Forms 990 / 990-EZ Return Summary

For calendar year 2009, or tax year beginning

, and ending

U OF N STUDENT MOBILIZATION CENTRE 54-1882074 OF YOUTH WITH A MISSION

Revenue					
Contributions		1	14,040		
Program service rev	venue		33,063		
Investment income					
Capital gain / loss					
Special events:					
Gross revenue					
Direct expenses	 s				
Net income		_			
Other income					
Total revenue				147,103	
Expenses				_	
Program services					
Management and g	jeneral				
Fundraising					
Total expenses	5			<u> 155,996</u>	
Excess / (d	leficit)				
Other chan	ges				
NOT AS					
Net As	oot, rana bak	ande at Ena or real			18,588
	ciliation of Rev			Reconciliation o	
Recond	ciliation of Rev	venue		Reconciliation o	f Expenses
	ciliation of Rev	venue			
Recond otal revenue per financia ess:	ciliation of Rev	venue	Total expenses pe	er financial statem	f Expenses
Recond otal revenue per financia	ciliation of Rev	venue	Total expenses pe Less: Donated servi	er financial statem ces	f Expenses
Recondotal revenue per financia ess: Unrealized gains	ciliation of Rev	venue	Total expenses po	er financial statem ces	f Expenses
Recondicated revenue per financia ess: Unrealized gains Donated services	ciliation of Rev	venue	Total expenses pe Less: Donated servi Prior year adju	er financial statem ces	f Expenses
Reconductal revenue per financial ess: Unrealized gains Donated services Recoveries Other	ciliation of Rev	venue	Total expenses pe Less: Donated servi Prior year adju Losses	er financial statem ces	f Expenses
Reconductal revenue per financial ess: Unrealized gains Donated services Recoveries Other	ciliation of Reval statements	venue	Total expenses pe Less: Donated servi Prior year adju Losses Other	er financial statem ces ustments	f Expenses
Reconding the properties of th	ciliation of Reval statements	venue	Total expenses per Less: Donated servi Prior year adju Losses Other	er financial statem ces ustments	f Expenses
Reconding the control of the control	ciliation of Reval statements	venue	Total expenses per Less: Donated serving Prior year adjustic Losses Other Plus: Investment expenses per Lesses Other	er financial statem ces ustments	f Expenses eents
Reconding the property of the	ciliation of Reval statements	venue	Total expenses per Less: Donated service Prior year adjusted Losses Other Plus: Investment exported Other Total exp	er financial statem ces ustments penses	f Expenses eents
Reconding the state of the stat	ciliation of Reval statements	venue	Total expenses per Less: Donated service Prior year adjustic Losses Other Plus: Investment exported Other Total exp	er financial statem ces ustments penses enses per return	f Expenses ents
Reconding the state of the stat	ciliation of Reval statements	Beginning	Total expenses per Less: Donated serving Prior year adjustic Losses Other Plus: Investment exported to Control of Contro	er financial statem ces ustments penses	f Expenses ents
Reconding the performancial revenue perfinancial research describes: Unrealized gains Donated services Recoveries Other us: Investment expenses Other	ciliation of Reval statements	venue	Total expenses per Less: Donated serving Prior year adjustic Losses Other Plus: Investment exported Other Total exp Balance Sheet Ending 35,884	er financial statem ces ustments penses enses per return	f Expenses ents
Reconditated revenue per financial iss: Unrealized gains Donated services Recoveries Other us: Investment expenses Other	ciliation of Reval statements	Beginning 27,481	Total expenses per Less: Donated serving Prior year adjustic Losses Other Plus: Investment exto Other Total exp Balance Sheet Ending 35,884 17,296	er financial statem ces ustments penses enses per return Differences	f Expenses lents
Reconding the property of the	ciliation of Reval statements	Beginning	Total expenses per Less: Donated serving Prior year adjustic Losses Other Plus: Investment exported Other Total exp Balance Sheet Ending 35,884	er financial statem ces ustments penses enses per return Differences	f Expenses ents
Reconding the state of the stat	ciliation of Reval statements	Beginning 27,481	Total expenses per Less: Donated serving Prior year adjustic Losses Other Plus: Investment exported total exp Balance Sheet Ending 35,884 17,296 18,588	er financial statem ces ustments penses enses per return Differences	f Expenses lents
Reconditated revenue per financial iss: Unrealized gains Donated services Recoveries Other us: Investment expenses Other	ciliation of Reval statements	Beginning 27,481	Total expenses per Less: Donated serving Prior year adjustic Losses Other Plus: Investment exported total exp Balance Sheet Ending 35,884 17,296 18,588	er financial statem ces ustments penses enses per return Differences	f Expenses lents
Reconding the performancial revenue perfinancial research describes: Unrealized gains Donated services Recoveries Other us: Investment expenses Other	ciliation of Reval statements	Beginning 27,481 27,481	Total expenses per Less: Donated serving Prior year adjustosses Other Plus: Investment exported Total exp Balance Sheet Ending 35,884 17,296 18,588	er financial statem ces ustments penses enses per return Differences	f Expenses lents

