

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2003

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2003 calendar year, or tax year beginning

, and ending

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific instructions.

C Name of organization

Middleton Outreach Ministry

Number and street (or P.O. box if mail is not delivered to street address)

7432 Hubbard Ave

Room/suite

City or town

State or country

ZIP + 4

Middleton

WI

53562

D Employer identification number

39-1484945

E Telephone number**F Accounting method:**☐ Cash☐ Accrual☐ Other (specify) **▶**

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates **▶****H(c)** Are all affiliates included? ☐ Yes ☒ No

(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number **▶****M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)**G Website:** **▶****J Organization type** (check only one)☒ 501(c)(3)

(insert no.)

☐ 4947(a)(1) or☐ 527**K Check here**☐

if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **▶**

477,493

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

1	Contributions, gifts, grants, and similar amounts received.			
a	Direct public support	1a	416,883	
b	Indirect public support	1b	44,666	
c	Government contributions (grants)	1c	5,721	
d	Total (add lines 1a through 1c) (cash \$ 368,391 noncash \$ 98,879)	1d		467,270
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		0
3	Membership dues and assessments	3		0
4	Interest on savings and temporary cash investments	4		6,550
5	Dividends and interest from securities	5		0
6a	Gross rents	6a		
b	Less: rental expenses	6b		
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		0
	Other investment income (describe ▶ Appreciation in Investments during Year)	7		3,673
8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
		0 8a	0	
b	Less: cost or other basis and sales expenses	0 8b	5,667	
c	Gain or (loss) (attach schedule)	0 8c	-5,667	
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		-5,667
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>			
a	Gross revenue (not including \$ 416,883 of contributions reported on line 1a)	9a	0	
b	Less: direct expenses other than fundraising expenses	9b	0	
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		0
10a	Gross sales of inventory, less returns and allowances	10a		
b	Less: cost of goods sold	10b		
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		0
11	Other revenue (from Part VII, line 103)	11		0
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		471,826
13	Program services (from line 44, column (B))	13		384,897
14	Management and general (from line 44, column (C))	14		44,327
15	Fundraising (from line 44, column (D))	15		38,347
16	Payments to affiliates (attach schedule)	16		0
17	Total expenses (add lines 16 and 44, column (A))	17		467,571
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		4,255
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		243,717
20	Other changes in net assets or fund balances (attach explanation)	20		22
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		247,994

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2003)

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0)	22	0		
23	Specific assistance to individuals (attach schedule)	23	76,867	76,867	
24	Benefits paid to or for members (attach schedule)	24	0		
25	Compensation of officers, directors, etc.	25	56,408	31,588	12,974
26	Other salaries and wages	26	119,081	100,028	11,908
27	Pension plan contributions	27	0		7,145
28	Other employee benefits	28	3,058	2,171	
29	Payroll taxes	29	15,277	10,847	642
30	Professional fundraising fees	30	1,813	1,088	245
31	Accounting fees	31	3,000		308
32	Legal fees	32	0		3,000
33	Supplies	33	3,688	3,098	
34	Telephone	34	7,572	6,361	221
35	Postage and shipping	35	14,048	6,041	757
36	Occupancy	36	28,051	24,404	454
37	Equipment rental and maintenance	37	2,436	2,391	2,388
38	Printing and publications	38	16,635	7,153	5,619
39	Travel	39	2,569	1,541	842
40	Conferences, conventions, and meetings	40	2,622	1,573	19
41	Interest	41	0		26
42	Depreciation, depletion, etc. (attach schedule)	42	3,140	1,884	2,828
43	Other expenses not covered above (itemize) a Dues	43a	1,031	619	6,654
	b Other Pro fees	43b	1,234	1,074	591
	c Insurance	43c	5,631	3,379	437
	d Misc	43d	2,137	1,517	446
	e Truck Expense	43e	1,270	1,270	
	f In Kind	43f	100,003	100,003	
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	467,571	384,897	44,327
					38,347

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☐ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 0, (ii) the amount allocated to Program services \$, (iii) the amount allocated to Management and general \$, and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

