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A For the 2009 calendar year, or tax year beginning 01-01-2009 , and ending 12-31-2009				
B Check if applicable	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Mobius The Mentoring Movement		D Employer identification number 02-0658483
<input checked="" type="checkbox"/> Address change				E Telephone number (802) 658-1888
<input type="checkbox"/> Name change		Number and street (or P O box, if mail is not delivered to street address) Room/suite 25 Winooski Falls Way		
<input type="checkbox"/> Initial return		City or town, state or country, and ZIP + 4 Winooski, VT 05404		F Group Exemption Number 
<input type="checkbox"/> Terminated				
<input type="checkbox"/> Amended return				
<input type="checkbox"/> Application pending				

<p><b>* Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</b> </p>	<p><b>G</b> Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) </p>
<p><b>I Website:</b>  www.mobiusmentors.org</p>	<p><b>H</b> Check  if the organization is <b>not</b> required to attach Schedule B (Form 990, 990-EZ, or 990-PF)</p>
<p><b>J Tax-Exempt status</b> (check only one)—<input checked="" type="checkbox"/> 501(c)(3)  (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>	





**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 Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 305,477

<b>Part I</b>	<b>Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (See the instructions for Part I )
---------------	---

Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .		1	275,261	
	2	Program service revenue including government fees and contracts . . . . .		2		
	3	Membership dues and assessments . . . . .		3		
	4	Investment income . . . . .		4	811	
	5a	Gross amount from sale of assets other than inventory . . . . .	5a	27,235	5c	-2,618
	b	Less cost or other basis and sales expenses . . . . .	5b	29,853		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .				
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>			6c	1,568
	a	Gross revenue (not including \$ 16,411 of contributions reported on line 1) . . . . .	6a	2,170		
	b	Less direct expenses other than fundraising expenses . . . . .	6b	602		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .				
	7a	Gross sales of inventory, less returns and allowances . . . . .	7a		7c	
b	Less cost of goods sold . . . . .	7b	0			
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .					
8	Other revenue (describe <input type="checkbox"/> _____)			8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .			9	275,022	
Expenses	10	Grants and similar amounts paid (attach schedule) <input type="checkbox"/>		10	103,771	
	11	Benefits paid to or for members . . . . .		11		
	12	Salaries, other compensation, and employee benefits . . . . .		12	182,184	
	13	Professional fees and other payments to independent contractors . . . . .		13	1,000	
	14	Occupancy, rent, utilities, and maintenance . . . . .		14	5,740	
	15	Printing, publications, postage, and shipping . . . . .		15	2,598	
	16	Other expenses (describe <input type="checkbox"/> _____)		16	32,763	
	17	Total expenses. Add lines 10 through 16 . . . . .		17	328,056	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .		18	-53,034	
	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	62,289	
	20	Other changes in net assets or fund balances (attach explanation) <input type="checkbox"/>		20	4,113	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .		21	13,368	

**Part II Balance Sheets**—If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II )		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments . . . . .	82,997	22 25,058
23	Land and buildings . . . . .		23
24	Other assets (describe   )	91,963	24 93,471
25	<b>Total assets</b> . . . . .	174,960	25 118,529
26	<b>Total liabilities</b> (describe   )	112,671	26 105,161
27	<b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) .	62,289	27 13,368

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )				<b>Expenses</b> (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )	
What is the organization's primary exempt purpose? Increase adult-youth mentoring relationships in Chittenden County, VT					
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title					
<b>28</b> Mentoring Recruiting Mobius recruits mentors and refers them to a network of local mentoring service provider organizations. With input from a group of volunteers who are experts in marketing and advertising, Mobius implements a recruiting effort that uses paid media, appearances at civic events and meetings, and a range of other techniques to attract volunteers to mentoring. Mobius is the largest recruiter of volunteer mentors in the county. Public Awareness Mobius raises public awareness of mentoring in support of both volunteer recruiting and fundraising. Techniques include paid and free media, appearances at fairs and other public events, appearances on radio talk shows and interviews in local papers, and development and maintenance of the Vermont Mentoring Partnership Website. Technical Support Mobius provides ongoing technical support to local mentoring programs as well as special professional development opportunities such as statewide mentoring conference. Mobius is an affiliate of the National Mentoring Partnership and through this relationship provides local programs with access to resources including the latest research, accepted best practices, and mentoring program management software. Fundraising Most local mentoring programs are small and would be uncompetitive when applying for large grants. By pulling together several mentoring programs to submit large collaborative grant requests, Mobius attracts funding to the local mentoring community. (Grants \$ 214,064) If this amount includes foreign grants, check here . . . <input type="checkbox"/>				<b>28a</b>	103,771
<b>29</b>  (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>				<b>29a</b>	
<b>30</b>  (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>				<b>30a</b>	
<b>31</b> Other program services (attach schedule) . . . . . (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>				<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .				<b>32</b>	214,064
<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated. (See the instructions for Part IV )					
<b>(a)</b> Name and address		<b>(b)</b> Title and average hours per week devoted to position	<b>(c)</b> Compensation (If not paid, enter -0-.)	<b>(d)</b> Contributions to employee benefit plans & deferred compensation	<b>(e)</b> Expense account and other allowances

