# **NOTICE**

GuideStar has been informed by the IRS of processing errors on IRS Forms 990 filed electronically between January 1, 2009, and December 3, 2010, for form year 2008. These processing errors resulted in inaccurate data appearing on the scanned images of the affected returns that are posted on GuideStar and do not reflect the information filed with the IRS.

### These errors include:

- Part III, line 1, organization's mission description—may not reflect what was originally submitted by the nonprofit organization.
- Part VIII, line 8a, gross income for special events—values may have been transposed.
- Part IX, line 7c, other salaries and wages, management and general expenses—may show a blank where a value was originally reported.
- Schedule D, Part V, line 3a(ii), endowment funds and possession by related organizations—checkbox values may have been transposed.

GuideStar is working with the IRS to obtain a corrected copy of its form year 2008 Form 990. GuideStar will replace this Form 990 if, and when, the accurate return is made available from the IRS.

For more information, please visit <a href="http://www2.guidestar.org/rxg/help/form-year-2008-returns.aspx">http://www2.guidestar.org/rxg/help/form-year-2008-returns.aspx</a>



DLN: 93493224003489

Form **990** 

Department of the Treasury Internal Revenue

# **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)

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

2008
Open to Public

Open to Public Inspection

Serv			<u> </u>										
			alendar yea	r, or tax year beginning 01- C Name of organization	-01-2008	and ending 12-31-2008		D Employer ic	lentification number				
_		pplicable	Please use IRS	Middleton Outreach Ministry									
	ldress ch	_	label or	Doing Business As		39-14849 E Telephone r							
_	ame cha	_	print or type. See					(608) 836	-7338				
	ıtıal retu		Specific Instruc-	Number and street (or P O bo 7432 Hubbard Avenue	s) Room/suite		ots \$ 1,125,424						
ΓTe	erminatio	n	tions.	7432 Hubbald Aveilue					. , ,				
☐ Ar	mended	return		City or town, state or country Middleton, WI 53562	, and ZIP + 4								
☐ Ap	plication	pending		Middleton, WI 33302									
			F Nan	ne and address of Principal	Officer		H(a) Is this	s a group retur	n for				
			David N	Miller Hubbard Avenue			affiliat		┌ Yes				
				ton, WI 53562			H(h) Are all	affiliates includ	led?				
I Ta	ax-exem	pt status	<b>▽</b> 501(c)	)(3) <b>◄</b> (insert no)	a)(1) or 厂	527	H(b) Are all affiliates included? Yes No (If "No," attach a list See instructions)						
	Veb sit	e: ► ww	w mompop	ora				p Exemption N					
				J									
<b>К</b> Ту	pe of org	janization	Corporat	ion trust association ot	her 🕨		<b>L</b> Year of For	mation 1980	State of legal domicile WI				
Pa	art I	Sum	mary										
	1			ne organization's mission oi	r most sıgn	ıfıcant actıvıtıes							
Governance	See A	•	al Data Tab	-	-								
Ē	2	Check	this box	if the organization discont	ınued ıts oj	perations or disposed o	f more than 2	5% of its asse	ets				
ş.	3	Numbe	r of voting	members of the governing	body (Part	VI, line 1a)		3	12				
	4	Numbe	rofindepe	ndent voting members of th	e governin	g body (Part VI, line 1b	)	. 4	12				
20 년	5	Total r	umber of e	mployees (Part V, line 2a)				5	17				
Ħ.	6	Totaln	umber of v	olunteers (estimate if nece	ssary) .			6	2,250				
Activities &	7a	Totalg	ross unrela	ated business revenue from	Part VIII,	line 12, column (C) .		7a	-4,504				
<u>∢</u>	b	Net un	related bus	iness taxable income from		71	-4,504						
							Prio	r Year	Current Year				
а.	8	Contri	butions and	d grants (Part VIII, line 1h	)			884,274	1,111,495				
yenue	9	, , , ,							0				
Reve	10	Inves	tment incor	ne (Part VIII, column (A),	lines 3, 4,	and 7d)		1,956	6,969				
ш	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c  12 Total revenue—add lines 8 through 11 (must equal Part V  12)							7,044	-3,319				
						t VIII, column (A), line		893,274	1,115,145				
	13		and simila	ar amounts paid (Part IX, co	olumn (A ).	lines 1-3)		487,093	535,296				
	14			or for members (Part IX, col		•		,	0				
	15			ompensation, employee ber			_						
Expenses		10)	·					276,886	324,603				
<u>\$</u>	16a	Profes	sional fund	raising fees (Part IX, colun	nn (A), line	11e)			0				
ਡੋ	b	(Total f	undraising ex	penses, Part IX, column (D), line	25 96,264	)							
	17	Other	expenses (	(Part IX, column (A), lines :	11a-11d,	l 1 f- 2 4 f)		146,428	150,060				
	18	Total	expenses—	add lines 13–17 (must equ	ual Part IX,	line 25, column (A))		910,407	1,009,959				
	19	Reven	ue less exp	penses Subtract line 18 fro	m line 12			-17,133	105,186				
Net Assets or Fund Balances							Beginni	ng of Year	End of Year				
100	20	Total	assets (Par	rt X, line 16)				554,374	637,832				
A.B.	21	Total	liabilities (F	Part X, line 26)				216,418	199,143				
ž	22	Netas	sets or fun	d balances Subtract line 2		337,956	438,689						
Pa	rt II	Sign	ature Bl	ock				·					
				rjury, I declare that I have exam correct, and complete Declaratio									
Ple	ase	***		correct, and complete Deciaratio	п от рісраїсі	(other than officer) is based	1		ner has any knowledge				
Sig		1 Bi	ature of office	er	08-12								
Her	·e	Dav	ıd Mıller Execu	utive Director									
			e or print nam										
		D	pararia k			Date	Check If	Preparer's PT	N (See Gen Inst)				
Pai	id		parer's nature So	cott Haumersen CPA			self-	-					
	pare	r's	r -				empolyed 🕨						
Use	-	Firm	n's name (or elf-employed)					CTN &					
On	ly		ress, and ZIP					EIN 🕨					
				2110 Luann Lane									
				Madison, WI 53713				Phone no 🕨	(608) 274-4020				
				madison, WL 33/13									