What is the organization's primary exempt purpose? <input type="checkbox"/>	Program Service Expenses Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a MOM's Rental Assistance Program helps an average of 18 client families per month with direct cash assistance of \$200 or more on a matching grant basis prevent eviction and homelessness. Our housing counselors and case managers help many more people with services follow-up home visits, budget counseling, tenant-landlord mediation inter-agency collaboration or collateral (Grants and allocations \$)	85,000
b MOM's "Good Samaritan" assistance program serves 30 clients per month with emergency funds that range from \$50 to \$150 per case. These funds are allocated for utilities (to avoid cut-offs), medical prescriptions, auto repair, out-of-town bus fares, brief motel stays or other emergencies and transient aid. (Grants and allocations \$)	86,400
c MOM's Hubbard Cupboard Food Pantry regular serves 335 families per month and 1,200 to 1,500 different families in the course of a year. The free food and clothing free up other resources for rent and utility payments. (Grants and allocations \$)	156,697
d MOM's "Project for Older People" (POP) supports more than 200 people a year in their efforts to live independent volunteers provided more than 3000 service units in 2003, including rides to doctor appointments, shopping errands, friendly visits, respite care, indoor or outdoor chores for elderly (age 65) half of whom are 85 or older. (Grants and allocations \$)	56,800
e Other program services (attach schedule) (Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	384,897

Part IV Balance Sheets (See page 25 of the instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only			(A) Beginning of year		(B) End of year
Assets	45	Cash—non-interest-bearing		3,694	45 -245
	46	Savings and temporary cash investments		228,216	46 247,238
	47 a	Accounts receivable	47a 8,562		
	b	Less: allowance for doubtful accounts	47b 0	7,157	47c 8,562
	48 a	Pledges receivable	48a 0		
	b	Less: allowance for doubtful accounts	48b 0	0	48c 0
	49	Grants receivable			49
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		0	50 0
	51 a	Other notes and loans receivable (attach schedule)	51a 0		
	b	Less: allowance for doubtful accounts	51b 0	0	51c 0
	52	Inventories for sale or use			52
	53	Prepaid expenses and deferred charges		2,237	53 2,067
	54	Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		0	54 0
	55 a	Investments—land, buildings, and equipment: basis	55a 28,656		
	b	Less: accumulated depreciation (attach schedule)	55b 27,348	10,114	55c 1,308
56	Investments—other (attach schedule)		0	56 0	
57 a	Land, buildings, and equipment: basis	57a 0			
b	Less: accumulated depreciation (attach schedule)	57b 0	0	57c 0	
58	Other assets (describe <input type="checkbox"/> Facility receivable)		1,800	58 0	
59	Total assets (add lines 45 through 58) (must equal line 74)		253,218	59 258,930	
Liabilities	60	Accounts payable and accrued expenses		9,501	60 10,937
	61	Grants payable			61
	62	Deferred revenue			62
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		0	63 0
	64 a	Tax-exempt bond liabilities (attach schedule)		0	64a 0
	b	Mortgages and other notes payable (attach schedule)		0	64b 0
	65	Other liabilities (describe <input type="checkbox"/>)		0	65 0
66	Total liabilities (add lines 60 through 65)		9,501	66 10,937	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67	Unrestricted		118,717	67 122,993
	68	Temporarily restricted		125,000	68 125,000
	69	Permanently restricted			69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70	Capital stock, trust principal, or current funds			70
	71	Paid-in or capital surplus, or land, building, and equipment fund			71
	72	Retained earnings, endowment, accumulated income, or other funds			72
	73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		243,717	73 247,993
	74	Total liabilities and net assets / fund balances (add lines 66 and 73)		253,218	74 258,930

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify) \$		
	----- \$		
	Add amounts on lines (1) through (4)	b	0
c	Line a minus line b	c	0
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) \$		
	----- \$		
	Add amounts on lines (1) and (2)	d	0
e	Total revenue per line 12, Form 990 (line c plus line d)	e	0

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify) \$		
	----- \$		
	Add amounts on lines (1) through (4)	b	0
c	Line a minus line b	c	0
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) \$		
	----- \$		
	Add amounts on lines (1) and (2)	d	0
e	Total expenses per line 17, Form 990 (line c plus line d)	e	0

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions)

(A) Name and address			(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Name	Str		Title			
City	ST	ZIP	Hr/WK			
Name	Str		Title			
City	ST	ZIP	Hr/WK			
Name	Copy Attached	Str	Title			
City	ST	ZIP	Hr/WK	0	0	0
Name	Str		Title			
City	ST	ZIP	Hr/WK			
Name	Str		Title			
City	ST	ZIP	Hr/WK			
Name	Str		Title			
City	ST	ZIP	Hr/WK			
Name	Str		Title			
City	ST	ZIP	Hr/WK			
Name	Str		Title			
City	ST	ZIP	Hr/WK			
Name	Str		Title			
City	ST	ZIP	Hr/WK			

