DLN: 93493163005982

Form **990** 

Department of the Treasury

## **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)

2010

OMB No 1545-0047

Open to Public

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

2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011								
applicable C Name of organization		D Employer	identification number					
Young Jin Moon Charitable Foundation		13-3911	1620					
Doing Business As		E Telephon	e number					
Number and street (or P O box if mail is not delivered to street address)	Room/suite	·						
1 Blue Hill Plaza 14th Floor No 1518	ROOM/ Suite	(845) 65						
Pearl River, NY 10965		<b>G</b> Gloss rece	npts \$ 1,175,841					
<u> </u>	H(a) takka							
Kook Jin Moon	n(a) is this a	group return for an	filiates / Yes / No					
PO Box 54 Irvington, NY 10533								
mpt status								
re: ► N/A								
rganization    Corporation    Trust    Association    Other ►	L Year of for	nation 1996	<b>M</b> State of legal domicile DE					
Summary			<u>,                                     </u>					
Briefly describe the organization's mission or most significant activities The Foundation operates exclusively to support a defined group of 501(c)(3) org Theological Seminary, and CARP	anızatıons, ın	cluding HSA	-UWC, Unification					
Check this box 🖛 if the organization discontinued its operations or disposed of	more than 25	5% of its net	assets					
Number of voting members of the governing body (Part VI, line 1a)		з	1					
		4	1					
		5	(					
Total number of volunteers (estimate if necessary)		6	(					
Total unrelated business revenue from Part VIII, column (C), line 12		7a	-1,035					
Net unrelated business taxable income from Form 990-T, line 34		7b						
	Prior	Year	Current Year					
8 Contributions and grants (Part VIII, line 1h)								
Program service revenue (Part VIII, line 2g)	0	0						
Investment income (Part VIII, column (A), lines 3, 4, and 7d)		403,226	143,518					
Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-1,385	-1,035					
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		400.044	447.400					
			147,483					
			300,000					
		0	0					
		0	0					
•		0	0					
		47.500	62,769					
			-215,286					
·		of Current	End of Year					
Total assets (Part X, line 16)		7,768,219	7,502,696					
Total liabilities (Part X, line 26)		21,353						
Net assets or fund balances Subtract line 21 from line 20		7,746,866						
		,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	/,431,330					
	Pearl River, NY 10965  F Name and address of principal officer Kook Jin Moon PO Box 54 Irvington, NY 10533  mpt status ▼ 501(c)(3) ▼ 501(c)(1) ▼ (insert no.) ▼ 4947(a)(1) or ▼ 527  e: ► N/A  **Ganization ▼ Corporation ▼ Trust ▼ Association ▼ Other ►  **Summary*  **Briefly describe the organization's mission or most significant activities The Foundation operates exclusively to support a defined group of 501(c)(3) org Theological Seminary, and CARP  **Check this box ► if the organization discontinued its operations or disposed of Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2010 (Part V, line 2a) . Total unrelated business revenue from Part VIII, column (C), line 12  **Net unrelated business revenue from Part VIII, column (C), line 12  **Contributions and grants (Part VIII, line 1h)	Pearl River, NY 10965    F Name and address of principal officer Kook Jin Moon PO Box 54   Irvington, NY 10533   H(b) Are all a If "No H(c) Group etc." N/A	F Name and address of principal officer Kook Jin Moon PO Box 54 Irvington, NY 10533  ## (b) Are all affiliates include If 'No,' attach a li If 'No,' attach					

	990 (2010)				Page 2
Par	Statement of Program S Check if Schedule O contains a				
1	Briefly describe the organization's mis	sion			
– The I	Foundation operates exclusively to supplements, and CARP		o of 501(c)(3) organiza	tions, including HSA-UWC,	Unification Theological
2	Did the organization undertake any sig the prior Form 990 or 990-EZ? If "Yes," describe these new services			which were not listed on	「Yes ▼ No
3	Did the organization cease conducting services?  If "Yes," describe these changes on So	, or make significar	nt changes in how it coi	nducts, any program	「Yes 「No
4	Describe the exempt purpose achieve Section 501(c)(3) and 501(c)(4) orga allocations to others, the total expens	ments for each of th	on 4947(a)(1) trusts a	re required to report the am	
4a	(Code ) (Expenses \$ The Foundation supported the Holy Spirit Asso	300,000 ociation for the Unificati	including grants of \$ on of World Christianity	300,000 ) (Revenue \$	)
4b	(Code ) (Expenses \$		ıncludıng grants of \$	) (Revenue \$	)
<b>4</b> c	(Code ) (Expenses \$		including grants of \$	) (Revenue \$	)
4d	Other program services (Describe in (Expenses \$	Schedule O ) Including grants o	f\$	) (Revenue \$	)
4e	Total program service expenses►\$	300,00	10		

