

Federal Diagnostics

Prepared by: BRET WILLOUGHBY
08/09/2012 12:02 PM
Leslie Clark

Critical Messages

None

Electronic Filing

None

Informational Messages

- ☐ Form 4562 for Page 1 unit 1 is not required and does not print, because there are no assets placed in service in the current year, no section 179 amounts, and no listed property. Form may be forced to print.
- ☐ Data accepted via Datasharing review and verify.
- ☐ Form 8868 for Form 990/990-EZ extension previously printed; verify extended due date in Screen Ext.
- ☐ Preparer 'BRET WILLOUGHBY', Staff 'BCW'
- ☐ Force field entered with data "450.00" on Screen Letter
- ☐ Force field entered with data "38,135" on Screen Bal-2

Missing Data

	Prior Year Data
Extensions	
<input type="checkbox"/> Reason for second extension	3
Schedule of Contributors (SAEHYANG & SUNG-KEE CHUNG)	
<input type="checkbox"/> Cash contribution	9,000
Schedule of Contributors (HEAVEN'S DOOR COMMUNITY CHURCH)	
<input type="checkbox"/> Cash contribution	6,000
List of Officers, Directors, Trustees, Etc. (JOHN HENRY)	
<input type="checkbox"/> Org base	13,143

Forms 990 / 990-EZ Return Summary

For calendar year 2011, or tax year beginning , and ending

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

Net Asset / Fund Balance at Beginning of Year **22,533**

Revenue

Contributions	<u>130,693</u>	
Program service revenue	<u>14,082</u>	
Investment income		
Capital gain / loss		
Special events:		
Gross revenue		
Direct expenses		
Net income		
Other income		
Total revenue		<u>144,775</u>

Expenses

Program services		
Management and general		
Fundraising		
Total expenses		<u>130,892</u>
Excess / (deficit)		<u>13,883</u>
Other changes		

Net Asset / Fund Balance at End of Year **36,416**

Reconciliation of Revenue

Total revenue per financial statements	
Less:	
Unrealized gains	
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	<u><u></u></u>

Reconciliation of Expenses

Total expenses per financial statements	
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	<u><u></u></u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>26,154</u>	<u>43,299</u>	
Liabilities	<u>3,621</u>	<u>6,883</u>	
Net assets	<u><u>22,533</u></u>	<u><u>36,416</u></u>	<u><u>13,883</u></u>

Miscellaneous Information

Amended return
Return / extended due date **08/15/12**
Failure to file penalty

**WILLOUGHBY CPA LLC
501 N MUR-LEN RD STE B
OLATHE, KS 66062-1258
913-712-8539**

August 9, 2012

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.

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

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
501 N MUR-LEN RD STE B
OLATHE, KS 66062-1258
913-712-8539**

August 9, 2012

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 12/31/11.

990 Return Summary
Form 990-EZ (Exempt Org Tax Return, Page 1)
Schedule B, Part I (Contributors - Cash & Noncash)

Amount due \$ 450.00

Filing Instructions

U OF N STUDENT MOBILIZATION CENTRE OF YOUTH WITH A MISSION

Short Form Exempt Organization Tax Return

Taxable Year Ended December 31, 2011

Date Due: August 15, 2012

Remittance: None is required. Your Form 990-EZ for the tax year ended 12/31/11 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
501 N MUR-LEN RD STE B
OLATHE, KS 66062-1258

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

OMB No. 1545-1878

For calendar year 2011, or fiscal year beginning _____, 2011, and ending _____, 20 _____

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

▶ **See instructions on back.**

2011

Department of the Treasury
Internal Revenue Service

Name of exempt organization

**U OF N STUDENT MOBILIZATION CENTRE
OF YOUTH WITH A MISSION**

Employer identification number

54-1882074

Name and title of officer

**JOHN HENRY
PRESIDENT**

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

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 being filed with 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 Form 990 check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b
2a Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b 144,775
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	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 2011 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)** the reason for any delay in processing the return or refund, and **(c)** 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

☒ I authorize **WILLOUGHBY CPA LLC** to enter my PIN **53716** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the 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 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature

Date

07/21/12

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

39475713998

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 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** (2011)

Form **990-EZ****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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2011**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service**A For the 2011 calendar year, or tax year beginning , and ending****B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization**U OF N STUDENT MOBILIZATION CENTRE
OF YOUTH WITH A MISSION**

Number and street (or P.O. box, if mail is not delivered to street address)

P.O. BOX 6412

Room/suite

City or town, state or country, and ZIP + 4

MADISON**WI 53716****D** Employer identification number**54-1882074****E** Telephone number**608-222-2401****F** Group Exemption
Number**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) _____**I** Website: **http://www.ywamconnect.com/sites/smc****H** Check ☐ if the organization is not
required to attach Schedule B**J** Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

(Form 990, 990-EZ, or 990-PF).