WILLOUGHBY CPA LLC 414 D'ONOFRIO DR STE 210 MADISON, WI 53719-2069 608-662-1040

August 31, 2010

CONFIDENTIAL

U OF N STUDENT MOBILIZATION CENTRE OF YOUTH WITH A MISSION P.O. BOX 6412 MADISON, WI 53716

Dear JOHN HENRY:

We have prepared the following returns from information provided by you without verification or audit.

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

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

WILLOUGHBY CPA LLC

WILLOUGHBY CPA LLC 414 D'ONOFRIO DR STE 210 MADISON, WI 53719-2069 608-662-1040

August 31, 2010

CONFIDENTIAL

U OF N STUDENT MOBILIZATION CENTRE OF YOUTH WITH A MISSION P.O. BOX 6412 MADISON, WI 53716

For professional services rendered in connection with the preparation of the following tax forms for year ending 12/31/09.

Form 990-EZ (Exempt Organization Tax Return) Schedule B, Part I (Contributors - Cash & Noncash)

Amount due \$ 600.00

Filing Instructions

U OF N STUDENT MOBILIZATION CENTRE OF YOUTH WITH A MISSION

Short Form Exempt Organization Tax Return

Taxable Year Ended December 31, 2009

Date Due: November 15, 2010

Remittance: None is required. Your Form 990-EZ for the tax year ended 12/31/09 shows no

balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return

electronically. Sign the IRS e-file Authorization and mail it as soon as possible

to:

WILLOUGHBY CPA LLC 414 D'ONOFRIO DR STE 210 MADISON, WI 53719-2069

Other: Initial and date the copies of the IRS e-file Signature Authorization and the Form

990-EZ. Retain them for your records.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing

of your return.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

an Exempt Organization	OMB No. 1

For calendar year 2009, or fiscal year beginning, 2009, and ending, 20

Do not send to the IRS. Keep for your records.

2009

Department of the Treasury Internal Revenue Service

See instructions on back.

Name of exempt organization U OF N STUDENT MOBILIZATION CENTRE

Employer identification number 54-1882074

Name and title of officer JOHN HENRY PRESIDENT

Part I Type of Return and Return Information (Whole Dollars Only)

OF YOUTH WITH A MISSION

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

•				
1a		1b		
2a	Form 990-EZ check here Total revenue, if any (Form 990-EZ, line 9)	2b	147,	103
За	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b		
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b		
5a	Form 8868 check here b L b Balance Due (Form 8868, line 3c)	5b		