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

2 Did the organization undertake any significant program services during the prior Form 990 or 990-EZ?	Yes No  Now It conducts any program  Yes No
Did the organization cease conducting or make significant changes in his services?  If "Yes," describe these changes on Schedule O  Describe the exempt purpose achievements for each of the organization Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are requiothers, the total expenses, and revenue, if any, for each program service.  (Code ) (Expenses \$ 557,949 including grants MOM's food pantry allows individuals to self-select food and personal hygiene items for used clothing and linens. Each month, approximately 1,000 individuals from 325 house Clothing Closet.  (Code ) (Expenses \$ 111,974 including grants During 2008, over 200 households received financial assistance in the form of payments.	Yes No  's three largest program services by expenses  lired to report the amount of grants and allocations to e reported
Describe the exempt purpose achievements for each of the organization Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are requothers, the total expenses, and revenue, if any, for each program service.  (Code ) (Expenses \$ 557,949 including grants MOM's food pantry allows individuals to self-select food and personal hygiene items for used clothing and linens Each month, approximately 1,000 individuals from 325 house Clothing Closet  (Code ) (Expenses \$ 111,974 including grants During 2008, over 200 households received financial assistance in the form of payments.)	ured to report the amount of grants and allocations to e reported
MOM's food pantry allows individuals to self-select food and personal hygiene items for used clothing and linens. Each month, approximately 1,000 individuals from 325 house Clothing Closet.  4b (Code ) (Expenses \$ 111,974 including grants During 2008, over 200 households received financial assistance in the form of payments.	of \$ 435.798.) (Revenue \$ )
During 2008, over 200 households received financial assistance in the form of paymen	r their household every thirty days. Individuals are also able to select gently
During 2008, over 200 households received financial assistance in the form of paymen	
	ts toward their rent or security deposit. Clients are considered successful in
4c (Code ) (Expenses \$ 99,013 including grants The "good samaritan" emergency aid program provides financial assistance ranging frominor car repairs, and other needs	
(Code ) (Expenses \$ 69,272 including grants	
Other program services (Describe in Schedule O )  (Expenses \$ including grants of \$	of \$ 4,899 ) (Revenue \$ )
4e Total program service expenses \$ 838,208 Must equa	) (Revenue \$ )

art IV	Checklist of	Required	Schedules
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			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? 🕏	2	Yes	
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		N o
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νo
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any 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 I	6		Νο
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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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 hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	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 United States? If "Yes," complete Schedule F, Part II	15		N o
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 United States? <i>If</i> "Yes," complete Schedule F, Part III	16		N o
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		N o
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		N o
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule  J	23		Νο
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 questions 24b-24d and complete Schedule K. If "No," go to question 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	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? 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		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If</i> " <i>Yes," complete Schedule L, Part III</i>	27		No

## Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "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	Yes	
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	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
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)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	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		Νο
37	Did the organization conduct more than 5 percent 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		Νo

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. 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	О			
c	ے Did the organization comply with backup withholding rules for reportable payments to	o vend	fors and reportable			
	gaming (gambling) winnings to prize winners?	•		<b>1</b> c	Yes	
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 return	2a	17			
h	If at least one is reported in 2a, did the organization file all required federal employm					
_	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during	g the y	ear covered by this	_		
_	return?	• •		3a	Yes	
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sche		ľ	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signor, a financial account in a foreign country (such as a bank account, securities account)?			4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Rep Financial Accounts.	port of	Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time durin	ng the	tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited t	tax sh	elter transaction?	5b		Νo
С	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt	t Entit	y Regarding Prohibited			
	Tax Shelter Transaction?			5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	at sud	h contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo cont more?	trıbutı	on of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services pr	ovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal proper	ty for	which it was required to			
	file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay	prem	iums on a personal			
	benefit contract?			7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a perso	onal b	enefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8	899 a	as required?	7g		Νo
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization fil	le a F	orm 1098-C as			
	required?	•		7h		No
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds an supporting organizations. Did the supporting organization, or a fund maintained by a sexcess business holdings at any time during the			8		
	year?					
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			0-		
a L	Did the organization make any taxable distributions under section 4966?		ľ	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	· ·		9b		
10	Section 501(c)(7) organizations. Enter					
a		10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	lieu o	f Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

# Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

<u>Section</u>	Α.	Governing	Body	and	Management	

			Yes	No					
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.								
1a	Enter the number of voting members of the governing body 1a 12								
Ь	Enter the number of voting members that are independent 1b 12								
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		Νο					
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?								
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo					
6	Does the organization have members or stockholders?								
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?								
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	the governing body?	8a	Yes						
Ь	each committee with authority to act on behalf of the governing body?	8b	Yes						
9a	Does the organization have local chapters, branches, or affiliates?	9a		o N					
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?	9b							
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes						
11	Is there any officer, director or 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	11		Νο					

### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
Ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b		Νo
	Describe the process in Schedule O			
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		Νο
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		

### Section C. Disclosure

- f 17 List the States with which a copy of this Form 990 is required to be filed  $\ WI$
- 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. 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
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Debbie kutchin 7432 Hubbard Avenue Middleton, WI 53562 (608) 836-7338

# 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. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- \* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- \* 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, or 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

(A) Name and Title	(B) Average hours per week	Posit	(C	) chec pply	:k al	·	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	10.00	<u> </u>	ŭ			<u> </u>				
michael kutchin	10 00	Х		Х				0		0
james hartlieb	3 00	Х		Х				0	0	0
ruth dumesic	3 00	Х		Х				0	Ŭ	0
john kluth	3 00	Х		Х				0	Ů	0
jenne dinehart	30	Х						0	0	0
eric fritz	2 00	Х						0	0	0
gene gray	2 00	X						0	0	0
don johnson	2 00	Χ						0	0	0
pauline kussart	2 00	Х						0	0	0
bernie lange	2 00	Χ						0	0	0
steve o'brien	2 00	Х						0	0	0
laura bloomenkranz	2 00	Х						0	0	0
david miller	40 00			Х				3,178	0	0
dietrich gruen	40 00			Х				47,706	0	0

### Part VIII Continued

<b>(A)</b> Name and Title	( <b>B)</b> Average hours per week	Individual Trustees or Director	ppl	у)	Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total						•	50,884		

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►

			Yes	No	
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		No	
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual			NI -	
	<i></i>	4		No	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No	

### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	<b>(B)</b> Description of services	(C) Compensation
2 Total number of independent contractors (including those in 1) who received more than \$	100 000 in compensation	

Part Statement of Revenue VIII

					(A) Total Revenue	(B) Related or Exempt Function Revenue	<b>(C)</b> Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
22	1a	Federated camp	paigns 1a					314
ran Grun	ь	Membership du	es <b>. 1b</b>	-				
g⊆ E	c	Fundraising eve	ents 1c					
ž =	d	Related organiz	ations 1d					
%.E	e	Government grants	s (contributions) <b>1e</b>					
<u>5</u> .8	l f		ons, gifts, grants, and <b>1f</b>	1,111,495				
F	_	similar amounts no						
	g	lines 1a-1f \$ _	butions included in 417,359					
Contributions, gifts, grants and other similar amounts	h		s 1a-1f)	•	1,111,495			
				Business Code				
Ĭ	2a							
38 38	ь							
e.	c							
ž	d	_	_					
۵ ت	e							
Program Serwce Revenue	f	All other progra	ım service revenue					
<u>`</u>	g	Total. Add lines	s 2a-2f	<b>.</b>				
	3	Investment inc	ome (ıncludıng dıvıden	ds, interest				
		other sımılar ar	nounts)	•	6,969			6,969
	4		tment of tax-exempt bond	_				
	5	Royalties						
	 	Curre Brute	(ı) Real 5,775	(II) Personal				
	6a b	Gross Rents Less rental	10,279					
	-	expenses						
	C	Rental income or (loss)	-4,504					
	d	Net rental incor	me or (loss)		-4,504		-4,504	
		Gross amount	(ı) Securities	(II) O ther				
	7a	from sales of						
		assets other than inventory						
	b	Less cost or other basis and						
	c	sales expenses Gain or (loss)						
	a		s)	<u> </u>				
	8a	Gross income fi	rom fundraising					
		\$						
Ē		of contributions See Part IV, lin	reported on line 1c) e 18					
₫ >		Attach Schedule	G if total exceeds					
æ	١.		a					
Other Revenue	b		penses b	auamta 🌬				
₹	9a		loss) from fundraising	events				
			ule G ıf total exceeds					
	L		a 					
	b c		penses <b>b</b> loss) from gaming acti	vities				
	10a		inventory, less					
	L .	loco castif	a a					
	b c		oods sold <b>b</b> (loss) from sales of inve	entory 🟲				
		Miscellaneous		Business Code				
	11a	other revenue			1,185			1,185
	ь							
	c							
		All other rece	-					-
	d e	All other revenu	ue s 11a-11d	\$				
		rotali Aud IIIIes	,	1,185				
	12	Total Revenue. 9c, 10c, and 11	Add lines 1h, 2g, 3, 4, le	5,6d,7d,8c, ▶	1,115,145	0	-4,504	8,154

# Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re				).
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> 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				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	535,296	535,296		
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	50,884	31,787	9,795	9,302
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	273,719	170,994		50,040
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting	6,550	5,240	655	655
d	Lobbying				
е	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	10,122	8,098	1,012	1,012
12	Advertising and promotion				
13	Office expenses	48,794	24,718	3,090	20,986
14	Information technology				
15	Royalties				
16	Occupancy	42,725	34,298	4,821	3,606
17	Travel				
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings				_
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,473	8,379	1,047	1,047
23	Insurance	8,354	6,684	835	835
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
а	miscellaneous	23,042	12,714	1,547	8,781
b		23,012	12,714	1,3.7	
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,009,959	838,208	75,487	96,264
	Joint Costs. Check   If following SOP 98-2 Complete this	1,009,939	636,208	75,467	30,204
26	line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
		•	-		orm <b>990</b> (2008)

Part X	Balance	Sheet
	Balance	SHEET

					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing			18.178	1	19,329
	2	Savings and temporary cash investments	•		166,032	2	257,315
	3	Pledges and grants receivable, net	•		51,942	3	43,547
	4	Accounts receivable, net			- 1,1 12	4	,
	5	Receivables from current and former officers, directors, trustees,		nnlovees or		•	
		other related parties Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under sec persons described in section 4958(c)(3)(B) Complete Part II of So	chedule	· L		6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use	•			8	
sts	9	Prepaid expenses and deferred charges			1,954	9	6,299
Assets	10a	Land, buildings, and equipment cost basis	10a	296,288			
•	ь	Less accumulated depreciation Complete Part VI of		·			
		Schedule D	10b	38,768	<u>'</u>		257,520
	11	Investments—publicly traded securities			58,275	11	53,822
	12	Investments—other securities See Part IV, line 11 $\it Complete Part Schedule D$	t VII of	•		12	
	13	Investments—program-related See Part IV, line 11 $\it Complete Part Of Schedule D$ .	t VIII			13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			554,374	16	637,832
	17	Accounts payable and accrued expenses .			25,263	17	14,803
	18	Grants payable				18	
	19	Deferred revenue			875	19	0
	20	Tax-exempt bond liabilities				20	
68	21	Escrow account liability Complete Part IV of Schedule D				21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
jal		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties		•	190,280		184,340
	24	Unsecured notes and loans payable	•		100,200	24	,
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			216,418	26	199,143
		Organizations that follow SFAS 117, check here ▶ ✓ and comple	te line	es 27			
es.		through 29, and lines 33 and 34.					
Balance	27	Unrestricted net assets			284,232	27	392,842
Bal	28	Temporarily restricted net assets			51,942	28	45,847
- P	29	Permanently restricted net assets			1,782	29	0
Fund		Organizations that do not follow SFAS 117, check here ► □ and	comple	ete			
or I		lines 30 t hrough 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 fun-	ds			32	
Net	33	Total net assets or fund balances			337,956	33	438,689
	34	Total liabilities and net assets/fund balances			554,374	34	637,832
Dа	rt XI	Financial Statements and Reporting					
	C-VI	i maneiai otatemento ana keporting					Ves No

Dart YT	Financial	Statements	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits?	3Ь		