Part VOther 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	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T . . . . .		
a	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	No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> 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	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . .	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved .	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9 . . . . .	39a	0
b	Gross receipts, included on line 9, for public use of club facilities . . . . .	39b	0
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 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	No
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	No
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ Andrea Torello Telephone no ▶ (802) 658-1888 20 Winooski Falls Way Suite 105 Located at ▶ Winooski, VT ZIP + 4 ▶ 05404		
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 <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>	42b	No
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	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input checked="" type="checkbox"/> 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.	44	No
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	No

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 46-49b and complete the tables for lines 50 and 51.

46	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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
49b	If "Yes," was the related organization a section 527 organization?		No

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) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

50(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		

51(d) Total number of other independent contractors each receiving over \$100,000 . . . . .

Please 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		Date			
Paid Preparer's Use Only	Preparer's signature		Date	Check if self-employed	Preparer's identifying number (See instructions)	
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN		Phone no	
	Burlington, VT 054018451				(802) 864-6565	
	May the IRS discuss this return with the preparer shown above? See instructions					
					Yes	No

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization Mobius The Mentoring Movement	Employer identification number 02-0658483
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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 **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 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?

h

☐

Provide the following information about the supported organization(s)

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

(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	
Total									

Part II

Support Schedule for Organizations Described in IRC 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)	(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.")	168,087	191,840	331,787	347,460	305,477	1,344,651
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	168,087	191,840	331,787	347,460	305,477	1,344,651
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)						89,762
6 Public Support. Subtract line 5 from line 4						1,254,889

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	168,087	971	331,787	347,460	305,477	1,344,651
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	19	971	2,226	1,992	811	6,019
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets			2,235	2,601	2,170	7,006
11 Total support (Add lines 7 through 10)						1,357,676

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 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	92 430 %
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	87 150 %

16a

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 the 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

b

10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

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 IIISupport Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6 )						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b33 1/3% support tests—2008. 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		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		



**Part IV**

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

**TY 2009 Other Liabilities Schedule****Name:** Mobius The Mentoring Movement**EIN:** 02-0658483**Software ID:** 09000047**Software Version:** 2009v1.3

Description	Beginning of Year Amount	End of Year Amount
United Way Auto PR	30	
Deferred revenue	87,000	
Deferred Revenue		90,359
Accounts Payable and Accrued Expenses	25,641	14,802

Additional Data

Software ID:

Software Version:

EIN: 02-0658483

Name: Mobius The Mentoring Movement

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Negesse Gutema 1000 River Road Essex Junction, VT 05452	Director 0	0		
Andrea Torello 431 Pine Street Burlington, VT 05401	Executive Direc 40 00	61,611		
Sascha Mayer 47 Maple Street Burlington, VT 05401	Director 1 00	0		
Joe Speidel 65 George St Burlington, VT 05401	Director 0	0		
Toby Knox 163 Boulder Hill Drive Shelburne, VT 05482	Vice Chair 0	0		
Dan Smith 22 Linden Terrace Burlington, VT 05401	President 1 00	0		
Zoe Erdman 274 Kennedy Drive South Burlington, VT 05403	Treasurer 1 00	0		
Randy Kimball 510 Highlands Drive Williston, VT 05495	Director 0	0		
Scott Jaunich 300 Sanctuary Rd Charlotte, VT 05445	Secretary 0	0		
Bill Gentes 89 Stonington Circle So Burlington, VT 05401	Director 0	0		
Larry Williams 210 College Street Burlington, VT 05401	Director 1 00	0		
Andre Bouffard 414 Browns Trace Road Jericho, VT 05465	Director 0	0		
Mint Dole 52 Waterview Road Colchester, VT 05446	Director 0	0		
Theresa Alberghini Di Palma 111 Colchester Avenue Burlington, VT 05401	Director 1 00	0		
Derrick Davis PO Box 1261 Stowe, VT 05472	Honorary 1 00	0		

**TY 2009 Grants and Similar Amounts Paid Schedule****Name:** Mobius The Mentoring Movement**EIN:** 02-0658483**Software ID:** 09000047**Software Version:** 2009v1.3

<b>Item No.</b>	1
<b>Class of Activity</b>	Mentoring
<b>Donee's Name</b>	Windsor County Partners
<b>Donee's Address</b>	PO Box 101 Windsor, VT 05089
<b>Amount (FMV)</b>	1,000
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	None
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

