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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 \$1,000,000 and total assets less than \$2,500,000 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

**2008****Open to Public  
Inspection****A For 2008 calendar year, or tax year beginning JULY 01, 2008, and ending JUNE 30, 20 09**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> MISSION ON THE MOVE, INC.		<b>D Employer identification number</b> 58-1681122
		No. & street (or P.O. box, if mail is not delivered to street address) Room/suite		<b>E Telephone number</b>
		P.O. BOX 206		(912) 754-3349
		City or town, state or country, and ZIP + 4 Springfield GA 31329		<b>F Group Exemption Number</b> . . . ▶

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G Accounting method:** ☒ Cash ☐ Accrual  
Other (specify) ▶**I Website:** ▶ N/A**J Organization type** (check only one) -- ☒ 501(c)(3) (insert no ) 4947(a)(1) or 527**H Check** ☐ if organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**K Check** ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ** ▶ \$ 426,655**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b> 418,664
<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>
<b>3</b> Membership dues and assessments . . . . .	<b>3</b>
<b>4</b> Investment income . . . . .	<b>4</b> 7,991
<b>5a</b> Gross amount from sale of assets other than inventory . . . . . <b>5a</b>	
<b>b</b> Less: cost or other basis and sales expenses . . . . . <b>5b</b>	
<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	<b>5c</b>
<b>6</b> Special events and activities (complete applicable parts of Schedule G). If any amount is from <b>gaming</b> , check here <input type="checkbox"/>	
<b>a</b> Gross revenue (not including \$ of contributions reported on line 1) . . . . . <b>6a</b>	
<b>b</b> Less: direct expenses other than fundraising expenses . . . . . <b>6b</b>	
<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . . <b>6c</b>	
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . . <b>7a</b>	
<b>b</b> Less: cost of goods sold . . . . . <b>7b</b>	
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . . <b>7c</b>	
<b>8</b> Other revenue (describe ▶ ) <b>8</b>	
<b>9 Total revenue.</b> All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . . ▶ <b>9</b> 426,655	
<b>10</b> Grants and similar amounts paid (attach schedule) . . . . . <b>10</b>	
<b>11</b> Benefits paid to or for members . . . . . <b>11</b>	
<b>12</b> Salaries, other compensation, and employee benefits . . . . . <b>12</b> 25,000	
<b>13</b> Professional fees and other payments to independent contractors . . . . . <b>13</b> 147,781	
<b>14</b> Occupancy, rent, utilities, and maintenance . . . . . <b>14</b> 15,804	
<b>15</b> Printing, publications, postage, and shipping . . . . . <b>15</b> 4,812	
<b>16</b> Other expenses (describe ▶ ) <b>16</b> 377,593	
<b>17 Total expenses.</b> Add lines 10 through 16 . . . . . ▶ <b>17</b> 570,990	
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . <b>18</b> -144,335	
<b>19</b> 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) . . . . . <b>19</b> 526,075	
<b>20</b> Other changes in net assets or fund balances (attach explanation) . . . . . <b>20</b>	
<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20. . . . . ▶ <b>21</b> 381,740	

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See instructions for Part II)		(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .		476,973	<b>22</b> 307,659
<b>23</b> Land and buildings . . . . .		65,535	<b>23</b> 65,535
<b>24</b> Other assets (describe ▶ See attachment #2 )		15,050	<b>24</b> 10,080
<b>25 Total assets</b> . . . . .		557,558	<b>25</b> 383,274
<b>26 Total liabilities</b> (describe ▶ See attachment #3 )		31,483	<b>26</b> 1,534
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .		526,075	<b>27</b> 381,740

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

Form 990-EZ (2008)



**Part V Other Information** (Note the statement requirements in the instructions for Part VI.)

		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 . . . . .		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes . . . . .		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 your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? . . . . .		X
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		X
36	Was there a liquidation, dissolution, termination, or substantial contraction 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 ▶ <b>37a</b> 0		
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		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 unpaid at the start of the period covered by this return? . . . . .		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved. . . . . <b>38b</b>		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>		
b	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>		
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 (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I . . . . .		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶		
d	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 . . . . .		X
41	List the states with which a copy of this return is filed. ▶ GA		
42a	The books are in care of ▶ See attachment #7 Telephone no ▶		
	Located at ▶ ZIP + 4 ▶		
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)? . . . . .	Yes	No
	If "Yes," enter the name of the foreign country: ▶	42b	X
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
c	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 ▶		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> -- Check here ▶ and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	Yes	No
		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 . . . . .		X
		45	X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>46</b>	X
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<b>47</b>	X
<b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>48</b>	X
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	X
<b>b</b> If "Yes," was the related organization(s) a section 527 organization?	<b>49b</b>	X

**50** Complete this table for the 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) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000 ▶				

**51** Complete this table for the 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		
Total number of other independent contractors each receiving over \$100,000 . . . . . ▶		

**Sign Here**

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.

