 27 of column (B) must agree with line 21)

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

	990-EZ (2009) MT. MERU COFFEE				-025	52838 Page 2						
Par	t III Statement of Program Sei	vice Accomplishments	(See the instruction	ons.)		Expenses						
What i	What is the organization's primary exempt purpose? SEE STATEMENT 6 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each (Required for section 501 (c) (3) and (4) organizations and section 4947 (a) (1) trusts, optional											
Desc	ribe what was achieved in carrying out th ribe the services provided, the number of	e organization's exempt purp	oses In a clear and co	ncise manner,	orgai	nizations and section						
progi	ram title				for o	thers)						
28	PURCHASE COFFEE AT ABOVE	FAIR TRADE PRICES	AND SELL TO CO	<u>NSUMERS</u>								
		is amount includes foreign gr			28 a	151,404.						
29	ASSISTED MERU LUTHERAN DI											
	DEVELOPMENT EFFORTS IN SU			i								
	(Grants \$) If th	is amount includes foreign gr	ants, check here		29 a	28,637.						
30	¹⁰											
	(Grants \$) If th	is amount includes foreign gr	rants check here	~-~	30 a							
31	Other program services (attach schedule		ants, encon nerc		300							
	, ,	is amount includes foreign gr	rants, check here	▶ □	31 a							
32	Total program service expenses (add li				32	180,041.						
Par	t IV List of Officers, Directors	, Trustees, and Key Em	ployees. List each or	ne even if not con	npens	ated (See the instrs.)						
		(b) Title and average hours	(c) Compensation (If	(d) Contributions	to	(e) Expense account						
	(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit pla deferred compensa		and other allowances						
JER	RRY K SCHMIDT	PRESIDENT	6,000.	actorios actipation	0.	0.						
	BOX 313	20.00	· ·		•							
	KESHA, WI 53187											
	ID HAMMER	VICE PRESIDENT	0.		0.	0.						
PO	BOX 313	5.00										
WAU	KESHA, WI 53187											
WAL	TER CHOSSEK	TREASURER	0.	-	0.	0.						
PO	BOX 313	5.00										
SHC	REWOOD, WI 53211											
RON	BOHRER	DIRECTOR	0.		0.	0.						
	BOX 313	5.00										
	KESHA, WI 53187											
	DERIC MEYER	DIRECTOR			0.	0.						
	BOX_313	2.00										
	KESHA, WI 53187											
		DIRECTOR			0.	0.						
	BOX_313	1.00										
	WAUKEE, WI 53204		<u> </u>									
	ICE JOHNSON	SECRETARY			0.	0.						
	BOX 313	2.00										
WAU	KESHA, WI 53187											
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		:										

33 Det the organization defined have unrelated business gross income of \$1,000 or more or was it subject to section 603(e) notice reporting, and proxy lar requirements? If "Yes," attach a conformed copy of the changes that has determined business advised, such as those reported on lines; \$5, p. ad7 a (among others), but not reported on form 90-T. 34 Det the organization had income from business advised, such as those reported on lines; \$5, p. ad7 a (among others), but not reported on form 90-T. 35 If the organization had reported business gross in come of \$1,000 or more or was it subject to section 6033(e) notice reporting, and proxy las requirements? 36 If the organization have unrelated business gross in come of \$1,000 or more or was it subject to section 6033(e) notice reporting, and proxy las requirements? 37 If "Yes," is a filled a tax return on Form 90-T for this year? 38 Dut the organization had business gross in come of \$1,000 or more or was it subject to section 6033(e) notice reporting, and proxy last regional proxy								
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d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 41 List the states with which a copy of this return is filed NONE 42a The organizations books are in care of JERRY K SCHMIDT Located at PO BOX 313 WAUKESHA WI DAY A 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 Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts C 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. See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts C 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. 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in fleu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes."		c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization	W. 12.	(25.) ^{2.}	15 15 20			
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8885-T 40e			373	23.5. A 30. L	3.30			
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,' complete Form 8865-T 42 a The organization's books are in care of > JERRY K SCHMIDT				连续	1.			
42 a The organization's books are in care of > JERRY K SCHMIDT	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax							
books are in care of	41	• •	ــــــــــــــــــــــــــــــــــــــ					
books are in care of								
books are in care of								
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 TANZANIA See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts C 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. As 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 As Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44	42		38-0	122				
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 TANZANIA See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts c 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. A2b X 42b X 42c X 42c X 42c X 42c X Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 43 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes.'			<u> </u>	==				
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See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts c 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. 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 44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'		b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	(42 h	_	No			
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If 'Yes,' enter the name of the foreign country. 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in flieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A 44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes.'			1		المان ال المان المان ال			
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 N/A Yes No 144 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44 X 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes.'			42 c		<u> </u>			
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Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44				ш	N/A			
Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44								
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.'	44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-F7	144	1	Y			
Form 990 must be completed instead of Form 990-EZ	45			_	^			
		Form 990 must be completed instead of Form 990-EZ	45	<u> </u>	X			