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		No
3	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 $I$	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization 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	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 $\Box$ Yes $\Box$ No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. [	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this			
b	return	24		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the	2-		N.a
b	year?	3a 3b		No
4a	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)?	4a		No
ь	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 a	Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
	ın which the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand  13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI										. 🔽	7
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Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
	year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	<b>ection B. Policies</b> (This Section B requests information about policies not required by the Internal venue Code.)			
100	venue couc.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		No
14	Does the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	List the States with which a copy of this Form 900 is required to be filed. NV			
17	List the States with which a copy of this Form 990 is required to be filed NY  Section 5104 requires an organization to make its Form 1023 (or 1034 if applicable), 990, and 990-T (501/c)			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of			

- interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 Alexander K Stewart

One Blue Hill Plaza 14th Floor Pearl River, NY 10965 (845)652-8533

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours	Posi		C <b>)</b> (che	ck a			(D)  Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) Kook Jin Moon President, Director	50	Х		Х				0	360,000	0
(2) Katsuya Okamoto Vice President, Director	50	Х		Х				0	143,186	0
(3) Hyung Jin Moon Director	10	Х						0	0	0
(4) James Borer Director	30	Х						0	110,608	0
(5) Alexander K Stewart Secretary/Treasurer	50			Х				0	113,933	0

\$100,000 in compensation from the organization  $\blacktriangleright$ 0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	<b>(A)</b> Name and Title	(B) A verage hours		(tion that a			ıll		(D) Reportable compensation	(E) Reportable compensation	n T	(F) Estima amount o	ated fother
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W- 2/1099- MISC)		compen: from organizat relat organiza	the ion and ed
		,											
											$\dashv$		
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					$\vdash$						+		
					$\vdash$						$\dashv$		
											+		
					H						+		
											$\dashv$		
				$\vdash$	$\vdash$						+		
1b	Sub-Total	<u> </u>	<u> </u>	<del></del>	<u> </u>	<u> </u>	<u> </u>	<u> </u>			+		
С	Total from continuation sheets						<b>F</b>						
d	Total (add lines 1b and 1c) .							<b>&gt;</b>	0	727,72	27		0
2	Total number of individuals (inc \$100,000 in reportable comper					ted	above	) who	received more tha	in			
												Yes	No
3	Did the organization list any <b>for</b> on line 1a? <i>If</i> "Yes," complete Sc				ee, k	еу е	employ • •	ee, c	or highest compens	ated employee	3		No
4	For any individual listed on line organization and related organiz	1a, is the sum o	f report	able									140
_	Individual			•	• atıc=	• · fro:	 m.anv	• unro	lated organization	or individual for	4	Yes	
5	Did any person listed on line 1a services rendered to the organi									•	5		No
S	ection B. Independent Cor												
1	Complete this table for your five \$100,000 of compensation from			ındep	end	ent	contra	ctors	that received mor	e than			
	Na	( <b>A)</b> me and business ad	dress						Desc	(B) ription of services		( <b>C</b> Comper	
_	Takal annah an af malaman dan d					J L -	<b>.</b>	l. = 4 ·	d - h \				
2	Total number of independent con-	.ractors (INCIUDII	ng but r	III JOI	nite	ı to	ιnose	uste	u apovej wno recei	ved more than			

rm 990			_					
art VII	<u>••</u>	Statement of	Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
her similar amo	b c d e	Federated campaid Membership dues Fundraising events Related organizati Government grants (co All other contributions, similar amounts not in Noncash contributions	1b s 1c ons 1d ontributions) 1e gifts, grants, and 1f	5,000				
	h	<b>Total.</b> Add lines 1	a-1f	Business Code	5,000			
	b c d	All other program	service revenue	Business Code				
Š   g	3	Total. Add lines 2a	a-2f					
3		and other similar a	e (including dividends, inter imounts) ent of tax-exempt bond proceeds	►	127,476			127,476
	a b	Gross Rents Less rental expenses Rental income	(ı) Real	(II) Personal				
d		or (loss) Net rental income	or(loss)					
	b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss)	(i) Securities 1,044,400 1,028,358	(II) Other				
_ d	t	Net gaın or (loss)		►	16,042			16,042
88	b	(not including  \$ of contributions re See Part IV, line 1  Less direct exper	8 <b>a</b>					
9a	3	Gross income from	n gaming activities See					
ı	b	Part IV, line 19 . Less direct expenses	b					
10	Da	Net income or (los Gross sales of inv returns and allowa		⊁				
i c		Less cost of good Net income or (los Miscellaneous F	s sold <b>b</b> s) from sales of inventory	Business Code				
	La b c	Profit(Loss) from S	Gubs	551112	-1,035		-1,035	
		All other revenue						
		Total. Add lines 1:	la-11d e Instructions		-1,035			
					147,483	0	-1,035	143,518