Signature of officer: *James J. ...* Treasurer Date: 12-1-10

Type or print name and title: \_\_\_\_\_

<b>Paid Preparer's Use Only</b>	Preparer's signature: <u><i>[Signature]</i></u>	Date: <u>01-29-2010</u>	Check if self-employed: <input type="checkbox"/>	Preparer's Identifying No. (See instr.): _____
	Firm's name (or yours if self-employed), address, and ZIP + 4: <u>CAINES HODGES PACE &amp; COMPANY PC</u> <u>1009 N COLUMBIA RINCON, GA 31326</u>	EIN: <u>          </u>	Phone no.: <u>912-826-2345</u>	

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ☒ Yes ☐ No

Department of the Treasury  
Internal Revenue Service

**To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.**

## 2008

**Open to Public Inspection**

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

Employer Identification number

58-1681122

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 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).** (Attach Schedule H.)
- 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).** (see instructions)
- 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? . . . . .	N/A	<b>11g(I)</b>		
(ii) A family member of a person described in (i) above? . . . . .	N/A	<b>11g(II)</b>		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .	N/A	<b>11g(III)</b>		

**h** Provide the following information about the organizations the organization supports.

[illegible]

Schedule A (Form 990 or 990-EZ) 2008

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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	540,042	942,180	964,530	573,507	418,664	3,438,923
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1-5 . . . . .	540,042	942,180	964,530	573,507	418,664	3,438,923
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						3,438,923

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6 . . . . .	540,042	942,180	964,530	573,507	418,664	3,438,923
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	1,761	6,307	13,230	11,563	7,991	40,852
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .	1,761	6,307	13,230	11,563	7,991	40,852
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.) . . . . .						3,479,775

**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**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	98.83 %
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .	<b>16</b>	99.12 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)). . . . .	<b>17</b>	1 %
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h . . . . .	<b>18</b>	1 %

**19a 33 1/3 % support tests -- 2008.** 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 -- 2007.** 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 . . . . . ☐

# Depreciation and Amortization

## (Including Information on Listed Property)

OMB No. 1545-0172

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

**2008**Attachment  
Sequence No. 67

Name(s) shown on return

MISSION ON THE MOVE, INC.

Business or activity to which this form relates

FOR FORM 990-EZ LINE 14

Identifying number

58-1681122

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses . . . . .	1	250,000
2	Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	3	800,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . .	5	250,000
6	(a) Description of property	(b) Cost (busn. use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29 . . . . .	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	8	
9	Tentative deduction Enter the <b>smaller</b> of line 5 or line 8 . . . . .	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562 . . . . .	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	11	250,000
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 . . . . .	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 . . . ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) . . . . .	14	
15	Property subject to section 168(f)(1) election . . . . .	15	
16	Other depreciation (including ACRS) . . . . .	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2008 . . . . .	17	7,617
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . <input type="checkbox"/>		

**Section B -- Assets Placed In Service During 2008 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property See Statement						441
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27 5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C -- Assets Placed In Service During 2008 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28 . . . . .	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations -- see instructions . . . . .	22	8,058
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2008)



**SCHEDULE OF OTHER EXPENSES**

Attachment 1: page 1 - 990-EZ Page 1, Part I, Line 16

Open to Public			
Inspection	For calendar year 2008 or tax period beginning	07-01-2008, and ending	06-30-2009.
Name of Organization		Employer Identification Number	
MISSION ON THE MOVE, INC.		58-1681122	