Employer identification number

# OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE A** (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

h

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

**Public Charity Status and Public Support** 

Name of the organization

Middle	eton Ou	Outreach Ministry				
Da	rt I		1484945	- \		
		nization is not a private foundation because it is (Please check only <b>one</b> organization )	IIISU UCUOIIS	>)		
1		A church, convention of churches, or association of churches described in Section 170(b)(1)(	<b>A</b> )(i).			
2	, _	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)	·//·/·			
3	, T	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(ii	i). (Attach Sc	hedule H	)	
4	,  -	A medical research organization operated in conjunction with a hospital described in Section 1	• •		•	
•	'	hospital's name, city, and state	70(D)(1)(N)	(III)I EIIC	·	
5	Г	An organization operated for the benefit of a college or university owned or operated by a gove	rnmental unit	describe		
•	'	Section 170(b)(1)(A)(iv). (Complete Part II)	Time near anne	. describe	u III	
6	Г	A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(	w)			
7	,  -	An organization that normally receives a substantial part of its support from a governmental u	-	e deneral	nublic	
•	'	described in Section 170(b)(1)(A)(vi) (Complete Part II )	iie or iroiii ein	e generar	public	
8	Г	A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II )				
9	<u>'</u>	An organization that normally receives (1) more than 331/3% of its support from contribution	s membersh	ın fees ar	nd aros	: 5
-	'	receipts from activities related to its exempt functions—subject to certain exceptions, and (2)	•		_	
		its support from gross investment income and unrelated business taxable income (less section				
		acquired by the organization after June 30, 1975 See <b>Section 509(a)(2).</b> (Complete Part III)	•			
10	Г	An organization organized and operated exclusively to test for public safety. See Section 509(		struction	s)	
11	, T	An organization organized and operated exclusively for the benefit of, to perform the functions			•	es of
	'	one or more publicly supported organizations described in section 509(a)(1) or section 509(a			•	
		the box that describes the type of supporting organization and complete lines 11e through 11	_	_		
	_	a   Type I b   Type II c   Type III - Functionally Integrated	•	Type III		
e	ı	By checking this box, I certify that the organization is not controlled directly or indirectly by o other than foundation managers and other than one or more publicly supported organizations d		-	-	
		section 509(a)(2)	escribed in s	ection 50	9 (a)(1	. ) 01
f		If the organization received a written determination from the IRS that it is a Type I, Type II or	Type III sup	porting o	rganız	atıon,
		check this box				Γ
g		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	ın (II)		Yes	No
		and (III) below, the governing body of the the supported organization?		11g(i)		
		(ii) a family member of a person described in (i) above?		11g(ii)		
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?		11g(iii)		

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (See Instructions))	organız col (i) your go	s the ation in listed in verning ment?	the orga	you notify anization <b>i)</b> of your port?	organiz	s the ation in organized US?	(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	
otal									

Provide the following information about the organizations the organization supports

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					<del> </del>		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
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 business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV )							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns )		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and <b>stop here</b>		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	<b>▶</b> □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and <b>stop here.</b> The organization qualifies a				,			<b>▶</b> □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				<b>▶</b> □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							<b>►</b> □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	<b>Private Foundation.</b> If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, check this	oox an	u see	<b>▶</b> □
	ınstructions							F-1

### Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you check							
Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	<b>(d)</b> 2007	<b>(e)</b> 2	800	(f) Total
1	Gıfts, grants, contributions, and							
	membership fees received (Do not include any "unusual grants")	372,742	558,483	458,368	894,774	1,	,111,495	3,395,862
2	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	2,223	632	7,829	12,223			22,907
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total Add lines 1-5	374,965	559,115	466,197	906,997	1,	,111,495	3,418,769
7a	A mounts included on lines 1, 2, and 3 received from disqualified persons						17,663	17,663
b	A mounts included on lines 2 and 3							
	received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for							
_	the year or \$5,000 Total of lines 7a and 7b						17,663	17,663
8	Public Support (Substract line 7c from line 6)						17,005	3,401,106
	ital Support							
, ,	tai Support							
	ndar wase (or fiscal year beginning in)	(2) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(a) 2	008	/f) Total
Cale	ndar year (or fiscal year beginning in)	(a) 2004 374 965	<b>(b)</b> 2005	(c) 2006 466 197	( <b>d)</b> 2007	(e) 2		(f) Total
Cale 9	A mounts from line 6	(a) 2004 374,965	<b>(b)</b> 2005 559,115	(c) 2006 466,197	( <b>d)</b> 2007 906,997		008	<b>(f)</b> Total 3,418,769
Cale								
Cale 9	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	374,965 6,361	559,115 7,302	466,197 7,947	906,997 7,231		,111,495	3,418,769 31,357
Cale 9 10a	A mounts from line 6 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 30 June, 1975 Add lines 10a and 10b	374,965	559,115	466,197	906,997		,111,495	3,418,769
Cale 9 10a b	A mounts from line 6 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 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly	374,965 6,361	559,115 7,302	466,197 7,947	906,997 7,231		2,516	3,418,769 31,357
Cale 9 10a b	A mounts from line 6 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 30 June, 1975 Add lines 10a and 10b 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 gain or loss from the sale of capital assets	374,965 6,361	559,115 7,302	466,197 7,947	906,997 7,231		2,516	3,418,769 31,357
Cale 9 10a b c 11	Amounts from line 6 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 30 June, 1975 Add lines 10a and 10b 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 gain or loss from the sale of capital assets (Explain in Part IV ) Total Support (Add lines 9, 10c, 11 and	374,965 6,361	559,115 7,302	466,197 7,947	906,997 7,231		2,516	3,418,769 31,357 31,357
Cale 9 10a b c 11	A mounts from line 6 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 30 June, 1975 Add lines 10a and 10b 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 gain or loss from the sale of capital assets (Explain in Part IV)	374,965 6,361 6,361	7,302 7,302	7,947 7,947	906,997 7,231 7,231	1,	2,516	3,418,769 31,357 31,357 1,185 3,451,311
Cale 9 10a b c 11 12 13 14	Amounts from line 6 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 30 June, 1975 Add lines 10a and 10b 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 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 ocheck this box and stop here	374,965 6,361 6,361 rganization's firs	7,302 7,302 5t, second, third	466,197 7,947 7,947 , fourth, or fifth t	906,997 7,231 7,231	1,	2,516	3,418,769 31,357 31,357  1,185 3,451,311 ation,
Cale 9 10a  b  c 11  12  13 14	Amounts from line 6 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 30 June, 1975 Add lines 10a and 10b 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 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 ocheck this box and stop here	374,965 6,361 6,361 rganization's first	7,302 7,302 7,302 st, second, third	466,197 7,947 7,947 , fourth, or fifth t	906,997 7,231 7,231	01(c)(3)	2,516	3,418,769 31,357 31,357  1,185 3,451,311 ation,
Cale 9 10a b c 11 12 13 14	Amounts from line 6 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 30 June, 1975 Add lines 10a and 10b 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 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 ocheck this box and stop here	374,965 6,361 6,361 rganization's first	7,302 7,302 7,302 st, second, third	466,197 7,947 7,947 , fourth, or fifth t	906,997 7,231 7,231	01(c)(3)	2,516	3,418,769 31,357  31,357  1,185 3,451,311 ation,
Cale 9 10a  b  c 11  12  13 14  Co 15 16	Amounts from line 6 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 30 June, 1975 Add lines 10a and 10b 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 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 ocheck this box and stop here  Imputation of Public Support Perceived Public Support Perceiv	374,965 6,361 6,361 6,361 entage column (f) dividule A , Part IV - A	7,302 7,302 7,302 st, second, third ed by line 13 cc	466,197 7,947 7,947 , fourth, or fifth tolumn (f))	906,997 7,231 7,231	01(c)(3)	2,516	3,418,769 31,357 31,357  1,185 3,451,311 ation,
Cale 9 10a  b  c 11  12  13 14  Co 15 16	Amounts from line 6 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 30 June, 1975 Add lines 10a and 10b 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 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 ocheck this box and stop here  Imputation of Public Support Perceivaled Support Perceivaled Support Perceivaled Fublic Support Perceivaled Fubli	rganization's firstends of the sentage column (f) dividule A , Part IV - A Percentage ne 10c column (f)	559,115 7,302 7,302 st, second, third ed by line 13 co	466,197 7,947 7,947 , fourth, or fifth telumn (f))	906,997 7,231 7,231	01(c)(3)	2,516	3,418,769 31,357 31,357  1,185 3,451,311 ation,