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

0 1 1111 01100	it one box only						
I authorize	WILLOUGHBY	CPA	LLC		to enter my PIN	53716	as my signature
		E	RO firm name		,	Enter five number do not enter all z	,
is being file	d with a state agency(ie:	s) regula	ating charities as part of the IRS Fed/	/State p		•	
filed return.	If I have indicated within	this ret	urn that a copy of the return is being	filed wi	th a state agency(id	es) regulating	
	on the orga is being file aforementio As an office filed return.	on the organization's tax year 2009 is being filed with a state agency(ie: aforementioned ERO to enter my P As an officer of the organization, I v filed return. If I have indicated within	on the organization's tax year 2009 electron is being filed with a state agency(ies) regula aforementioned ERO to enter my PIN on the As an officer of the organization, I will enter filed return. If I have indicated within this ret	I authorize WILLOUGHBY CPA LLC ERO firm name on the organization's tax year 2009 electronically filed return. If I have indicated is being filed with a state agency(ies) regulating charities as part of the IRS Fed aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the orgifiled return. If I have indicated within this return that a copy of the return is being	I authorize WILLOUGHBY CPA LLC ERO firm name on the organization's tax year 2009 electronically filed return. If I have indicated within this being filed with a state agency(ies) regulating charities as part of the IRS Fed/State p aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization filed return. If I have indicated within this return that a copy of the return is being filed within the state of the companization of the return is being filed within this return that a copy of the return is being filed within this return that a copy of the return is being filed within this return that a copy of the return is being filed within this return that a copy of the return is being filed within this return that a copy of the return is being filed within this return that a copy of the return is being filed within this return that a copy of the return is being filed within this return that a copy of the return is being filed within this return that a copy of the return is being filed within this return that a copy of the return is being filed within this return that a copy of the return is being filed within this return that a copy of the return is being filed within this return that a copy of the return is being filed within this return that a copy of the return is being filed within this return that a copy of the return is being filed within this return that a copy of the return that a copy of t	I authorize WILLOUGHBY CPA LLC ERO firm name on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copis being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also auth aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 efiled return. If I have indicated within this return that a copy of the return is being filed with a state agency(in the content of the organization).	I authorize WILLOUGHBY CPA LLC ERO firm name To enter my PIN Enter five numb do not enter all so not enter all so being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the

Officer's signature } Date } 08/31/10

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

39475793108

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } _____ Date }

ERO Must Retain This Form—See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2009)

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.