Description of Other Expenses	Amount
DISASTER WAREHOUSE	288
BANK CHARGES	818
MEMBERSHIP & RENEWAL FEES	333
USA MISCELLANEOUS EXPENSES	2,676
INK CARTRIDGES	774
USA SUPPLIES	3,716
COMPUTER SOFTWARE & SUPPLIES	935
USA OFFICE EXPENSES	1,357
TRAVEL	30,084
OFFICE SUPPLIES	62
CELL PHONE	876
OFFICE PH/FAX/DSL/MCI	1,484
SAVANNAH BANQUET EXPENSES	1,296
MISCELLANEOUS EXPENSES	2,204
MEXICO CHILDRENS HOMES	93,040
MEXICO SCHOLARSHIPS	2,000
MEXICO MISCELLANEOUS EXPENSES	36,263
MEXICO NEW GIRLS HOME CONSTRUCTION	88,405
HONDURAS CHRISTIAN EDUCATION PROGRAM	27,710
HONDURAS BUS UPKEEP & INSURANCE	3,200
HONDURAS PASTOR CONFERENCE EXPENSE	2,000
HONDURAS PASSION FOR PURITY YOUTH	766
HONDURAS PASSION FOR PURITY ADULT	300
HONDURAS RENTAL PROPERTY	900
HONDURAS MISCELLANEOUS EXPENSES	28,154
HONDURAS SIGUATEPEQUE MEDICINE	912
HONDURAS HOME BUILDING EXPENSE	5,000
HONDURAS WORK TEAM EXPENSES	19,209
HONDURAS SCHOLARSHIPS (25 KIDS)	1,650
PAYROLL TAXES	2,714
ACCOUNTING FEES	2,030
KENYA CHURCH PROPERTY	4,000
KENYA MISCELLANEOUS EXPENSES	12,437
Total	377,593

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 24

## Inspection

**For calendar year 2008 or tax period beginning 07-01-2008, and ending 06-30-2009.**

MISSION ON THE MOVE, INC.

58-1681122

**Totals**

Attachment 3: page 1 - 990-EZ Page 1, Part II, Line 26

## Inspection

**For calendar year 2008 or tax period beginning 07-01-2008, and ending 06-30-2009.**

MISSION ON THE MOVE, INC.

58-1681122

Description of Liability	Beginning of Year	End of Year
PAYROLL LIABILITIES	1,483	1,534
DUE TO AUDREY SPENCE	30,000	
Totals	31,483	1,534

## PRIMARY EXEMPT PURPOSE

Attachment 4: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2008 or tax period beginning 07-01, and ending 06-30-2009.
Name of Organization MISSION ON THE MOVE, INC.	Employer Identification Number 58-1681122

### Primary Purpose

TO FACILITATE WORK TEAMS IN ORDER TO PROVIDE FOR MISSIONS ACTIVITIES IN MEXICO, HONDURAS & KENYA

## PROGRAM SERVICE ACCOMPLISHMENT

Attachment 5: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2008 or tax period beginning 07-01-2008, and ending 06-30-2009.
Name of Organization MISSION ON THE MOVE, INC.	Employer Identification Number 58-1681122

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	219,708
Exempt Purpose Achievements			

MEXICO MISSIONS EXPENSES: CHILDRENS HOMES (BOYS & GIRLS), SCHOLARSHIPS, WORK TEAM EXPENSES, ETC.

## PROGRAM SERVICE ACCOMPLISHMENT

Attachment 5: page 2 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2008 or tax period beginning 07-01-2008, and ending 06-30-2009.
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Name of Organization MISSION ON THE MOVE, INC.	Employer Identification Number 58-1681122
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Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	89,802
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Exempt Purpose Achievements

HONDURAS EXPENSES: CHRISTIAN EDUCATION PROGRAM, PASTORS CONFERENCES,  
PASSION FOR PURITY PROGRAMS, WORK TEAM EXPENSES, SCHOLARSHIPS, ETC.

## PROGRAM SERVICE ACCOMPLISHMENT

Attachment 5: page 3 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2008 or tax period beginning	07-01-2008, and ending	06-30-2009.
Name of Organization MISSION ON THE MOVE, INC.			Employer Identification Number 58-1681122

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	16,437
Exempt Purpose Achievements			

KENYA MISSIONS EXPENSES: MWANGI MISSION SUPPORT; CHRISTIAN EDUCATION PROGRAM, NUTRITION & HYGIENE PROGRAM, ORGANIZING NEW CHURCHES

# CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 6: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2008 or tax period beginning 07-01-2008, and ending 06-30-2009.
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Name of Organization MISSION ON THE MOVE, INC.	Employer Identification Number 58-1681122
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(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def. Comp.	(E) Expense Account & Other Allowances
STEPHEN SHEAROUSE P.O. BOX 215 Springfield, GA 31329	MISSIONARY/EX DIR 70.00	89,753	0	0
REV. WILLIE BEASLEY 2102 SLATER STREET Valdosta, GA 31602	VICE CHAIRMAN 1.00	0	0	0
JIM FREE 5004 THOMAS DRIVE Panama City Beach, FL 32408	COMMITTEE MEMBER 0.00	0	0	0
RODNEY WILSON P.O. BOX 356 Swainsboro, GA 30401	LEGAL ADVISOR 0.00	0	0	0
DR. WILLIAM HAYES P.O. BOX 40 Cataula, GA 31804	MEDICAL COORDINATOR 1.00	0	0	0
JUDY MCCRAW 805 LOOKOUT LP Fortson, GA 31808	COMMITTEE MEMBER 1.00	0	0	0
BELINDA GARLAND 4254 COURTHOUSE ROAD Guyton, GA 31312	SECRETARY 1.00	0	0	0
HOPE SHEAROUSE P.O. BOX 215 Springfield, GA 31329	MISSIONARY/AS DI 70.00	7,000	0	0
DR. BEN MARTIN 101 N MAPLE STREET Springfield, GA 31329	PUBLIC RELATIONS COO 1.00	0	0	0
REV. ED CADLE 163 ROBIN ROAD Guyton, GA 31312	BOARD MEMBER 1.00	0	0	0
ANTHONY LEE 377 HWY 204 Pembroke, GA 31321	BOARD MEMBER 1.00	0	0	0
WILDER SMITH 10 N. RACETRACK STREET Swainsboro, GA 30401	MEDICAL COMMITTEE 1.00	0	0	0
DIANNE WEGMANN 308 YORKSHIRE DRIVE Guyton, GA 31312	WORK TEAM COORDINATOR 1.00	0	0	0
DAVID READY 18335 AMBERLY LANE South Bend, IN 46637	BOARD MEMBER 0.25	0	0	0
LEIGH THOMPSON P.O. BOX 133 Gray, GA 31032	COORDINATOR 0.10	0	0	0
GARY STEWART 2928 OLD DILL RD.	BOARD MEMBER			



# CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 6: page 2 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2008 or tax period beginning 07-01-2008, and ending 06-30-2009.
Name of Organization MISSION ON THE MOVE, INC.	Employer Identification Number 58-1681122

(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def Comp	(E) Expense Account & Other Allowances
Portal, GA 30450		0	0	0
DONNA ZIPPERER	COMMITTEE			
19 COLERAINE DR.	MEMBER			
Port Wentworth, GA 31407	1.00	0	0	0
CHANCE WARD	BOARD MEMBER			
1205 MCCALL ROAD	1.00			
Springfield, GA 31329		0	0	0
JULIE VANN	BOARD MEMBER			
7 WYLLY ISLAND DR.	1.00			
Savannah, GA 31406		0	0	0
TONY MAGLIONE	BOARD MEMBER			
1458 COTTON BOUNTY CT.	0.05			
Mount Pleasant, SC 29466		0	0	0
KARLA PEDUE	BOARD MEMBER			
51262 CROOKED OAK	0.00			
Granger, IN 46530		0	0	0
ELLEN KUIRO	BOARD MEMBER			
11115 N COUNTRY SQUIRE	1.00			
Houston, TX 77024		0	0	0
SCHEL PAULK	BOARD MEMBER			
P O BOX 279				
Guyton, GA 31312		0	0	0
JOHN CARROLL	BOARD MEMBER			
4663 WESLEYAN WOODS DR.				
Macon, GA 31210		0	0	0
JIM SIMMONS	BOARD MEMBER			
999 COURTHOUSE ROAD	1.00			
Springfield, GA 31329		0	0	0

BOOKS ARE IN CARE OF

Attachment 7 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2008 or tax period beginning 07-01, and ending 06-30-2009.
Name of Organization MISSION ON THE MOVE, INC.	Employer Identification Number 58-1681122
Part V - Line 42a	

Individual Name ..... REV. STEPHEN W. SHEAROUSE  
or  
Business Name:

Street Address ..... P.O. BOX 206

U S Address

Zip code 31329 City Springfield State GA  
or

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number ..... (912) 754-3349

Fax Number .....

**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1709

► File a separate application for each return.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868****Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension -- check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

<b>Type or print</b>	Name of Exempt Organization <b>MISSION ON THE MOVE, INC.</b>	<b>Employer identification number</b> <b>58-1681122</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions <b>P.O. BOX 206</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Springfield GA 31329</b>	

**Check type of return to be filed** (file a separate application for each return):

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

• The books are in the care of ► See attachment #9

Telephone No. ► \_\_\_\_\_ FAX No. ► \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year 20 \_\_\_\_ or► ☒ tax year beginning JULY 01, 20 08, and ending JUNE 30, 20 09.

**2** If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	<b>3b</b>	\$	0
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**Form **8868** (Rev. 4-2008)