Part	IX Statement of Functional Expenses				_
	Section 501(c)(3) and 501(c)(4) organizations mus			(D)	_
Do no	ll other organizations must complete column (A) but are not required to o ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21		·	,	<u> </u>
	·	300,000	300,000		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
а	Fees for services (non-employees) Management				
b	Legal				
c	Accounting	39,253		39,253	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	22,000		22,000	
g	Other				
12	Advertising and promotion				
13	Office expenses	242		242	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	602		602	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	147		147	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	Government Fees & Taxes	525		525	
b					_
c					
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	362,769	300,000	62,769	0
26	Joint costs. Check here ► □ If following				
	SOP 98-2 (ASC 958-720) Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	art X	Balance Sheet			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	2,874,653	2	2,247,751
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	13,290	4	0
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees  Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and contributing employers, and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions)			
<del>- }</del>		Schedule L		6	
Assets	7	Notes and loans receivable, net	125,000	7	17,069
₹	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			
	ь	Less accumulated depreciation 10b		<b>10</b> c	
	11	Investments—publicly traded securities	2,104,783	11	2,588,419
	12	Investments—other securities See Part IV, line 11	2,650,493	12	2,649,457
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	7,768,219	16	7,502,696
	17	Accounts payable and accrued expenses .	21,353	17	11,160
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
<u>ē</u>	21	Escrow or custodial account liability $\  extit{Complete Part IV of Schedule D} \ . \ .$		21	
abilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ä		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	21,353	26	11,160
S e S		Organizations that follow SFAS 117, check here ► 🔽 and complete lines 27 through 29, and lines 33 and 34.			
e D	27	Unrestricted net assets	7,746,866	27	7,491,536
<u> </u>	28	Temporarily restricted net assets		28	
둳	29	Permanently restricted net assets		29	
or Fund Balance		Organizations that do not follow SFAS 117, check here ► ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ř	33	Total net assets or fund balances	7,746,866	33	7,491,536
Z	34	Total liabilities and net assets/fund balances	7.768.219	34	7.502.696

	Check if Schedule O contains a response to any question in this	Part XI		. [~	
1	1 Total revenue (must equal Part VIII, column (A), line 12)	1			147,48
2	2 Total expenses (must equal Part IX, column (A), line 25)				362,769
3	<b>3</b> Revenue less expenses Subtract line 2 from line 1	3			215,28
4	4 Net assets or fund balances at beginning of year (must equal Part X, lin	e 33, column (A)) 4		7,7	746,86
5	5 Other changes in net assets or fund balances (explain in Schedule O)	5			-40,04
6	(B))	must equal Part X, line 33, column <b>6</b>		7,4	491,530
Par	Part XII Financial Statements and Reporting  Check if Schedule O contains a response to any question in this	Part XII		୮	
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by a	ıındependent accountant?	2a		Νo
b	<b>b</b> Were the organization's financial statements audited by an independent	accountant?	. 2b	Yes	
c	c If "Yes," to 2a or 2b, does the organization have a committee that assu audit, review, or compilation of its financial statements and selection of If the organization changed either its oversight process or selection pro	an independent accountant?	2c	Yes	
d	<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the final on a separate basis, consolidated basis, or both	ıcıal statements for the year were ıssu	ed		
	▼ Separate basis	ated and separated basıs			
3a	As a result of a federal award, was the organization required to undergo Single Audit Act and OMB Circular A-133?	an audit or audits as set forth in the	3a		No
b	<b>b</b> If "Yes," did the organization undergo the required audit or audits? If th audit or audits, explain why in Schedule O and describe any steps take		ıred <b>3b</b>		

## OMB No 1545-0047

# **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Young Jin Moon Charitable Foundation

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.