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

OMB No. 1545-1150

Open to Public Inspection

А	For the	e 2009 calend <u>ar y</u>	ear, or tax year beginning , and ending		
В		if applicable: Pleases change	D	Employer identification number	
H	Name o	i labe	I OF AUTHOR MILL A WISSION		54-1882074
П	Initial re	y Ibiiii	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		Telephone number
П	Termina	ation See	P.O. BOX 6412		608-222-2401
П	Amende	ed return Spec	Otto an taken a state an assentant and ZID + 4	F	Group Exemption
П	Applicat	tion pending tions	1/3 D T CO31		Number u
	Sec	ction 501(c)(3) org	anizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting	g meth	hod: X Cash Accrual
		а	completed Schedule A (Form 990 or 990-EZ). Other (specify)	u	
I	Websi	ite: u <u>http</u>	://www.ywamconnect.com/sites/smc H Check u		if the organization is not
J	Tax-ex	empt statu<u>s (</u>checko	lly one) — X 501(c) (3) t (insert no.) 4947(a)(1) or 527 required to 990-EZ, o) attac r 990-l	ch Schedule B (Form 990, PF).
K	Check		e organization is not a section 509(a)(3) supporting organization and its gross receipts are no	-	
			0 return is not required, but if the organization chooses to file a return, be sure to file a comple		
<u>L_</u>			ine 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ		u \$ 147,103
_ F	Part I		Expenses, and Changes in Net Assets or Fund Balances (See the inst	<u>ructi</u>	
	1		grants, and similar amounts received		1 114,040
	2		revenue including government fees and contracts		2 33,063
	3	•	s and assessments		3
	4		ne		4
	5a		om sale of assets other than inventory 5a ser basis and sales expenses 5b	\dashv	
	b		er basis and sales expenses	-	Fo
ø	6 6		activities (complete applicable parts of Schedule G). If any amount is from gaming , check here	·	5c
ž	a	'	not including \$ of contributions	J	
Revenue	°	reported on line			
œ	b		1) 6a sinses other than fundraising expenses 6b	\dashv	
	C		oss) from special events and activities (Subtract line 6b from line 6a)	\neg	6c
	7a		ventory, less returns and allowances 7a		
	b	Less: cost of goo		\neg	
	C	•	oss) from sales of inventory (Subtract line 7b from line 7a)	\neg	7c
	8	Other revenue (d)	8
	9	Total revenue.	Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<u> </u>	9 147,103
	10	Grants and simil	ar amounts paid (attach schedule)	. L	10
	11	Benefits paid to			11
Ś	12	Salaries, other of	ompensation, and employee benefits	. L	12 49,552
seuses	13	Professional fees	and other payments to independent contractors	.	13 32,798
		1 7	utilities, and maintenance	.	14 4,209
Щ	15	Printing, publicat	ons, postage, and shipping	. -	15
	16		(describe ► See Statement 1	<u>)</u> -	16 69,437
	17		Add lines 10 through 16	-	17 155,996
ম	18) for the year (Subtract line 17 from line 9)		<u>-8,893</u>
Net Assets	19		d balances at beginning of year (from line 27, column (A)) (must agree with		27 491