19a 33 1/3% Tests - 2008. 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 organization

33 1/3% Tests - 2007. 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



▶▽

**Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

DLN: 93493224003489

OMB No 1545-0047

Open to Public Inspection

## SCHEDULE D

(Form 990)

Department of the Treasurv Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

**Supplemental Financial Statements** 

Name of the organization **Employer identification number** Middleton Outreach Ministry 39-1484945 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ┌ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements 2b Total acreage restricted by conservation easements 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

# Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

**-**\$

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

a   rte	sing the organization's accession and other records, check arems (check all that apply) Public exhibition Scholarly research	ny of th <b>d</b>	ne fol	-	a significant us	se of its collectior	ı	
<b>b</b>	_	d						
4 Pr Pa 5 Du	Scholarly research		ı	Loan or exch	ange programs			
4 Pr Pa 5 Du		e	$\Gamma$	Other				
P a <b>5</b> D t	Preservation for future generations							
	rovide a description of the organization's collections and expl art XIV	aın hov	w the	y further the or	rganızatıon's ex	empt purpose in		
as	uring the year, did the organization solicit or receive donation ssets to be sold to raise funds rather than to be maintained as						Yes	Г No
Part I	Trust, Escrow and Custodial Arrangements. Part IV, line 9, or reported an amount on Form 9				nization answ	ered "Yes" to Fo	rm 9	90,
	the organization an agent, trustee, custodian or other interm cluded on Form 990, Part X?	ediary	forc	ontributions oi	r other assets r		Yes	┌ No
<b>b</b> If	"Yes," explain why in Part XIV and complete the following tal	ole					_	
						A mou	nt	
_	eginning balance				1c			
	dditions during the year				1d			
_	istributions during the year				1e			
	nding balance				1f			
<b>2a</b> Dı	ıd the organizatıon ınclude an amount on Form 990, Part X, lır	ne 21?				Γ	Yes	☐ No
	"Yes," explain the arrangement in Part XIV							
Part \							· - · ·	
<b>4</b> - D	(a)Current Year	( b	<b>)</b> Prior	rear   (c) iwo	Years Back (d)	Three Years Back (e	Four Ye	ears Back
	eginning of year balance	•						
	ontributions							
	nvestment earnings or losses	•						
	rants or scholarships							
	ther expenditures for facilities							
f A	dministrative expenses							
<b>g</b> Er	nd of year balance	•						
<b>2</b> Pr	rovide the estimated percentage of the year end balance held	as						
<b>a</b> Bo	oard designated or quasi-endowment 🕨							
<b>b</b> Pe	ermanent endowment 🕨							
<b>c</b> Te	erm endowment 🕨							
	re there endowment funds not in the possession of the organiz	zation	that	are held and ac	Iministered for	the		
	ganization by						Yes	No
(i)	) unrelated organizations					3a(i)		<u> </u>
-	i) related organizations					3a(ii)		<u> </u>
	"Yes" to 3a(II), are the related organizations listed as require					3b		
	escribe in Part XIV the intended uses of the organization's er							
Part V	Investments—Land, Buildings, and Equipment	ent. S			1			
	Description of investment			a) Cost or other sis (investment)	(b)Cost or other basis (other)	(c) Depreciation	( <b>d</b> ) Bo	ook value
<b>1a</b> Lan	nd	•			85,000	,		85,000
<b>b</b> Bui	ldings	•			159,264	12,102		147,162
<b>c</b> Lea	asehold improvements							
<b>d</b> Equ	uipment				13,810	8,056		5,754
	her				38,214	18,610		19,604
Total ^	dd lines 1a-1e (Column (d) should equal Form 990, Part X, colu	mn (B	), line	10(c).)				257,520