Inspection

**Employer identification number** 

Reason for Public Charity Status (All organizations must complete this part.) See instructions he organization is not a private foundation because it is (For lines 1 through 11, check only one box.)  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  A school described in section 170(b)(1)(A)(ii), (Attach Schedule E)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  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  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)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  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)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III)  A norganization that normally receives (1) more than 331/3% 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 331/3% 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)  A norganization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively in directly or indirectly by one or more disqualified pe		13-3911620						
A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  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  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 )  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  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 )  A community trust described in section 170(b)(1)(A)(vi) (Complete Part II )  A norganization that normally receives (1) more than 331/3% 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 331/3% 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 )  An organization organized and operated exclusively to test for public safety Seesection 509(a)(4).  An organization organized and operated exclusively to 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 II b Type III c Type III - Tunctionally integrated d Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more	Part	Reason for Public Charity Status (All organizations must complete this part.) See instru	uctions					
A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  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  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 ) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  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 ) An organization that normally receives (1) more than 331/3% 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 331/3% 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 ) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 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 II b Type III c Type III Functionally integrated d Type III Other 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)  If the organization re	he org	anization is not a private foundation because it is (For lines 1 through 11, check only one box )						
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  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  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 )  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  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 )  A community trust described in section 170(b)(1)(A)(vi) (Complete Part II )  A norganization that normally receives (1) more than 331/3% 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 331/3% 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 )  An organization organized and operated exclusively to test for public safety Sesection 509(a)(4).  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 I through 11h  a Type I b Type II c Type III - Functionally integrated d Fype III - Other  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 m	1 <b>「</b>	A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i).</b>						
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  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)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  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)  A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)  An organization that normally receives (1) more than 331/3% 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 331/3% 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)  An organization organized and operated exclusively to test for public safety Seesection 509(a)(4).  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 11 et through 11h  a Type I b Type II c Type III - Functionally integrated d Type III - Other other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(2) if the organization received a written determination from the IRS that it is a Type II or Type III supporting organization, check this box.  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (ii)	2 Γ	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )						
hospital's name, city, and state  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)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  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)  A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)  An organization that normally receives (1) more than 331/3% 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 331/3% 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)  An organization organized and operated exclusively to test for public safety Seesection 509(a)(4).  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 organizations and complete lines 11e through 11h  a Type II b Type II c Type III - Functionally integrated d Fype III - Other 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)  If the organization received a written determination from the IRS that it is a Type I, Type III or Type III supporting organization, check this box  Since Agust 17, 2006, has the organization accepted any gift or contribution from	з Г	A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>						
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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)  A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)  An organization that normally receives (1) more than 331/3% 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 331/3% 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)  An organization organized and operated exclusively to test for public safety Seesection 509(a)(4).  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		section 170(b)(1)(A)(iv). (Complete Part II )						
described in section 170(b)(1)(A)(vi) (Complete Part II )  A community trust described in section 170(b)(1)(A)(vi) (Complete Part II )  An organization that normally receives (1) more than 331/3% 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 331/3% 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 )  An organization organized and operated exclusively to test for public safety Seesection 509(a)(4).  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	6 F	A federal, state, or local government or governmental unit described in section $170(b)(1)(A)(v)$ .						
An organization that normally receives (1) more than 331/3% 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 331/3% 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.)  An organization organized and operated exclusively to test for public safety. Seesection 509(a)(4).  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	7 「	described in	the general	public				
An organization that normally receives (1) more than 331/3% 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 331/3% 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.)  An organization organized and operated exclusively to test for public safety. Seesection 509(a)(4).  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	8 Г							
receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% 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.)  O	9							
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.)  An organization organized and operated exclusively to test for public safety. Seesection 509(a)(4).  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								
acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. Seesection 509(a)(4).  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								
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		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III )						
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	.о Г	An organization organized and operated exclusively to test for public safety See <b>section 509(a)(4).</b>						
other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)  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  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?  11g(iii) No	1	one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See set the box that describes the type of supporting organization and complete lines 11e through 11h	ection 509(	a)(3).	Check			
check this box 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?  11g(iii) No	е Г	other than foundation managers and other than one or more publicly supported organizations described in	•	•				
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?  11g(iii) No		check this box	upporting o	rganız	ation,			
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?  11g(ii) No	g	following persons?		Voc	No			
(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?  11g(ii) No			11a(i)	162				
(iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) No								
	h		9(m)					

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		ur organization ur col (i) organi in the U S		(vii) A mount of support
		instructions))	Yes	No	Yes	No	Yes	No	
(A) Holy Spirit Association for the Unification of World Christianity	946103080	5	Yes		Yes		Yes		300,000
(B) Unification Theological Seminary	141569152	6	Yes			No	Yes		0
(C) Women's Federation for World Peace	133712630	12	Yes			No	Yes		0
Total									300,000