Ä	20	Other shanges in	e reported on prior year's return)	. -	19 27,481
8			net assets or fund balances (attach explanation)		20 21 18,588
-	<u> 21</u> Part II		d balances at end of year. Combine lines 18 through 20		· ·
•	artii	Dalarice	(See the instructions for Part II.) (A) Beginning of year		(B) End of year
22	Cash	savings, and inves	06.01		22 35,320
		and buildings	tments 26,91		23
				- 4	24 564
25	Total a	assets	27,48		25 35,884
26	Total I	liabilities (describe	▶ See Statement 3	0	26 17,296
			nces (line 27 of column (B) must agree with line 21)	31	18,588
					222 ==

Form 990-EZ (2009) U OF N ST	UDENT MOBILIZATION (CENTRE 54	1-1882074			Page 2
, ,	m Service Accomplishments (II.)	Exp	enses
What is the organization's primary exempt					Required f	
INTERNATIONAL MISSONS OUTREACH				5	01(c)(3) a	nd 501(c)(4)
Describe what was achieved in carrying ou		a clear and concise)			ns and section
manner, describe the services provided, the				4	947(a)(1)	trusts; optional
each program title.	,			l	or others.)	, ,
28 TO PROVIDE FACULTY AND STUD	ENTS AN OPPORTUNITY TO				1	
	LIGOUS WORK INTO THEIR FIELD					
OF STUDIES.						
	If this amount includes foreign grants, cl	heck here				70,849
20						, 0 , 0 1 5
23						
• • • • • • • • • • • • • • • • • • • •						
(Cronto \$		hook horo				
· · · · · · · · · · · · · · · · · · ·	If this amount includes foreign grants, cl	neck nere	u	290	+	
30						
/Oranta (C				-		
	If this amount includes foreign grants, cl			30a	+	
31 Other program services (attach schedu				<u> </u>		
· · · · · · · · · · · · · · · · · · ·	If this amount includes foreign grants, cl			31a	+	70 940
32 Total program service expenses (add	, , , , , , , , , , , , , , , , , , , ,			<u>u 32</u>	<u>.</u>	70,849
Part IV List of Officers, Directors	, Trustees, and Key Employees. List ea	(b) Title and average	T	(d) Contri		r Part IV.) (e) Expense
(a) Name	and address	hours per week	(If not paid,	employee be	enefit plans &	account and
		devoted to position	enter -0)	deferred cor	npensation	other allowances
ADRIAN SINKE	EL PASO	BOARD MEMBER				
7233 FEATHER HAWK DR	TX 79912	1.00	0		0	(
ERIC GARZA	SAN JOSE	BOARD MEMBER				
1090 PREVOST CT.	CA 95125	1.00	0		0	(
GEOFF ISLEY	GRANTHAM	VICE-PRESIDE				
PO BOX 142	PA 17027	1.00	0		0	C
JOHN HENRY	MADISON	PRESIDENT				
1401 ELLEN AVE.	WI 53716	40.00	26,326		0	(
KEN PITT	WELESLEY CHAPEL	BOARD MEMBER				
6210 WEATHERWOOD CIR	FL 33544	1.00	0		0	(
MARY HENRY	MADISON	SECRETARY				
1401 ELLEN AVE.	WI 53716	20.00	0		0	(
SUSAN ANDREWS	RICHMOND	TREASURER				
12130 WEXWOOD DR.	VA 23236	1.00	0		0	(
SUSAN JOHANSSON	SUN PRAIRIE	BOARD MEMBER				
1480 DONALD DRIVE	WI 53590	1.00	0		0	(
WARREN KEAPPROTH	MADISON	BOARD MEMBER				
3600 BURKE ROAD	WI 53718-6312	1.00	0		0	
DWIGHT CLOUGH	SUN PRAIRIE	BOARD MEMBER				
311 WEST MAIN ST	WI 53590	1.00	0		0	(
					T	