Part VII	Investments-Other Securities. See	Form 990, Part X, line 1	2.	
	(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation ·year market value
Financial d	erivatives and other financial products			
	eld equity interests			
Other				
Total. (Colu	mn (b) should equal Form 990, Part X, col (B) line 12 ) 🕨			
Down VIII	Investments Duesus Polated Co	a Farm OOO Dart V June	12	
Part VIII	Investments—Program Related. Se			d of valuation
	(a) Description of investment type	(b) Book value		year market value
Total (Colu	mn (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX		ne 15.		
	(a) Descri			(b) Book value
Total. (Colu	ımn (b) should equal Form 990, Part X, col.(B) line .	15.)		
	Other Liabilities. See Form 990, Part 3			
	(a) Description of Liability	(b) A mount		
Federal Inc	come Taxes			
			]	
			]	
			]	
			1	
			1	
			1	
-			1	
			1	
Total. (Colum	mn (b) should equal Form 990, Part X, col (B) line 25 ) 🕨		1	
	· · · · · · · · · · · · · · · · · · ·	1		

Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,115,145
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,009,959
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	105,186
4	Net unrealized gains (losses) on investments	4	-4,453
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	-4,453
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	100,733
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial		1,134,241
	statements	1	
2	A mounts 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		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	19,096
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,115,145
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
Ь	Other (Describe in Part XIV)		
с _	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,115,145
1	Reconciliation of Expenses per Audited Financial Statements With Expenses  Total expenses and losses per audited financial statements	1	1,033,508
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	_	1,033,300
– a	Donated services and use of facilities		
ь	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	23,549
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,009,959
4	A mounts 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) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	1,009,959
Pai	t XIV Supplemental Information		
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	art XIV	/, lines 1b and 2b,
Par	: V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b		

Ident if ier	Ret urn Reference	Explanation
		Part XII & XIII, line 2d Rental expenses net against revenue on the Form 990, but shown as expenses on the audited financial statements

Part XIV Supplemental Information(continued)						
Ident if ier	Ret urn Reference	Explanation				
		Part XII & XIII, line 2d Rental expenses net against revenue on the Form 990, but shown as expenses on the audited financial statements				

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**Grants and Other Assistance to Organizations,** Governments and Individuals in the U.S.

OMB No 1545-0047

2008

Open to Public

DLN: 93493224003489

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

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

Inspect ion

Employer identification number

Middleton Outreach Ministry						39-1484945	
		nts and Assistance					
<ul> <li>Does the organization mathematical the selection criteria use</li> <li>Describe in Part IV the organization</li> </ul>	ed to award the gran	nts or assistance?					√ Yes
Form 990, Part Part IV and Sch	IV, line 21 for ar edule I-1 if addi	ny recipient that rece tional space is	eived more than \$5,0	00. Check this box	tes. Complete if the oif no one recipient rec	eived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of seconganizations		=			•		
3 Enter total number of oth							•
For Paperwork Reduction Act Not				Cat No 50055			nedule I (Form 990) 2008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	( <b>d)</b> A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
emergency cash assistance to individuals in need	342	99,498			
food and clothing for low-income individuals	21436		435,798	estimated value	food and clothing

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

See Additional Data Table					
Ident if ier	Return Reference	Explanation			
Other Information	Part IV	THE ACCOUNTANT AND DIRECTORS HAVE EXTENSIVE KNOWLEDGE AND EXPERIENCE WITH THE ORGANIZATION'S FUNDS THESE INDIVIDUALS MONITOR AND APPROVE THE USE OF ALL SUCH FUNDS TO ENSURE THAT THEY ARE USED FOR PROPER PURPOSES THESE INDIVIDUALS ALSO PREPARE ALL RELATED FINANCIAL REPORTS			