Part II	Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	action A Public Support	organización i	ans to quality t	ander the tests	noted below, pic	ase complete	1 4.1 ( 111.)
	ection A. Public Support		1		T		<u> </u>
Cale	endar year (or fiscal year beginning in) ▶	<b>(a)</b> 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	( <b>f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
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)						
6	Public Support. Subtract line 5 from						
	line 4						
	ection B. Total Support	-					
Cale	endar year (or fiscal year beginning	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	(f) Total
_	ın)►						
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar						
	sources						
9	Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV )						
11	<b>Total support</b> (Add lines 7						
	through 10)						
12	Gross receipts from related activiti	es, etc (See inst	ructions )			12	
13	First Five Years If the Form 990 is t	for the organizati	on's first, second	, thırd, fourth, or	fıfth tax year as a !	501(c)(3) organı	_ `
	check this box and <b>stop here</b>						<b>•</b>
	ortion C. Commutation of Dut	lio Sunnant T	organia				
<u> </u>	ection C. Computation of Pub Public Support Percentage for 2010			11 column (f\)		14	
	• • • • • • • • • • • • • • • • • • • •	•		11 Column (1))		14	
15	Public Support Percentage for 2009	3 Schedule A, Pa	rt II, line 14			15	
16a	<b>33 1/3% support test—2010.</b> If the				line 14 is 33 1/3%	or more, check	
	and <b>stop here.</b> The organization qua					22.4/20/	<b>▶</b>
D	33 1/3% support test—2009. If the				oa, and line 15 is a	, or more م۳۵/۱ ده	
17~	box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances test-</b>				na 12 162 ar 16h	and line 14	<b>►</b>
T/a	is 10% or more, and if the organization				, ,		
	in Part IV how the organization mee						rted
	organization	.co the lacts allu	circuitistatices	cost The Organiz	acion quannes as i	a pablicly Suppol	rted ▶□
h	10%-facts-and-circumstances test-	<b>-2009.</b> If the org	anization did not	check a box on lu	ne 13, 16a, 16b, o	r 17a and line	FI
	15 is 10% or more, and if the organ						
	Explain in Part IV how the organization						V
	supported organization					a pasilei	' <b>▶</b> ┌
18	Private Foundation If the organizati	ion did not check	a box on line 13	, 16a, 16b, 17a o	r 17b, check this l	box and see	,
	instructions			, , ,	,		<b>▶</b> □

Schedule A (Form 990 or 990-EZ) 2010 Page 3 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified Amounts 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 c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 **(e)** 2010 (f) Total ın) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) 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 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) 15 16 Public support percentage from 2009 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage

19a 33 1/3% support tests—2010. 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 ►E organization

33 1/3% support tests-2009. 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

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))

Investment income percentage from 2009 Schedule A, Part III, line 17

17

18

**17** 

18

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2010

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**SCHEDULE D** (Form 990)

Department of the Treasury

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions

Open to Public

terriai	Trevenue service F Attaci to FC	office separate distructions.			mopec	
	me of the organization ng Jın Moon Chantable Foundation		Emp	loyer identificati	on numbe	er
			13-3	3911620		
Pa	organizations Maintaining Donor Actor organization answered "Yes" to Form 99		unds	or Accounts.	Complet	te if the
		(a) Donor advised funds	(	<b>b)</b> Funds and oth	eraccou	nts
	Total number at end of year					
<u>.</u>	Aggregate contributions to (during year)					
}	Aggregate grants from (during year)					
ļ	Aggregate value at end of year					
;	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o		nor advi	sed	☐ Yes	┌ No
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the bendonferring impermissible private benefit				┌ Yes	┌ No
Pai	t III Conservation Easements. Complete	ıf the organızatıon answered "Yes" t	o Forn	n 990, Part IV,	lıne 7.	
<u>•</u>	Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualiceasement on the last day of the tax year	Preservation of a	certifie	d historic structu	re	
				Held at the E	nd of the	Year
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified his	toric structure included in (a)	2c			
d	Number of conservation easements included in (c) ac	equired after 8/17/06	2d			
3	Number of conservation easements modified, transfe the taxable year ▶	rred, released, extinguished, or terminate	ed by th	e organization du	ırıng	
ŀ	Number of states where property subject to conserva	ation easement is located ►				
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		dling of	violations, and	┌ Yes	┌ No
5	Staff and volunteer hours devoted to monitoring, insp					
,	Amount of expenses incurred in monitoring, inspecting	ng, and enforcing conservation easement	s during	g the year ► \$		
3	Does each conservation easement reported on line 2 $170(h)(4)(B)(II)$ and $170(h)(4)(B)(III)$ ?	(d) above satisfy the requirements of sec	ction		┌ Yes	┌ No
)	In Part XIV, describe how the organization reports co- balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easem	he footnote to the organization's financia				
ar	Complete if the organization answered "		or Otl	ner Similar A	ssets.	
.a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or resear	ch in fu			⊇,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research i				
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
	(ii) Assets included in Form 990, Part X			<b>►</b> \$		
<u>!</u>	If the organization received or held works of art, histofollowing amounts required to be reported under SFAS		or finan			
а	Revenues included in Form 990, Part VIII, line 1			<b>▶</b> - \$		