		•	,		
Form 990-EZ (2009)	MT.	MERU	COFFEE	PROJECT.	INC.

20-0252838

Page 4

Part VI:	Section 501(c)(3) organization: 501(c)(3) organizations and sec 46-49b and complete the tables	ction 4947(a)(1) noi	nexempt charita	able trusts must answer	y. All section questions TATEMENT 7
	he organization engage in direct or indire ublic office? If 'Yes,' complete Schedule (f or in opposition to candidate	es
48 Is the 49a Did to	he organization engage in lobbying activit e organization a school as described in se he organization make any transfers to an es,' was the related organization a section	ection 170(b)(1)(A)(ii)? I exempt non-charitable	f 'Yes,' complete S	Schedule E	47 X 48 X 49a X 49b
50 Com empl	plete this table for the organization's five loyees) who each received more than \$10	highest compensated ei 0,000 of compensation	mployees (other th from the organizat	an officers, directors, trustee ion If there is none, enter 'N	s and key one '
(a)) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE _					
			······································		
51 Comp	plete this table for the organization's five pensation from the organization. If there is (a) Name and address of each independent contr		dependent contrac	(b) Type of service	e than \$100,000 of
NONE					
d Total	number of other independent contractors		****		
Sign Here	Under penalties of perjury, I declare that I have exam true, correct, and complete Declaration of preparer (see Signature of officer WALTER CHOSSEK Type or print name and title	ined this return, including according the rithan officer) is based on a	npanying schedules and ill information of which pi	statements, and to the best of my know reparer has any knowledge TREASURER	vledge and belief, it is
Paid Pre- parer's Use Only	Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4 Preparer's Signature RITZ HOLMAN LLP SIGNATURE SIG	STE. 550 3202-3144	Date Y/2	employed N/	N/A
May the IR	RS discuss this return with the preparer sh	nown above? See instru	ctions		► X Yes No Form 990-EZ (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

2009

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.

Open to Public Inspection

OMB No 1545-0047

	of the organization									on number		
	MERU COFFEE PR			52838								
Part	Reason for Pul	olic Charity Status	(All organizations	must c	omple	te this	part.)	See ir	<u>ıstructı</u>	ons		
The o	rganization is not a priv	ate foundation becaus	se it is: (For lines 1 throi	ugh 11,	check o	nly one	box)					
1	A church, convention	on of churches or asso	ciation of churches desc	cribed in	section	170(b)(1)(A)(i).	•				
2	2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
3												
4	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 sta	te·										
5	170(b)(1)(A)(iv). (Complete Part II)											
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)											
8	= '		70(b)(1)(A)(vi). (Comple		•							
9	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)											
10	An organization org	ganized and operated	exclusively to test for pu	ublic safe	ety See	section	509(a)	(4).				
11												
	a X Type I b Type II c Type III — Functionally integrated d Type III — Other											
е												
f	* * * *	received a written dete	ermination from the IRS	that is a	а Туре І	, Type II	or Typ	e III sup	porting (organization,		
g	Since August 17, 2	006, has the organizat	tion accepted any gift o	r contrib	ution fr	om any	of the f	ollowing	persons	.7		
										Yes	No	
	(i) a person who below, the go	directly or indirectly overning body of the su	ontrols, either alone or ipported organization?	together	with pe	rsons d	escribe	d in (ii) a	and (III)	11 g (i)	Х	
	(ii) a famıly mem	ber of a person desc	ribed in (i) above?							11 g (ii)	X	
	(iii) a 35% contro	lled entity of a person	described in (i) or (ii) a	bove?						11 g (iii)	X	
<u>h</u>	Provide the following	ng information about t	he supported organization	ons								
	(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) lister gove	Is the tion in cold in your erning ment?	the organ	(i) of	(vi) i organizat (i) organi U	on in col	(vii) Amount of Su	pport	
				Yes	No	Yes	No	Yes	No			
GRE	ATER MILWAUKEE	SYNOD-ELCA										
		36-3514257	RELIGIOUS	ļ	X			ļ			0.	
			# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			ļ						
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Total				14.4					,		0.	