## **SCHEDULE M** (Form 990)

Internal Revenue

## **Non-Cash Contributions**

OMB No 1545-0047

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Department of the Attach to Form 990 Treasury

Open to Public **Inspection** 

Service Name of the organization **Employer identification number** Middleton Outreach Ministry 39-1484945 Part I Types of Property (b) (d) (a) (c) Check Number of Contributions Revenues reported on Method of determining Form 990, Part VIII, line ıf revenues applicable 1 g 1 Art—Works of art . . . Art—Historical treasures 3 Art-Fractional interests 4 Books and publications Clothing and household Х 180,542 estimated resale value goods . . . . . . . Cars and other vehicles . . Boats and planes . . . . 8 Intellectual property . . . 9 Securities-Publicly traded . 10 Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests . . . Securities-Miscellaneous . . 13 Qualified conservation contribution (historic structures) . . . . 14 Qualified conservation contribution (other) . . . Real estate—Residential . 16 Real estate—Commercial . . 17 Real estate—Other . . . Collectibles . . . . 19 Food inventory . . . 20 Drugs and medical supplies . Taxidermy . . . . . 22 Historical artifacts . . 23 Scientific specimens . . 24 Archeological artifacts . . . 10,000 selling price Other (describe refrigerators ) 25 Χ 10,000 226,817 estimated resale value 26 Other (describe food ) 27 Other (describe \_\_\_\_\_ 28 Other (describe \_\_\_ Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . . . . . Yes No **30a** During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . . . . . . . No 30a **b** If "Yes", describe the arrangement in Part II 31 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? Νo 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash 32a Νo **b** If "Yes", describe in Part II 33 If the organization did not report revenues in Column (c) for a type of property for which Column (a) is

checked, describe in Part II

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. ReturnReference Identifier Explanation Method for Determining Number of Part I, Column (b) The number of contributions represents the number of items Contributors received

# SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization Middleton Outreach Ministry Employer identification number

39-1484945

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	The Project for Older People or "POP" keeps seniors living on their own by providing drivers to take them to/from appointments and errands. Assistance is also provided for household chores, shopping, and other tasks along with friendly visits. MOM provided approximately 675 rides to 135 participants during 2008. Expenses \$ 69272 including grants of \$ 4899. Revenue \$ 0.
Form 990, Part VI, Section A, line 6		Membership of this organization shall consist of Christian congregations within the MOM service area that espouse the purpose of the organization, actively contribute to its success, comply with the criteria established by the Board of Directors and have been accepted by a two-thirds vote of the Board
Form 990, Part VI, Section A, line 7a		There is one class of membership at MOM. Members have the right and responsibility to provide one ordained member of their congregation to service on the Pastors Committee and one church member to represent their congregation on the Ecumenical Service Committee.
Form 990, Part VI, Section A, line 7b		Each member of the Pastors' Committee has an equal vote to approve or disapprove, individually, director nominees presented to the Committee by the Nominating Committee of the Board of Directors The Pastors' Committee shall provide, in writing, a report of approved individuals to the Board for election to the Board
Form 990, Part VI, Section A, line 10		A draft of the form 990 is presented to the Audit and Finance Committee for review. Any suggested changes are brought before the board of directors for approval. The form 990 is then filed after approval by the board of directors.
Form 990, Part VI, Section B, line 12c		Annually, all directors and officers are required to disclose, in writing, any potential conflicts of interest. All forms are signed and maintained by the President of the Board of Directors. At the beginning of each board meeting, all members are asked to disclose any previously undisclosed conflicts of interest. A director with a conflict may be asked to recuse himself/herself from the particular motion or consideration. Any disclosures become record as a part of the minutes of the meeting.
Form 990, Part VI, Section B, Iine 15		The Personnel Committee anually reviews the latest copy of the United Way of Dane County compensation and benefits survey. The executive director's compensation and benefits are developed based on a comparison to the duties and responsibilities of Executive Directors as outlined in the survey versus the duties, responsibilities, and job performance of Middleton Outreach Ministry's Executive Director Compensation for the Executive Director is approved, in writing, by the Personnel Committee and disclosed to the Board of Directors
Form 990, Part VI, Section C, line 19		The organization makes its governing documents and financial statements available to the public upon request

#### **Additional Data**

Software ID: Software Version:

**EIN:** 39-1484945

Name: Middleton Outreach Ministry

### Form 990, Part I, Line 1 - Briefly describe the Organization's mission or most significant activities:

Middleton Outreach Ministry (MOM) is a community based charitable organization that offers financial assistance, food and clothing, and other aid to community residents who require transitional help. A secondary objective is to provide volunteer opportunities for community residents seeking to help those less fortunate. This volunteer support, along with community financial contributions, are annually directed to the betterment of the Middleton and west Madison community through helping those in need.