K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ\$ **144,775****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I

☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	130,693
	2	Program service revenue including government fees and contracts	2	14,082
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$_____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	144,775	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	96,723
	13	Professional fees and other payments to independent contractors	13	2,878
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	31,291
	17	Total expenses. Add lines 10 through 16	17	130,892
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	13,883
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	22,533
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	36,416

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2011)

Part II	Balance Sheets. (see the instructions for Part II.)
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Check if the organization used Schedule O to respond to any question in this Part II

X

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	26,154	22	43,299
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	26,154	25	43,299
26 Total liabilities (describe in Schedule O)	3,621	26	6,883
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	22,533	27	36,416

Part III	Statement of Program Service Accomplishments (see the instructions for Part III.)
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Check if the organization used Schedule O to respond to any question in this Part III

X

What is the organization's primary exempt purpose?

INTERNATIONAL MISSIONS OUTREACH FOR COLLEGE STUDENTS.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28	TO PROVIDE FACULTY AND STUDENTS AN OPPORTUNITY TO INTIGRATE CROSS-CULTURAL RELIGIOUS WORK INTO THEIR FIELD OF STUDIES.		
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	28a
29			
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	29a
30			
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	30a
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a)		32
			94,562

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV

1

(a) Name and address		(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
ADRIAN SINKE	GARDEN VALLEY	BOARD MEMBER			
19713 FM16 WEST	TX 75770	1.00	0	0	0
GEOFF ISLEY	GRANTHAM	BOARD MEMBER			
PO BOX 142	PA 17027	1.00	0	0	0
JOHN HENRY	MADISON	PRESIDENT			
1401 ELLEN AVE.	WI 53716	40.00	0	0	0
MARY HENRY	MADISON	TREASURER/SECRETARY			
1401 ELLEN AVE.	WI 53716	20.00	0	0	0
SUSAN JOHANSSON	SUN PRAIRIE	BOARD MEMBER			
1480 DONALD DRIVE	WI 53590	1.00	0	0	0
DWIGHT CLOUGH	SUN PRAIRIE	BOARD MEMBER			
311 WEST MAIN ST	WI 53590	1.00	0	0	0
WARREN KEAPROTH	MADISON	BOARD MEMBERS			
3600 BURKE ROAD	WI 53718	1.00	0	0	0
SUSAN ANDREWS	RICHMON	BOARD MEMBER			
12130 WEXWOOD DR	VA 23236	1.00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
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		X
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	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 tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	326
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ; section 4912 ; section 4955		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c 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		
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 8886-T	40e	X
41 List the states with which a copy of this return is filed.	None	
42a The organization's books are in care of U OF N STUDENT MOBILIZATION CENTRE Telephone no. 608-222-2401 PO BOX 6412 Located at MADISON WI ZIP + 4 53716		
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: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
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: _____	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		X
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
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b If "Yes," was the related organization a section 527 organization?

49b		
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000



51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000



52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer JOHN HENRY		Date PRESIDENT	
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name BRET WILLOUGHBY	Preparer's signature BRET WILLOUGHBY	Date 08/09/12	Check <input checked="" type="checkbox"/> if self-employed PTIN P00266064
	Firm's name WILLOUGHBY CPA LLC		Firm's EIN 39-1982863	
	Firm's address 501 N MUR-LEN RD STE B OLATHE, KS 66062-1258		Phone no. 913-712-8539	

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

**U OF N STUDENT MOBILIZATION CENTRE
OF YOUTH WITH A MISSION**

Employer identification number
54-1882074

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 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 state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 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 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 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 organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2011

Part II 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						

- 12** Gross receipts from related activities, etc. (see instructions) 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

