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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047
2009
Open to Public Inspection

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

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A For the 2009 calendar year, or tax year beginning July 1, 2009 and ending June 30, 2010

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C Name of organization: **WAKE UP MENTORING INC.**
 Doing Business As:
 Number and street (or P O box if mail is not delivered to street address): **P.O. BOX 550116**
 Room/suite:
 City or town, state or country, and ZIP + 4: **ORLANDO FL 32805-0116**

D Employer identification number: **56-2675531**

E Telephone number:

F Name and address of principal officer:

G Gross receipts: **65,973**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c) (**3**) ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ **N/A**

K Type of organization: Corporation Trust Association Other ▶

L Year of formation: **M** State of legal domicile:

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
Wake Up Mentoring, Inc. is a organization dedicated to mentoring and counseling juvenile offenders and at-risk youth.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a): **3**

4 Number of independent voting members of the governing body (Part VI, line 1b): **4**

5 Total number of employees (Part V, line 2a): **5**

6 Total number of volunteers (estimate if necessary): **6**

7a Total gross unrelated business revenue from Part VII, column (C), line 12: **7a**

7b Net unrelated business taxable income from Form 990-T, line 34: **0**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	20,405	65,972
9 Program service revenue (Part VIII, line 2g)		
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
12 Total revenue - add lines 8 through 11 (must equal Part VII, column (A), line 12)	20,405	65,973
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
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)	4,276	55,245
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25) ▶		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	9,663	22,699
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,939	77,944
19 Revenue less expenses. Subtract line 18 from line 12	6,466	-11,971
20 Total assets (Part X, line 16)	5,816	6,745
21 Total liabilities (Part X, line 26)	813	13,713
22 Net assets or fund balances. Subtract line 21 from line 20	5,003	-6,968

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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: **Dante Johnson / President** Date: **1-19-11**

Paid Preparer's Use Only

Preparer's signature: **Harvey, Covington & Thomas, LLC** Date: **407 Centerpointe Cir Ste 1603 Altamonte Springs, FL 32701**

Check if self-employed Preparer's identifying number (see instructions): **407-475-1000**

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2009)

M 2-12

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Form **8868**

(Rev. April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service

► **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
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

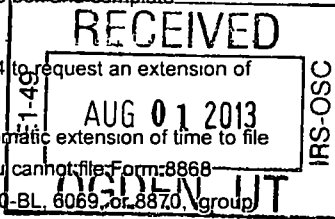
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

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 and click on e-file for Charities & Nonprofits.



Type or print File by the due date for filing your return See instructions	Name of Exempt Organization WAKE UP MENTORING, INC.	Employer identification number 56-2675531
	Number, street, and room or suite no. If a P O box, see instructions P.O. BOX 550116	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions ORLANDO FL 32855	

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

- | | | |
|--|---|------------------------------------|
| <input checked="" 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 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 ►

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 **02/15/11**, to file the exempt organization return for the organization named above. The extension is for the organization's return for

► calendar year or

► tax year beginning **07/01/09**, and ending **06/30/10**

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

3a 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.	3a	\$
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	3b	\$
c Balance Due. 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	3c	\$

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.

CLIENT COPY Form 8868 (Rev. 4-2009)