**b** Assets included in Form 990, Part X

Part	<b>IIII</b> Organizations Maintaining Co	<u>llections of Art</u>	<u>, His</u>	tori	cal Ir	<u>easur</u>	es, or (	<u> </u>	Similar A	Assets	(cor	tinued)
3	Using the organization's accession and other items (check all that apply)	records, check an	y of th	ie foll	owing	hat are	a signific	ant us	e of its colle	ection		
а	Public exhibition		d	Γ	Loan	or excha	ange prog	rams				
b	Scholarly research		e	Γ	Other	=						
С	Preservation for future generations											
4	Provide a description of the organization's co	llections and expla	ın hov	v the	/ furthe	r the or	ganızatıo	n's ex	empt purpos	e ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								lar	ΓYe	es	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	ed "Ye	es" to Form	1 990,		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	ediary	for c	ontribu	tions or	other as	sets n	ot	ΓYe	es	∏ No
b	If "Yes," explain the arrangement in Part XIV	and complete the	follow	ıng ta	able		ſ			<b>0</b>		
_	Da manana balana a							1-		Amount		
d C	Additions during the year						ŀ	1c 1d				
d	Additions during the year						ŀ					
e f	Distributions during the year							1e				
f 2-	Ending balance		- 212				Į	1f				<u> </u>
2a	Did the organization include an amount on Fo		e 217							Γ Y€	es	∏ No
	If "Yes," explain the arrangement in Part XIV		222	o = -	d IIVa	c" to F	2rm 000	Do -4	· T\/ line 4/	`		
Par	t V Endowment Funds. Complete	(a)Current Year		Were Prior \			Years Back		hree Years Bac		our Yea	ars Back
1a	Beginning of year balance	(4)-411-111	(-)	,, ,,,,,,		(0)		1 (-7.		(-)		
ь	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held a	as									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment 🕨											
c	Term endowment ▶											
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	ation 1	that a	re held	d and ad	mınıstere	d for t	:he	٦,	Yes	No
	(i) unrelated organizations $\ldots$								3	Ba(i)		
	(ii) related organizations								. 3	a(ii)		
	If "Yes" to 3a(II), are the related organization	·						•		3b		
4	Describe in Part XIV the intended uses of th					00 P	1.37 1	4.0				
Pair	t VI Investments—Land, Buildings	s, and Equipme	<u>nτ. 5</u>	$\Box$		•				Т		
	Description of investment				sis (inve	or other estment)	(b)Cost o basis (o		(c) Accumu depreciati		( <b>d)</b> Bo	ok value
<b>1</b> a L	and											
b E	Buildings											
c L	easehold improvements		•	$\vdash$								
	Equipment		•									
	Other		•				1					
									▶			

Part VIII Investments—Other Securities. See F	orm 990, Part X, line 12		
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)		Cost or end-o	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests	2,649,457		F
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )	2,649,457		
Part VIII Investments—Program Related. See			
			d of valuation
(a) Description of investment type	(b) Book value		f-year market value
			,
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, lin	e 15.		
	e 15.		<b>(b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		<b>(b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		<b>(b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im  (a) Description	e 15. tion		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Description (b) Should equal Form 990, Part X, col.(B) line 19	e 15. tion  5.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im  (a) Description  (b) Should equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X	e 15. tion  5.) , line 25.		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Description (b) Should equal Form 990, Part X, col.(B) line 19	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15  Part X  Other Liabilities. See Form 990, Part X	e 15. tion  5.) , line 25.		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	e 15. tion  5.) , line 25.		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	e 15. tion  5.) , line 25.		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	e 15. tion  5.) , line 25.		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	e 15. tion  5.) , line 25.		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	e 15. tion  5.) , line 25.		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	e 15. tion  5.) , line 25.		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	e 15. tion  5.) , line 25.		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	e 15. tion  5.) , line 25.		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	e 15. tion  5.) , line 25.		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	e 15. tion  5.) , line 25.		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	e 15. tion  5.) , line 25.		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	e 15. tion  5.) , line 25.		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	e 15. tion  5.) , line 25.		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	e 15. tion  5.) , line 25.	, , , , , , , , , , , , , , , , , , ,	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	e 15. tion  5.) , line 25.		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	e 15. tion  5.) , line 25.		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	e 15. tion  5.) , line 25.		(b) Book value