- 14** Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 14 %
- 15** Public support percentage from 2010 Schedule A, Part II, line 14 15 %
- 16a 33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** 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 ☐
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	144,580	140,866	114,040	126,644	130,693	656,823
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	7,946	14,082	102,649
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	144,580	188,424	147,103	134,590	144,775	759,472
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	32,920	44,780				77,700
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	32,920	44,780				77,700
8 Public support. (Subtract line 7c from line 6.)						681,772

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	144,580	188,424	147,103	134,590	144,775	759,472
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from 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 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.)	144,580	188,424	147,103	134,590	144,775	759,472

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** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	89.77 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	84.39 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2011.** 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—2010.** If the organization did not check a box on line 14 or line 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 B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

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

2011

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

☒ 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

☒ 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, total 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 total 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 on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization U OF N STUDENT MOBILIZATION CENTRE	Employer identification number 54-1882074
---	---

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PRINCETON CLUB WEST 8080 WATTS ROAD MADISON WI 53719	\$ 14,400	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	BULLFRONGS AND BUTTERFLIES 709 3RD AVE. NEW BRIGHTON PA 15066	\$ 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	GEOFF & DAW ISLEY P. O. BOX 142 GRANTHAM PA 17027	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	TAE HEUM JEONG 42 STEEPLE COURT GERMANTOWN MD 20874-6182	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2011

Open To Public
Inspection

**U OF N STUDENT MOBILIZATION CENTRE
OF YOUTH WITH A MISSION**

Employer identification number

54-1882074

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
JOHN HENRY										
(1) WORKING CAPITAL	X		325	326		X		X		X
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										

Total \$ **326**

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZComplete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011Open to Public
Inspection**U OF N STUDENT MOBILIZATION CENTRE
OF YOUTH WITH A MISSION**

Employer identification number

54-1882074**Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
Expenses	
TRAVEL	\$ 3,681
INSURANCE W.C.	\$ 1,097
BANK FEES	\$ 1,939
PROGRAM EXPENSES	\$ 17,484
WEB-HOSTING	\$ 1,204
MISC	\$ 3,026
POSTAGE	\$ 14
MISC 1-1 ADJUSTMENT	\$ 2,020
MISC ADJ	\$ 826
Non-investment Depreciation	\$ 0
Total	\$ 31,291

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

Description	Beg. of Year	End of Year
EQUIPMENT	\$ 3,983	\$ 3,983
Less Accumulated Depreciation	\$ 3,983	\$ 3,983
Total	\$ 0	\$ 0

Form 990-EZ, Part II, Line 26 - Other Liabilities

Description	Beg. of Year	End of Year
CITIBANK C/C	\$ 3,371	\$ 3,307
Amex C/C	\$ 0	\$ 3,000

Name of the organization	Employer identification number
U OF N STUDENT MOBILIZATION CENTRE	54-1882074

Long Term Note Payable -Urbana	\$	250	\$	250
Loans from Officers	\$	0	\$	326

Form 990-EZ, Part III, Line 31 - All Other Accomplishment

MANAGEMENT DEPRECIATION EXPENSE

Forms
990 / 990-PF**Loans from Officers, Directors, Trustees, and
Key Employees or Other Disqualified Persons****2011**

For calendar year 2011, or tax year beginning

, and ending

Name

**U OF N STUDENT MOBILIZATION CENTRE
OF YOUTH WITH A MISSION**

Employer Identification Number

54-1882074**Form 990-EZ, Part V, Line 38b — Additional Information**

Name of lender	Title
(1) JOHN HENRY	PRESIDENT
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 325	09/26/11	09/26/12		0.000
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) UNSECURED	WORKING CAPITAL
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)		326
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals		326

54-1882074

Federal Asset Report

FYE: 12/31/2011

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:									
1	2001 ASSETS	6/30/01	500			500	5 HY S/L	500	0
2	1999 ASSETS COMPUTER	7/01/99	173			173	5 HY S/L	173	0
3	1998 ASSETS	7/01/98	1,317			1,317	5 HY S/L	1,317	0
7	IMAC	12/30/00	1,065			1,065	7 HY S/L	1,065	0
8	WEB DESIGN	9/12/00	928			928	7 HY S/L	928	0
			<u>3,983</u>			<u>3,983</u>		<u>3,983</u>	<u>0</u>
Grand Totals			3,983			3,983		3,983	0
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
Net Grand Totals			<u>3,983</u>			<u>3,983</u>		<u>3,983</u>	<u>0</u>