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

► ☐ Yes ☐ No

If "Yes," attach schedule—see page 28 of the instructions

Part VI Other Information (See page 28 of the instructions)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization _____ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct and indirect political expenditures. See line 81 instructions	81a	
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b Value included in Part I	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	X
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	0
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86	501(c)(7) orgs Enter: a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	
89 a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under section 4911 _____; section 4912 _____; section 4955 _____		
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
90 a	List the states with which a copy of this return is filed Wisconsin		
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)	90b	
91	The books are in care of _____ Name _____ Telephone no _____ Located at 7432 Hubbard Ave, Middleton, WI _____ City _____ ST _____ Zip + 4 _____		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)**Note:** Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments		6,550			
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income		3,673			
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		10,223		0	0
105 Total (add line 104, columns (B), (D), and (E))					10,223

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)

▼

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%		0	0
	%		0	0
	%		0	0
	%		0	0

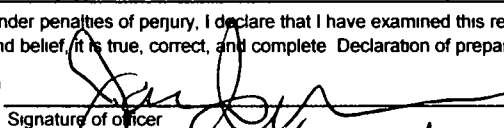
Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

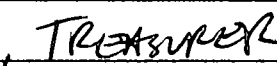
- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☐ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☐ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer:  Date: 6/2/04

Treasurer: 

Date: 5/31/2004 Check if self-employed: ☒ X Preparer's SSN or PTIN (See Gen. Inst. W): P00045777

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

2003

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization

Middleton Outreach Ministry

Employer identification number

39-1484945

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name Dietrich Gruen Str 518 Walnut Grove Dr City Madison ST WI Zip 53717 Country	Title Executive Director Avg hr/wk 55	56,408		2,126
Name Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Total number of other employees paid over \$50,000				

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Total number of others receiving over \$50,000 for professional services		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2003

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5** ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6** ☐ A school. Section 170(b)(1)(A)(ii) (Also complete Part V.)
- 7** ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8** ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9** ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____ City _____ ST _____ Country _____
- 10** ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)
- 11 a** ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 11 b** ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 12** ☒ An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13** ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	417,503	379,906	270,160	273,476	1,341,045
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	7,179	9,044	2,438	3,974	22,635
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	424,682	388,950	272,598	277,450	1,363,680
24 Line 23 minus line 17	424,682	388,950	272,598	277,450	1,363,680
25 Enter 1% of line 23	4,247	3,890	2,726	2,775	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	0
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	0
d Add: Amounts from column (e) for lines: 18 <u>0</u> 19 <u>0</u> 22 <u>0</u> 26b <u>0</u>	26d	0
e Public support (line 26c minus line 26d total)	26e	0
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	0.00%

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year (2002) <u>71,000</u> (2001) <u>39,000</u> (2000) <u>31,100</u> (1999) _____		
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2002) _____ (2001) _____ (2000) _____ (1999) _____		
c Add: Amounts from column (e) for lines: 15 <u>1,341,045</u> 16 <u>0</u> 17 <u>0</u> 20 <u>0</u> 21 <u>0</u>	27c	1,341,045
d Add: Line 27a total <u>141,100</u> and line 27b total <u>0</u>	27d	141,100
e Public support (line 27c total minus line 27d total)	27e	1,199,945
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	27f	1,363,680
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	87.99%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	1.66%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Line 8 (990) - Gain/loss from sale of assets other than inventory

Totals												
Public Securities												
Non-Public Securities												
Other sales												
Index	Description	Check if gain/loss is from sale of public securities	Check if gain/loss is from sale of non public securities	Check if purchaser is a business	Purchaser	Date acquired	Acquisition method	Date sold	Gross sales price	Cost or other basis (Enter one field only)		Expense of sale and cost of improvements
										Cost	Donated value	
1	Copy Machine Junked				Junked	2/28/1997		1/5/2003	0	5,667		
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	To add more lines to this schedule, press CTRL+Q											

Gross sales	0	Cost, other basis and expenses	0
Public Securities	0	Non-Public Securities	0
Other sales	0	Expense of sale and cost of improvements	5,667

Line 20 (990) - Other changes in net assets or fund balances

1	Audit Adjustment from Prior year not recorded until this year. Adjustment made during Audit	1	22
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10	Total	10	22

Form **8868**
(December 2000)Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box ☒ **X**
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time** - Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print	Name of Exempt Organization MIDDLETON OUTREACH MINISTRY	Employer identification number 39-1484945
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 7432 HUBBARD AVE.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MIDDLETON, WI 53562-3118	

