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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545 0047

2009

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

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

Open to Public Inspection

For the **2009** calendar year, or tax year beginning **2009**, and ending

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	C Please use IRS label or print or type. See specific instructions ENTERPRISE MENTORS INTERNATIONAL 13751 WADSWORTH PARK DR. #120 DRAPER, UT 84020	D Employer Identification Number 43-1536498
		E Telephone number
F Name and address of principal officer SAME AS C ABOVE		G Gross receipts \$ 1,073,809.
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list (see instructions)
J Website: N/A		H(c) Group exemption number
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of Formation 1990	M State of legal domicile MO

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Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities. <u>TO HELP FAMILIES WHO STRUGGLE FOR SELF-SUFFICIENCY ATTAIN A SELF-RELIANT LIVELIHOOD THROUGH SMALL ENTERPRISE ACTIVITIES AND INCREASED EDUCATION.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	23
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5 Total number of employees (Part V, line 2a)	5	8
	6 Total number of volunteers (estimate if necessary)	6	30
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,060,965.	Current Year 793,871.
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	111,253.	91,289.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	294,321.	112,685.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,466,539.	997,845.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	746,696.	450,214.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	558,575.	376,244.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	10,000.	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 234,004.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	324,435.	439,833.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,639,706.	1,266,291.	
19 Revenue less expenses. Subtract line 18 from line 12	-173,167.	-268,446.	
Net Assets or Liabilities	20 Total assets (Part X, line 16)	Beginning of Year 4,224,692.	End of Year 3,972,754.
	21 Total liabilities (Part X, line 26)	159,096.	175,605.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,065,596.	3,797,149.

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Part II Signature Block

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: _____

Type or print name and title: _____

Preparer's signature: *Rebecca Hux Johnson* Date: 11-15-10

Check if self-employed Preparer's identifying number (see instructions) P00224295

Firm's name (or yours if self-employed), address, and ZIP + 4: STAYNER, BATES & JENSEN, P.C.
P.O. BOX 2995
SALT LAKE CITY, UT 84110-2995

EIN ▶ 87-0495153
Phone no ▶ (801) 531-9100

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May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

6 NE
m2-12 G2

SCANNED JUL 15 2012