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Sec	(Complete only if you checke tion A. Public Support	ed the box on line	5, 7, or 8 of Part	1)					
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants')	_							
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf								
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public 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.								
Sec	tion B. Total Support								
Cale begi	ndar year (or fiscal year nning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
7	Amounts from line 4 .								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 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	Total support. Add lines 7 through 10					13. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15			
12	Gross receipts from related activ	vities, etc. (see in	structions)		. ——-	12			
13	First five years. If the Form 990 organization, check this box and		ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section 501(d	(3) ▶ □		
Sec	tion C. Computation of Pu	blic Support F	ercentage		·				
14 15	Public support percentage for 20 Public support percentage from	•	• •	ne 11, column (f)		14	% %		
	33-1/3 support test — 2009. If th	e organization did	not check the bo	ox on line 13, and	d the line 14 is 33	1	· · · · · · · · · · · · · · · · · · ·		
ŀ	16a 33-1/3 support test − 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support test − 2008. 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 stop here. The organization qualifies as a publicly supported organization								
17 a	17 a 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								
t	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-	and-circumstance	s' test, check this	box and stop he	re. Explain in Pa	rt IV how the		
18	Private foundation. If the organ	ization did not che	eck a box on line,	13, 16a, 16b, 17	a, or 17b, check t	his box and see	instructions ►		
BAA		 			Sc	hedule 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 1) Section A. Public Support Calendar year (or fiscal yr beginning in)▶ (a) 2005 (c) 2007 **(b)** 2006 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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 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, 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the c Add lines 7a and 7b 強強を大きている。後 红紫绿山岭中 ني ريزه علي 8 Public support (Subtract line 李·安德· Kantiles sermer Child Action ५ स्व १६५,५% हेर **一般ない。**を持ち 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of 12 capital assets (Explain in Part IV.) 3. 12. The first that the Marie Control 13 Total support. (add ins 9, 10c, 11, and 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 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, 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

Schedule	A (Form	990 or	990-1	EZ) 200	9 MT	. MERU	COFF	EE	PROJ	ECT,	INC.	. 20-0252838 Page
Part IV	1	Supp	lemer	ntal	nforn	nation.	Comple	te this	ра	rt to p	rovide	the e	. 20-0252838 Page explanations required by Part II, line 10; r additional information. See instructions.
	— F	Part I	I, line	17a	or 17	b; and	Part III	, line 1	2. 1	Provid	e any	other	r additional information. See instructions.
		-											
								- -					
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			=	_						_			

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

OMB No 1545 0047

2009

Open to Public

MT. MERU COFFEE PROJECT, INC	J.						-025	283		11001		
Part 1 Excess Benefit Transaction Complete if the organization answ		on 501 on Form	(c)(3) a 990, Part	nd section IV, line 25a o	501(c)(r 25b, or	4) organiza Form 990-EZ,	tions Part V	only , line). 40b.			
1 (a) Name of disqualified person	1		(b) Description of transaction								(c) Cor	rected?
									Yes	No		
							 .					
												
2 Enter the amount of tax imposed on th section 4958.	e organiza	tion man	agers or o	disqualified pe	ersons du	ring the year	under	► \$				
3 Enter the amount of tax, if any, on line	2, above,	reimburs	sed by the	organization				► \$				
Part II 🔁 Loans to and/or From Inte												
Complete if the organization ansi	wered 'Yes'	on Form	1 990, Part	IV, line 26 or	Form 990	D-EZ, Part V, II	ine 38a	3				
(a) Name of interested person and purpose	ame of interested person and purpose (b) Loan to or from the organization? (c) Original principal amount (d) Balance of		dalance due	(e) In c	j þý		(f) Approved by board or committee?		/ritten ment?			
	То	From					Yes	No	Yes	No	Yes	No
WALTER CHOSSEK	х			10,000.		11,900.		Х	Х		Х	
SUPPORT COFFEE PURCH												
							ļ	ļ			ļ	
						·····	 	 	 	 	 	-
	i	_					 			 -	<u> </u>	<u> </u>
Total .			b	▶ \$		11,900.	·	- .		. Tv	, ,	FN AT A
Rartill Grants or Assistance Ben Complete if the organization	efitting I on answe	nteres ered 'Y	ted Pers es' on F	ons. orm 990, P	art IV,	line 27.						
(a) Name of interested person	-	(b) Refation	ship between the organ	interested person ization	and	(c) Amour	nt and ty	pe of as	ssistanc	e	
						<u> </u>						
	_					 -					<u> </u>	
	-											
Business Transactions In Complete if the organizati	volving on answe	I nteres ered'Ye	ted Pers	sons. orm 990, Pa	art IV, I	ine 28a, 28	b, or	28c.				
(a) Name of interested person	(b) R intere	elationship ested perso organizati	n and the	(c) Amou transaction	nt of on \$	(d) Des	scription	of trans	action		organi	aring o zation's nues?
						 					Yes	No
											├	├—
	- 		<u>.</u>	<u> </u>		 					†	
												