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

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box ☐ **X**
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until **AUGUST 16, 2004** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ ☒ calendar year **2003** or
 ▶ ☐ tax year beginning _____, and ending _____

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

- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ _____ Title ▶ _____ Date ▶ _____
 LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)

MOM Board of Directors							
Every Board member serves a 2-year term, beginning in January or February of the stated year, unless otherwise indicated by a month in which they took office to finish another's term							
(Class Year) Officer	LAST	FIRST	ADDRESS	CHURCH	PHONE	Occupation	E-MAIL ADDRESS
(Sep 1997) Ex-officio	Gruen	Dietrich	518 Walnut Grove Drive Madison, WI 53717	(High Point Church)	H: 833-2484 O: 826-3408	Exec Director cell: 219-9262	dgruen@chorus.net dietrich@mompop.org
(2000)	Davis	Mike	7418 Elmwood Ave Middleton, WI 53562	At Large	H: 824-0125 O: 827-1058	city administrator	mdavis@c1.middleton.wi.us
(Apr 2002) President	Diederich	Fran	8501 Old Sauk Road, #317 Middleton, WI 53562	High Point Church	H: 662-9888	independent consultant	frand@tds.net
(2002) Vice-Pres	Doll	Jerry	7386 Clover Hill Dr. Waunakee, WI 53597	St. Thomas Aquinas	H: 836-8809 W: 263-7437	Weed Scientist Univ of Wisc	jddoll@wisc.edu
(Aug 2001)	Gray	Marge	7202 Mockingbird Lane Middleton, WI 53562	St. Luke's Lutheran	H: 831-6277	retired educator	margen@chorus.net
(2004)	Hammes	Don	3507 Valley Ridge Road Middleton, WI 3562	At Large	H: 836-1205 O: 264-8503	ServicePoint Admin / WI Bureau of Housing	dhammes@commerce.state. wi.us
(2003)	Harper	Jim	6811 Aldo Leopold Way Middleton, WI 53562	Lutheran Church of the Living Christ	H: 831-2422	retired insurance executive	harpjallen@charter.net
(2004)	Hickey	Don	66 Oakbridge Court, #113 Madison, WI 53717	Lakeshore Community Church	H: 821-0662	Retail business, night shift work	mrdon2u@hotmail.com
(Dec 2001) Secretary	Hurtleston	David	1217 DeVonshire Ct. Middleton, WI 53562	St. Bernard's Catholic	H: 836-9502 O: 829-3887	consulting actuary	DAVIDSR@HDDDESIGN.COM
Oct. 2003	Iliff	James	3100 Nightinggale Lane Middleton, WI 53562	Middleton Community Church – UCC	O: 831-4694 cell. 215-8924	active clergy	Jliff0816@aol.com
(June 2004)	Jones	Tina	1204 N High Point Road Middleton, WI 53562	At Large	H: 824-9199	MOM client; MBA grad '03	jonestna@netzero.net
(Sept. 2003)	LeCount	Bob	4525 Bonner Lane Madison, WI 53704	Asbury Methodist Church	H: 249-8837 O: 212-1247	retired clergy	lecounts@chorus.net
(Oct. 2003)	Murphy	John	901 Pepple Beach Dr. Madison, WI 53717	St. Thomas Aquinas (alternate)	H: 836-7191	retired doctor	jetcm@worldnet.att.net
(2003)	Oakes	Gale	1735 Apollo Circle Stoughton, WI 53589	Dale Heights Presbyterian	H: 877-0502 O: 265-5867	Faculty UW Zoology Dept	goakes@wisc.edu
Apr 2004	Ott	Connie	7995 Shag Bark Circle Cross Plains, WI 53528	St. Dunstan's Episcopal (temporary)	H: 798-3688	Retired Nurse	cott@chorus.net
(2000)	Shanley	Merv	3307 Prairie Glade Rd. Middleton, WI 53562	West Middleton Lutheran	H: 836-3537	retired operations mgr	mshanley@charter.net
(Oct. 2003) Treasurer	VanderMeer	Jim	301 Acadia Drive Madison, WI 53717	At Large	H: 833-9694 O: 821-1928	Bank VP	jvandermeer@amcore.com
(2004)	Zinda	Gayle	3294 Brooklyn Dr Stoughton, WI 53589	High Point Church (alternate)	H: 873-9344 O: 215-6715	nurse	grtdy@hotmail.com