DAA

<u> Pa</u>	art 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		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of			
	the changes	34		X
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		X
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr.			
b	Did the organization file Form 1120-POL for this year?	37b		X
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		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
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			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 u ; section 4912 u ; section 4955 u			
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		X
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 u			
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		X
41	List the states with which a copy of this return is filed. u None			
42a	The organization's books are in care of u U OF N STUDENT MOBILIZATI Telephone no. u 608	3-22	2-2	401
	PO BOX 6412			
	Located at u MADISON, WI ZIP+4 u 53	716		
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		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country: u			
	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.?	42c		X
	If "Yes," enter the name of the foreign country: u			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			u
	and enter the amount of tax-exempt interest received or accrued during the tax year u 43			
			Yes	No
44	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," Form 990 must be completed instead of Form 990-EZ	45		X
		- 00	·^ ==	,

Pag	е	4

46 Did the	and complete the tables for lines 50 and 51. organization engage in direct or indirect political campaign activities on	behalf of or in on	position to		Ye	s No		
					46	X		
	Candidates for public office? If "Yes," complete Schedule C, Part I Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II							
48 Is the or	rganization operating a school as described in section 170(b)(1)(A)(ii)?	If "Yes." complete	Schedule F		47	X		
49a Did the	organization make any transfers to an exempt non-charitable related o	rganization?			49a	X		
	was the related exemination a costing FO7 exemination?				49b			
	te this table for the organization's five highest compensated employees							
	ees) who each received more than \$100,000 of compensation from the	•		•				
	(a) Name and address of each employee paid more than \$100,000		(c) Compensation		(e) Exp account other allo	and		
None				, , , , , , , , , , , , , , , , , , , ,				
Ψίου,ου	0 of compensation from the organization. If there is none, enter "None	"						
(a) N	Name and address of each independent contractor paid more than \$100,000		Type of service	(c) C	Compensation	n		
(a) None	Name and address of each independent contractor paid more than \$100,000		Type of service	(c) C	Compensation	า		
	·	(b)	Type of service	(c) C	Compensation	n		
None		(b)	Type of service	(c) C	compensation	1		
None		(b)	Type of service	(c) C	compensation	n		
None		(b)	Type of service	(c) C	compensation	n		
None		(b)	Type of service	(c) C	Compensation	n		
d Total nu	Under penalties of perjury, I declare that I have examined this return, including and belief, it is true, correct, and complete. Declaration of preparer (other than one)	(b)	ules and statements, I information of which	and to the best of my	knowledge	n		
d Total nu	Under penalties of perjury, I declare that I have examined this return, including and belief, it is true, correct, and complete. Declaration of preparer (other than one of the correct of	accompanying sched	ules and statements,	and to the best of my	knowledge	n		
None	Under penalties of perjury, I declare that I have examined this return, including and belief, it is true, correct, and complete. Declaration of preparer (other than one of the sum of the	accompanying sched	ules and statements, I information of which Date SIDENT	and to the best of my lapreparer has any know	knowledge wledge.			
d Total nu	Under penalties of perjury, I declare that I have examined this return, including and belief, it is true, correct, and complete. Declaration of preparer (other than one of the correct of	accompanying sched officer) is based on all	ules and statements, I information of which Date SIDENT Check if self-	and to the best of my lipreparer has any known	knowledge wledge.			
d Total nu Sign Here	Under penalties of perjury, I declare that I have examined this return, including and belief, it is true, correct, and complete. Declaration of preparer (other than of the complete of the co	accompanying sched	ules and statements, I information of which Date SIDENT	and to the best of my lipreparer has any known	knowledge wledge.			
d Total nu Sign Here Paid Preparer's	Under penalties of perjury, I declare that I have examined this return, including and belief, it is true, correct, and complete. Declaration of preparer (other than one of the complete of th	accompanying sched officer) is based on all	ules and statements, I information of which Date SIDENT Check if self-	and to the best of my in preparer has any known in preparer has any known in preparer's identity in the property is a second of the property in the preparer's identity in the property is a second of the preparer's identity in the property is a second of the preparer's identity in the property is a second of the preparer's identity in the prepa	knowledge wledge.			
d Total nu Sign Here	Under penalties of perjury, I declare that I have examined this return, including and belief, it is true, correct, and complete. Declaration of preparer (other than of the complete of the co	(b) accompanying sched officer) is based on all PRE: Date 08/32	ules and statements, I information of which Date SIDENT Check if self-	and to the best of my language preparer has any known preparer has any known preparer's Identity produced by the control of th	knowledge wledge. tifying Number	· (See instr		
d Total nu Sign Here Paid Preparer's Use Only	Under penalties of perjury, I declare that I have examined this return, including and belief, it is true, correct, and complete. Declaration of preparer (other than one of the complete of th	(b) accompanying sched officer) is based on all PRE: Date 08/32	ules and statements, I information of which Date SIDENT Check if self-	and to the best of my in preparer has any known in preparer has any known in preparer's identification in the control of the c	knowledge wledge.	· (See instr		

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.

u Attach to Form 990 or Form 990-EZ. u See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