BAA For Privacy Act and Paperwork Redu						<u>l</u>					90-EZ	<u> </u>

2009	FEDERAL STATEMENT	S	PAGE 1
CLIENT MTMERU	MT. MERU COFFEE PROJECT, IN	IC.	20-0252838
4/29/10			08 09AM
STATEMENT 1 FORM 990-EZ, PART I, LINE 8 OTHER REVENUE MISCELLANEOUS		TOTAL \$	94. 94.
STATEMENT 2 FORM 990-EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOUNT	S PAID		
CLASS OF ACTIVITY: DONEE'S NAME: RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:	DIOCESE SUPPORT MERU DIOCESE ELCT AFFILIATE	\$	28,637.
STATEMENT 3 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES BAD DEBT EXPENSE BAGS & LABELS BANK CHARGES COFFEE AUCTION LOSS CONTRIBUTIONS TO NONPROFIT DEPRECIATION EQUIP RENTAL & MAINTENANCE GRREN BEAN TRANSIT LOSS INSURANCE INTEREST LICENSES & PERMITS MEMBERSHIP DUES MISC EXPENSE OFFICE EXPENSES ONLINE PROCESSING FEES TELEPHONE TRAVEL		\$ TOTAL \$	223. 3,689. 1,019. 7,274. 120. 313. 785. 2,540. 1,689. 2,435. 170. 405. 280. 910. 247. 2,411. 2,002. 26,512.
STATEMENT 4 FORM 990-EZ, PART II, LINE 24 OTHER ASSETS ACCOUNTS RECEIVABLE ADVANCES DEPOSIT-DIOCESE OF MERU TA INVENTORIES NOTES AND LOANS RECEIVABLE PREPAID EXPENSES AND DEFER	RED CHARGES	BEGINNING \$ 24,084. \$ 0. 2,790. 68,305. 17,240. 59,265. TOTAL \$ 171,684. \$	ENDING 19,324. 20,413. 11,005. 38,038. 0. 43,816. 132,596.

2009

FEDERAL STATEMENTS

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MT. MERU COFFEE PROJECT, INC.

20-0252838

4/29/10

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STATEMENT 5 FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES

ACCOUNTS PAYABLE AND ACCRUED EXPENSES	
ACCOUNTS FATABLE AND ACCROED EXPENSES	
PAYABLE TO OFFICERS, DIRECTORS, ETC.	
PATABLE TO OFFICENS, DIRECTORS, ETC.	
SECURED MORTGAGES AND NOTES PAYABLE	
SECONED MONIGROUS AND NOTES LATABLE	

	<u></u>	EGINNING	ENDING					
	\$	5,216.	\$	715.				
		11,600.		11,900.				
		48,375.		33,075.				
TOTAL	\$	65,191.	\$	45,690.				

STATEMENT 6 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

SUPPORT MINISTRY OF THE GREATER MILWAUKEE SYNOD EVANGELICAL CHURCH IN AMERICA TO MERU DIOCESE OF TANZANIA, AFRICA. TO DO SOCIAL AND ECONOMIC JUSTIC (PAY ABOE FAIR TRADE PRICES) EMPOWERING THE SMALL COFFEE FARMERS AND THE PEOPLE OF THE MERU REGION WITH THE ABILITY TO IMPROVE THEIR STANDARD OF LIVING AND ESCAPE THE LONG STANDING CYCLE OF POVERTY

STATEMENT 7 FORM 990-EZ, PART VI REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

NO