54-1882074

WI Asset Report

FYE: 12/31/2011

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	WI Prior	WI Current	Federal Current	Difference Fed - WI
Prior MACRS:								
1	2001 ASSETS	6/30/01	500	500	500	0	0	0
2	1999 ASSETS COMPUTER	7/01/99	173	173	173	0	0	0
3	1998 ASSETS	7/01/98	1,317	1,317	1,317	0	0	0
7	IMAC	12/30/00	1,065	1,065	1,065	0	0	0
8	WEB DESIGN	9/12/00	928	928	928	0	0	0
			<u>3,983</u>	<u>3,983</u>	<u>3,983</u>	<u>0</u>	<u>0</u>	<u>0</u>
Grand Totals			3,983	3,983	3,983	0	0	0
Less: Dispositions			0	0	0	0	0	0
Less: Start-up/Org Expense			<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Net Grand Totals			<u>3,983</u>	<u>3,983</u>	<u>3,983</u>	<u>0</u>	<u>0</u>	<u>0</u>

54-1882074

AMT Asset Report

FYE: 12/31/2011

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:									
1	2001 ASSETS	6/30/01	500			500	5 HY S/L	500	0
2	1999 ASSETS COMPUTER	7/01/99	173			173	5 HY S/L	173	0
3	1998 ASSETS	7/01/98	1,317			1,317	5 HY S/L	1,317	0
7	IMAC	12/30/00	1,065			1,065	7 HY S/L	1,065	0
8	WEB DESIGN	9/12/00	928			928	7 HY S/L	928	0
			<u>3,983</u>			<u>3,983</u>		<u>3,983</u>	<u>0</u>
Grand Totals			3,983			3,983		3,983	0
Less: Dispositions and Transfers			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
Net Grand Totals			<u>3,983</u>			<u>3,983</u>		<u>3,983</u>	<u>0</u>

54-1882074

Depreciation Adjustment Report

FYE: 12/31/2011

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<u>MACRS Adjustments:</u>						
Page 1	1	1	2001 ASSETS	0	0	0
Page 1	1	2	1999 ASSETS COMPUTER	0	0	0
Page 1	1	3	1998 ASSETS	0	0	0
Page 1	1	7	IMAC	0	0	0
Page 1	1	8	WEB DESIGN	0	0	0
				<u>0</u>	<u>0</u>	<u>0</u>
				<u>0</u>	<u>0</u>	<u>0</u>

54-1882074

Future Depreciation Report**FYE: 12/31/12**

FYE: 12/31/2011

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<u>Prior MACRS:</u>					
1	2001 ASSETS	6/30/01	500	0	0
2	1999 ASSETS COMPUTER	7/01/99	173	0	0
3	1998 ASSETS	7/01/98	1,317	0	0
7	IMAC	12/30/00	1,065	0	0
8	WEB DESIGN	9/12/00	928	0	0
			<u>3,983</u>	<u>0</u>	<u>0</u>
Grand Totals			<u>3,983</u>	<u>0</u>	<u>0</u>

54-1882074

WI Future Depreciation Report**FYE: 12/31/12**

FYE: 12/31/2011

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>WI</u>
<u>Prior MACRS:</u>				
1	2001 ASSETS	6/30/01	500	0
2	1999 ASSETS COMPUTER	7/01/99	173	0
3	1998 ASSETS	7/01/98	1,317	0
7	IMAC	12/30/00	1,065	0
8	WEB DESIGN	9/12/00	928	0
			<u>3,983</u>	<u>0</u>
Grand Totals			<u>3,983</u>	<u>0</u>

Federal Statements**Schedule A, Part III, Line 1(e)**

Description	Amount
RESTRICTED CONTRIBUTIONS	\$ 99,293
PRINCETON CLUB WEST	
Cash Contribution	14,400
BULLFRONGS AND BUTTERFLIES	
Cash Contribution	7,000
GEOFF & DAW ISLEY	
Cash Contribution	5,000
TAE HEUM JEONG	
Cash Contribution	5,000
Total	\$ 130,693

Schedule A, Part III, Line 2(e)

Description	Amount
Program & Project Fees	\$ 14,082
Interest Income	
Total	\$ 14,082

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

Donor Name	2007	2008	2009	2010	2011
Disqualified Donors Over 5,000	\$ 32,920	\$ 44,780	\$	\$	\$
Total	\$ 32,920	\$ 44,780	\$ 0	\$ 0	\$ 0