U OF N STUDENT MOBILIZATION CENTRE OF YOUTH WITH A MISSION

54-1882074

Employer identification number

Pa	art I	Rease	on for Public Charity	Status (All organizations	s must c	complete	e this ¡	part.) 🥄	See ir	structi	ons.		
The	orga	nization is not	a private foundation becaus	e it is: (For lines 1 through 11,	check only	one box	.)						
1		A church, coi	nvention of churches, or ass	ociation of churches described	in section	170(b)(1)(A)(i).						
2	П	A school des	cribed in section 170(b)(1)(A	A)(ii). (Attach Schedule E.)									
3	П		. , , , , ,	ce organization described in se	ction 170	b)(1)(A)(ii	ii).						
4	Н	•	·	d in conjunction with a hospital			•	(1)(A)(ii	i) Ente	er the ho	spital's name	ب	
·	Ш	city, and state	•	an conjunction with a neopher	GOOGIIDOG	0001.0	()	(.)(,.)(.,. <u>_</u>), u.o. 110	opharo marri	,	
5		•		of a college or university owned	or operat	od by a d	ovornmo	 optal uni	 t doccri	 hod in			
J	Ш	•	b)(1)(A)(iv). (Complete Part	•	or operati	ed by a g	Overnine	antai uni	i descii	Deu III			
		•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	sastian 17	0/L\/4\/ A\	<i>(</i> , ₀)						
6	Н		-	povernmental unit described in s						Lander Ca			
7	Ш			substantial part of its support fr	om a gove	ernmentai	unit or t	rom the	genera	ii public			
_	\Box		section 170(b)(1)(A)(vi). (Co	. ,									
8		-		70(b)(1)(A)(vi). (Complete Part									
9	X	•	• ,) more than 33 1/3 % of its su						-	OSS		
		•		pt functions—subject to certain									
		support from	gross investment income ar	nd unrelated business taxable in	ncome (les	s section	511 tax) from b	usiness	ses			
		acquired by t	he organization after June 3	0, 1975. See section 509(a)(2)	. (Comple	te Part III	.)						
10	Ш	An organizati	on organized and operated	exclusively to test for public saf	ety. See s	ection 50)9(a)(4).						
11	\sqcup	An organization	on organized and operated of	exclusively for the benefit of, to	perform th	ne functio	ns of, or	to carry	out the	Э			
		purposes of o	one or more publicly support	ed organizations described in s	section 509	9(a)(1) or	section	509(a)(2	2). See	section			
		509(a)(3). Ch	neck the box that describes t	he type of supporting organizat	ion and co	mplete lir	nes 11e	through	11h.				
	_	a Type	I b Type II	c Type III–Function	ally integra	ated	d	Тур	e III–Ot	her			
е	Ш	By checking t	this box, I certify that the org	anization is not controlled direc	tly or indir	ectly by o	ne or m	ore disq	ualified				
		persons other	r than foundation managers	and other than one or more pu	iblicly supp	oorted org	ganizatio	ns desc	ribed in	section			
		509(a)(1) or s	section 509(a)(2).										
f		If the organization	ation received a written dete	rmination from the IRS that it is	a Type I,	Type II, o	or Type I	III suppo	orting				
		organization,	check this box										
g		Since August	17, 2006, has the organiza	tion accepted any gift or contrib	ution from	any of the	ne						
		following per	sons?										
		(i) A persor	n who directly or indirectly co	ontrols, either alone or together	with perso	ons descri	ibed in (i	ii)				Yes	No
		and (iii) I	below, the governing body o	f the supported organization?							11g(i)		
		(ii) A family	member of a person describ	and in (i) above?							44 ~/**		
		(iii) A 35% c	controlled entity of a person of	described in (i) or (ii) above?							11g(ii		
h			· ·	he supported organization(s).							· · · · · · · · · · · · · · · · · · ·		
(i)	Name	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	organization	(v) Did y	ou notify	(vi)	ls the	(vii) An	nount of	
•		anization	, ,	(described on lines 1–9	in col. (i) lis	sted in your		nization in	organizat		sup	port	
				above or IRC section	governing	document?	col. (i) supp	· .		zed in the S.?			
				(see instructions)	Yes	No	Yes	No	Yes	No			
									<u> </u>				
											<u></u>		
Tota													
. 013													

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

Schedule A (Form 990 or 990-EZ) 2009 U OF N STUDENT MOBILIZATION CENTRE 54-1882074 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) u (a) 2005 (d) 2008 **(b)** 2006 (c) 2007 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 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 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 Calendar year (or fiscal year beginning in) u (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 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 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 Gross receipts from related activities, etc. (see instructions) 12 12 13 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 Public support percentage from 2008 Schedule A, Part II, line 14 33 1/3 % support test-2009. If the organization did not check the box on line 13, and 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 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

Schedule A (Form 990 or 990-EZ) 2009 U OF N STUDENT MOBILIZATION CENTRE 54-1882074

Page 3

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.)
---------------------------------------	--------------	----------

Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) u	(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.")	110,557	114,832	144,580	140,866	114,040	624,875
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				47,558	33,063	80,621
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						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	110,557	114,832	144,580	188,424	147,103	705,496
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	26,752	36,125	32,920	44,780		140,577
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 Add lines 7a and 7b	26,752	26 125	32,020	44 700		140 577
С 8	Public support (Subtract line 7c from	26,752	36,125	32,920	44,780		140,577
Ū	line 6.)						564,919
Sec	tion B. Total Support						212,122
Ca	lendar year (or fiscal year beginning in) u	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	110,557	114,832	144,580	188,424	147,103	705,496
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			31	4		35
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b			31	4		35
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
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.)	110,557	114,832	144,611	188,428	147,103	705,531
14	First five years. If the Form 990 is for the organization, check this box and stop here	•					
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2009 (line 8,						80.07%
16	Public support percentage from 2008 Sche					16	76.84 %
	tion D. Computation of Investmen					47	
17 10	Investment income percentage for 2009 (li		U. P 47			امدا	<u>%</u>
18 10a	Investment income percentage from 2008 33 1/3 % support tests—2009. If the orga						%
19a	17 is not more than 33 1/3 %, check this b						▶ X
b	33 1/3 % support tests—2008. If the orga		-				
	line 18 is not more than 33 1/3 %, check the						▶□
20	Private foundation. If the organization did	-					<u></u>

Schedule A (F	orm 990 or 9	990-EZ) 20	009 U	OF	N	STUDEN	T MC	BILI	ZATION	V CE	NTRE		188207		Page 4
Part IV	Suppler	nental l	nforma	ation.	Cor	nplete this	s part	to provi	de the e	explana	ations re	quired	by Part	II, line 10	· ,
	Part II, I	ine 17a	or 17b	; and	Par	t III, line 1	2. Pro	ovide ar	y other	additic	nal info	rmation	. See in:	structions	<u> </u>
• • • • • • • • • • • • • • • • • • • •															
• • • • • • • • • • • • • • • • • • • •															
• • • • • • • • • • • • • • • • • • • •															
• • • • • • • • • • • • • • • • • • • •															
								-		•					

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2009

Name of the organization

U OF N STUDENT MOBILIZATION CENTRE OF YOUTH WITH A MISSION

Employer identification number

54-1882074

Organization type (check one):

Filers of: Section: Form 990 or 990-EZ **X** 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules X For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box in the heading of its Form

990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ,

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

or 990-PF).

Page 1 of 1 of Part I

Name of organization

U OF N STUDENT MOBILIZATION CENTRE

Employer identification number 54-1882074

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
. <u>1</u>	PRINCETON CLUB WEST 8080 WATTS ROAD MADISON WI 53719	\$ 12,000	Person X 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	KOREAN COMMUNITY CHURCH OF NJ 147 TENAFLY RD ENGLEWOOD NJ 07631	\$ 11,860	Person X 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	UNIVERSITY OF THE NATIONS P.O. BOX 78219 NASHVILLE TN 37207	\$ 5,000	Person X 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
	Name, address, and 2n + 4	\$	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 Noncash (Complete Part II if there is a noncash contribution.)

HRUONSMC U OF N STUDENT MOBILIZATION CENTRE 54-1882074 Federal Statements

FYE: 12/31/2009

Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	An	Amount			
Expenses	\$				
Supplies		13,058			
Travel & Entertainment		2,099			
Advertising		516			
Work Group Expenses		810			
Program Expenses Miscella		51,169			
Insurance		1,785			
Total	\$	69,437			

Statement 2 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	eginning of Year	 End of Year
EQUIPMENT Less Accumulated Depreciation	\$ 8,473 7,909	\$ 8,473 7,909
	 564	564

Statement 3 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	of Year	 Year
CITIBANK C/C Long Term Note Payable	\$	\$ 12,296 5,000
		 17,296

HRUONSMC U OF N STUDENT MOBILIZATION CENTRE 54-1882074 Federal Statements

8/31/2010 5:46 PM

FYE: 12/31/2009

Statement 4 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments

Description

MANAGEMENT DEPRECIATION EXPENSE

HRUONSMC U OF N STUDENT MOBILIZATION CENTRE

8/31/2010 5:46 PM

Federal Statements

FYE: 12/31/2009

54-1882074

Schedule A, Part III, Line 7a - Support from Disqualified Persons

Donor Name	2009		 2008	 2007		2006		2005
Disqualified Donors Over 5,000	\$		\$ 44,780	\$ 32,920	\$	36,125	\$	26,752
Total	\$	0	\$ 44,780	\$ 32,920	\$_	36,125	\$_	26,752