Item No.	2
Class of Activity	Mentoring
Donee's Name	The Collaborative
Donee's Address	PO Box 32 So Londonderry, VT 05155
Amount (FMV)	6,000
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	Mentoring
Donee's Name	Cambridge Elementary School
Donee's Address	PO Box 160 Jeffersonville, VT 05464
Amount (FMV)	23
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	4
Class of Activity	Mentoring
Donee's Name	Watershed Mentoring
Donee's Address	39 Barlow Street St Albans, VT 05478
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	5
Class of Activity	Mentoring
Donee's Name	Three River Valley Business & Ed Partner
Donee's Address	307 South Street Springfield, VT 05156
Amount (FMV)	6,000
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	



Item No.	6
Class of Activity	Mentoring
Donee's Name	Sara Holbrook Community Center
Donee's Address	66 North Avenue Burlington, VT 05401
Amount (FMV)	5,000
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	7
Class of Activity	Mentoring
Donee's Name	Mentor Connector
Donee's Address	77 Woodstock Avenue Rutland, VT 05701
Amount (FMV)	7,000
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	8
Class of Activity	Mentoring
Donee's Name	Lamoille Valley Mentoring Partnership
Donee's Address	63 Professional Drive Morrisville, VT 05661
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	9
Class of Activity	Mentoring
Donee's Name	Boys and Girls Club of Burlington
Donee's Address	62 Oak Street Burlington, VT 05401
Amount (FMV)	231
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	10
Class of Activity	Mentoring
Donee's Name	BBBS of Windham County
Donee's Address	PO Box 6008 Brattleboro, VT 05302
Amount (FMV)	4,000
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	11
Class of Activity	Mentoring
Donee's Name	Everybody Wins Vermont
Donee's Address	25 School Street Montpelier, VT 05601
Amount (FMV)	1,122
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	12
Class of Activity	Mentoring
Donee's Name	Mentors for Kids
Donee's Address	52 Institute Road Burlington, VT 05401
Amount (FMV)	2,733
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	13
Class of Activity	Mentoring
Donee's Name	Mentor Arts
Donee's Address	149 Church Street Burlington, VT 05401
Amount (FMV)	2,000
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	



Item No.	14
Class of Activity	Mentoring
Donee's Name	King Street Youth Center
Donee's Address	PO Box 1615 Burlington, VT 05402
Amount (FMV)	12,000
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	15
Class of Activity	Mentoring
Donee's Name	Community Friends Mentoring
Donee's Address	1138 Pine Street Burlington, VT 05401
Amount (FMV)	26,000
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	16
Class of Activity	Mentoring
Donee's Name	Spectrum Youth and Fam Svcs
Donee's Address	31 Elmwood Avenue Burlington, VT 05401
Amount (FMV)	9,125
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	17
Class of Activity	Mentoring
Donee's Name	Connecting Youth Chitt South
Donee's Address	5420 Shelburne Rd 300 Shelburne, VT 05482
Amount (FMV)	12,537
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	18
Class of Activity	Mentoring
Donee's Name	DREAM
Donee's Address	PO Box 361 Winooski, VT 05404
Amount (FMV)	7,000
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

**TY 2009 Other Assets Schedule****Name:** Mobius The Mentoring Movement**EIN:** 02-0658483**Software ID:** 09000047**Software Version:** 2009v1.3

Description	Beginning of Year Amount	End of Year Amount
Prepaid Expenses and Deferred Charges	68	
Pledges and Grants Receivable	87,000	90,359
Machinery and Equipment	4,864	3,112
Furniture and Fixtures	31	

TY 2009 Other Changes in Net Assets Schedule

**Name:** Mobius The Mentoring Movement

**EIN:** 02-0658483

**Software ID:** 09000047

**Software Version:** 2009v1.3

Description	Amount
Unrealized gains	4,113

TY 2009 Other Expenses Schedule

**Name:** Mobius The Mentoring Movement

**EIN:** 02-0658483

**Software ID:** 09000047

**Software Version:** 2009v1.3

Description	Amount
Volunteer Recognition event	50
Volunteer Recognition	375
Travel	1,187
Telecommunications/Web Maintena	1,270
Rounding	1
Printing and copying	1,050
Payroll Processing Expense	388
Other Expense recruitment	241
Other Expense /public awarenes	40
Other Expense /fundraising	300
Office Expenses	4,869
Membership dues - organization	230
Meeting refreshments	100
Meeting Expense - Mentoring	55
Meeting Expense - Fundraising	384
Less special event exp	220
Event Expense	302
Depreciation	1,784
Conferences, Conventions, and Meetings	292
Books, subscriptions, reference	96
Bookkeeping Fees	9,322
Bank fees	246
Advertising and Promotion	4,433