-611	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	าts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	147,483
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	362,769
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-215,286
4	Net unrealized gains (losses) on investments	4	-40,044
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-40,044
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-255,330
Part		er R	
1	Total revenue, gains, and other support per audited financial statements	1	132,476
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	-15,007
3	Subtract line <b>2e</b> from line <b>1</b>	3	147,483
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	<b>4</b> c	0
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	147,483
Part		per	
1	Total expenses and losses per audited financial statements	1	386,771
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	24,002
3	Subtract line <b>2e</b> from line <b>1</b>	3	362,769
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
		4c	0
c	Add lines <b>4a</b> and <b>4b</b>	40	•

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part XII, Line 2d - Other		investment losses 24,002
Adjustments		

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Schedule I

(Form 990)

Department of the Treasury

DLN: 93493163005982 OMB No 1545-0047

## Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number Young Jin Moon Charitable Foundation 13-3911620 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be 1 (a) Name and address of (c) IRC Code section (d) A mount of cash **(b)** EIN (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable valuation non-cash assistance or assistance grant cash (book, FMV, appraisal or government assistance other) (1) HSA-UWC481 8th 94-6103080 300,000 support church activities Avenue New York, NY 10001 0 (2) Unification Theological 14-1569152 scholarships for Seminary 30 Seminary Drive students Barrytown, NY 12507 (3) Women's Federation for 0 13-3712630 support womensupport World Peace Inc481 8th women's activities for Avenue beace New York, NY 10001

Identifier

**Return Reference** 

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistanc

**Explanation** 

Schedule I (Form 990) 2010

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DLN: 93493163005982

**Employer identification number** 

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

**Compensation Information** 

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Young Jin Moon Charitable Foundation 13-3911620 **Questions Regarding Compensation** Yes Νo Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e g, maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No." complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment from the organization or a related organization? 4a Nο 4h Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo **4**c Participate in, or receive payment from, an equity-based compensation arrangement? Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? **5**a Νo 5b Any related organization? Νo If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? Νo 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of  (i) Base compensation	W-2 and/or 1099-MI (ii) Bonus & incentive compensation	SC compensation  (iii) Other reportable compensation	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	<b>(F)</b> Compensation reported in prior Form 990 or Form 990-EZ
	7.1					_		
(1) Kook Jın Moon	(I) (II)	0 360,000	0	0	0			0
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
( 10 )								
( 11 )								
( 12 )								
( 13 )								
( 14 )								
( 15 )								
( 16 )								

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	Ketain Kerencie	<b>-</b> Apartonia

Schedule J (Form 990) 2010

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DLN: 93493163005982

NO 1343-00

2010

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

**SCHEDULE 0** 

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization
Young Jin Moon Charitable Foundation

Employer identification number

13-3911620

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		We send the 990 to all our Directors by email, so that they can review it and make make suggestions or ask questions before it is filed

Identifier	Return Reference	Explanation						
	Form 990, Part VI, Section B, line 15	None of our officers and directors are paid by us						

ldentifier	Return Reference	Explanation
	Form 990, Part VI, Section C, line 19	Our governing documents and financial statements are not available to the public

ldentifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized losses on investments -40,044

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DLN: 93493163005982

2010

OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE R** (Form 990)

**Related Organizations and Unrelated Partnerships** 

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. 

Name of the organization Young Jın Moon Chantable Foundation						tification number		
Part I Identification of Disregarded Entities (Comp	lete if the organization	on answered "Yes	s" on	Form 990, Pa	13-3911620 rt IV, line 33.)			
(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (st or foreign countr		<b>(d)</b> Total income	(e) End-of-year assets	<b>(f)</b> Direct controll entity	ling	
(1) Technology Development Holdings LLC 1 Blue Hill Plaza 14th Floor Box 15 Pearl River, NY 10965 13-4052656	holding company	NY		49,49	1 2,680,58	Young Jin Moon Cha Foundation	rıtable	
Part II Identification of Related Tax-Exempt Organior more related tax-exempt organizations during		ıf the organizatio	on ans	swered "Yes"	on Form 990, Part	IV, line 34 becau	ise it had	d one
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) te Exempt Code section		(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	(g) Section 512(b)(1: controlled organization	
			-				Yes	No
							+	
For Privacy Act and Panerwork Reduction Act Notice see the Instruction	ions for Form 990	Cat No F	50135	5 Y		Schedule R (	(Form 990	) 2010

