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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2010
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

1106

A For the 2010 calendar year, or tax year beginning July 1, 2010, and ending June 30, 2011

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

C Name of organization **WAKE UP MENTORING INC**
 Doing Business As **56-2675531**
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P O BOX 550116
 City or town, state or country, and ZIP + 4
ORLANDO, FL 32805-0016

D Employer identification number **52-2675531**

E Telephone number **407-770-7611**

G Gross receipts \$ **35,097**

F Name and address of principal officer

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)

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

J Website: **WAKEUPMENTORING.COM**

H(c) Group exemption number

K Form of organization Corporation Trust Association Other

L Year of formation

M State of legal domicile **FL**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <i>Wake-Up Mentoring is an organization dedicated to mentoring and counseling juvenile offenders and counsel. ng juvenile offenders and at risk youth</i>		
	2 Check this box <input type="checkbox"/> 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 individuals employed in calendar year 2010 (Part V, line 2a)		5
	6 Total number of volunteers (estimate if necessary)		6
	7a Total unrelated business revenue from Part VIII, column (C), line 12		7a
b Net unrelated business taxable income from Form 990-B, line 34		7b	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	65,972	35,097
	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 VIII, column (A), line 12)	65,973	35,097
	Expenses	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)		55,245	23,841
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)		22,699	7,274
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		77,944	31,115
19 Revenue less expenses. Subtract line 18 from line 12	-11,971	3,982	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	6,745	9,152
	22 Net assets or fund balances. Subtract line 21 from line 20	13,713	5,164
		-6,968	4,088

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.

9 Sign Here

Signature of officer: *[Signature]* Date: **8/15/11**

Type or print name and title: **Dante Johnson (President)**

4232 Paid Preparer Use Only

Print/Type preparer's name: **Sheila Jones** Preparer's signature: *[Signature]* Date: **8/15/11** Check if self-employed PTIN: **879932**

Firm's name: **Jones & Jones Accounting, LLC** Firm's EIN: **26-2623248**

Firm's address: **8879 West Colonial Drive, #172, Ocoee, FL 34761** Phone no:

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2010)

SCANNED SEP 25 2013

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