Schedule R (Form 990	)2010														Page <b>2</b>
				<b>ble as a Partners</b> treated as a partne					answe	ered "`	Yes" on F	orm 990,	Part	IV, lıı	ne 34
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Share	<b>(f)</b> of total income	Shar	(g) e of end-of-year assets	(h Disprop allocat	rtionate	Code \ amount in Schedu (Form	/—UBI box 20 of ile K-1	<b>(j</b> Gene mana parti	ral or aging	<b>(k)</b> Percentage ownership
									Yes	No			Yes	No	
				ble as a Corpora ations treated as a							nswered	"Yes" on	Form	990,	Part IV,
	(a) I EIN of related organiza		(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct contro entity		(e) Type of entity (C corp, S corp or trust)	Sh	· (1	f) tal income	( <b>g</b> Shan end-of asse	e of -year		(h) Percentage ownership
(1) Saello Enterprises Inc One Blue Hill Plaza Suite 1: Pearl River, NY10965 13-4071175	518		Manufacturing	NY		Kook Jin Moon		С							

F (:	Transactions with Related Organizations (Complete in the organization answered Tes	on rolling 30, Pai	(1V, IIIIe 34, 33, 3	JA, 01 JU.)				
	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No		
<b>1</b> Du	ırıng the tax year, dıd the orgranızatıon engage ın any of the following transactıons with one or more related orgar	nizations listed in Parts	s II-IV?					
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No		
b	Gift, grant, or capital contribution to other organization(s)			1b		No		
c	Gift, grant, or capital contribution from other organization(s)			1c		No		
d	Loans or loan guarantees to or for other organization(s)			1d		No		
e	Loans or loan guarantees by other organization(s)			<b>1e</b>		No		
f	Sale of assets to other organization(s)			1f	<u> </u>	No		
g	Purchase of assets from other organization(s)			1g	$oldsymbol{ol}}}}}}}}}}}}}}}}}}$	No		
h	Exchange of assets			1h	<b>↓</b>	No		
i	Lease of facilities, equipment, or other assets to other organization(s)			1i	<u> </u>	No		
					<u> </u>	<u> </u>		
j	Lease of facilities, equipment, or other assets from other organization(s)			1 <u>j</u>	<u> </u>	No		
k	Performance of services or membership or fundraising solicitations for other organization(s)			1k	<u> </u>	No		
	Performance of services or membership or fundraising solicitations by other organization(s)			11 1m	Yes	No		
m	in ordering of racinates, equipment, maining hotes, or other assets							
n	Sharing of paid employees			1n	Yes	<u> </u>		
				_	<u> </u>	<u> </u>		
	Reimbursement paid to other organization for expenses			10	<u> </u>	No		
р	Reimbursement paid by other organization for expenses			1p	├─	No		
				1	<del>                                     </del>	L		
	Other transfer of cash or property to other organization(s)			1q 1r	<del>                                     </del>	No No		
r	O ther transfer of cash or property from other organization(s)			<u> </u>		140		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, in	ncluding covered relati	onships and transact	ion thresholds				
	(a) Name of other organization	<b>(b)</b> Transaction	(c) Amount involved	(d) Method of determin	nng am	ount		
(1)	······································	type(a-r)		ınvolved	1			
(2)								
(3)								
(4)								
(4)								
(5)								
(6)								
,		1	1	1				

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d Are parti sect 501(d organiz	ners tion t)(3) rations?	<b>(e)</b> Share of end-of-year assets		f) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	(h) neral or naging irtner?	
			Yes	No		Yes	No		Yes	No	
									+		
			t			+				T	
									4	_	
									+	-	
										+	
										1	
			1							$\perp$	

#### Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Schedule R (Form 990) 2010

#### **Additional Data**

Software ID: Software Version:

**EIN:** 13-3911620

Name: Young Jin Moon Charitable Foundation

# Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	<b>(ii)</b> EIN	(iii)  Type of organization (described on lines 1- 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		support?		Did you notify the organization in (i) of your support?		Did you notify the organization in (i) of your support?		Did you notify the organization in (i) of your		Did you notify the organization in (i) of your support?		Did you notify the organization in (i) of your support?		Did you notify the organization in (i) of your support?		Did you notify the organization in (i) of your		Did you notify the organization in (i) of your support?		Is organız (ı) orga	vi) the ation in nized in J S ?	(vii) A mount of support?
			Yes	No	Yes	No	Yes	No																	
(A) Holy Spirit Association for the Unification of World Christianity	946103080	5	Yes		Yes		Yes		300000																
(B) Unification Theological Seminary	141569152	6	Yes			No	Yes		0																
(C) Women's Federation for World Peace	133712630	12	Yes			No	Yes		0																