-orm	, 99(er section 501(c), 52	27, or 4947(a)(rnal Reven	ue Code (2007
	rtment of the T al Revenue Se	easury vice Th	e organization may h		•	•		orting require	ments.	Open to Public Inspection
		alendar year, or tax year		OCT 1.	2007	and er		JUN 30		<u></u>
3 c	heck if	ease C Name of organizat	ion							lentification number
a	oplicable	e IRS								
	change	int or MEL TROTTI	ER MINISTR	RIES					38-14	410467
	Name change	566	(or P.O. box if mail i		to street addr	ess)		Room/suite	E Telephone I	
Ļ	11	ecific 225 COMMEI								454-8249
<u> </u>		ons City or town, state	or country, and ZIP						F Accounting meth	
<u> </u>	Jreturn Application	• Section 501(c)(3) orga		<u>9503</u>	nt obaritable	tructo			Other (specify)	
L	pending	must attach a complet				00515				tion 527 organizations tes? Yes X
- 14	/ahaita: 🕨 🕽	WW.MELTROTT	-					his a group re Yes," enter nur		
		ype (check only one)		nsert no)	1947(a)(1) or	527	1	all affiliates in		$A \square Yes \square$
		• X if the organization is	····				`` (If"	'No," attach a l	ist.)	-
		rmally not more than \$25,						his a separate		
		a return, be sure to file a c		oquiru, out i u	no organizatio			up Exemption		N/A
		· · · · ·	-				1			ion is not required to at
G	ross receipt	Add lines 6b, 8b, 9b, and	10b to line 12 🕨	1	0,154,	119.		1. B (Form 990	-	
Pa	rt I Re	enue, Expenses, a	and Changes i				nces			
	1 Co	tributions, gifts, grants, and	d similar amounts red	erved:						
	a Co	tributions to donor advised	funds			1a				
	b Dır	ct public support (not inclu	ided on line 1a)			1b	8,	,060,69	94.	
	c Ind	ect public support (not inc	luded on line 1a)			10				
		ernment contributions (gra				1d				
		I (add lines 1a through 1d				-	<u>3,932</u>	2,185.) <u>1e</u>	8,060,69
		ram service revenue inclu		s and contracts	(from Part VI	l, line 93)			2	7,76
		bership dues and assessr							3	
		est on savings and tempoi	-	6					4	9,32
	_	lends and interest from se	curities				ı		5	
	6 a Gro					<u>6a</u>				
		s: rental expenses rental income or (loss). Su	htraat lung 6h from lur			6b				
n		r investment income (desc		ie oa		-) 7	<u> </u>
Revenue		is amount from sales of as		(A)	Securities	·		(B) Other		
æ		inventory			Journes	8a				
1		cost or other basis and s	ales expenses			86		22,29	9.	
		or (loss) (attach schedule			·	80		-22,29		
		gain or (loss). Combine line		d (B)				STMT 1		-22,299
		cial events and activities (at		•••	m gaming, ch	eck here				
	a Gros	revenue (not including \$		of contributions rep	orted on line 1b)	9a				
	b Les	: direct expenses other that	n fundraising expens	es		9b				
	c Net	ncome or (loss) from spec	al events. Subtract li	ne 9b from line	9a	1	,		90	
	10 a Gro	is sales of inventory, less r	eturns and allowance	S.		10a	1,	, 478,5 3		
		: cost of goods sold			• -	105		743,62		
		s profit or (loss) from sale		schedule). Sul	otract line 10b	from line	10a	STMT 2		734,910
		r revenue (from Part VII, li	•		P	ECEN			11	597,802
		I revenue. Add lines 1e, 2,		, 10c, and 11				\sim	12	9,388,198
ő		ram services (from line 44			ത			-0\$0	13	6,738,194
use		agement and general (from			S MA	¥21	2009	Q	14	460,883
Expenses		fraising (from line 44, colu					1	RS	15	1,699,924
ŵ		nents to affiliates (attach se	• •	i	CTP.	DEN			16	9 900 00
		I expenses. Add lines 16 a ss or (deficit) for the year.		 1 Ino 12			n Sal		17	<u>8,899,00</u> 489,19
ية ا		assets or fund balances at l			mn (A))				18	6,082,804
Net Assets		r changes in net assets or				SEE	ሮሞአመጀ	EMENT 3	19	
A		issets or fund balances at	•		nd 20	966	OTALE	SPILISIN I. C	20	6,557,886
					10 20				1 21	0,121,000

612

N

	Functional Expenses and (4		ations must complete colum anizations and section 4947		trusts but optional for other	
	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
22a	Grants paid from donor advised funds					
	(attach schedule)					
	(cash \$0.noncash \$0.	1				
	If this amount includes foreign grants, check here	22a				
22b	Other grants and allocations (attach schedule					
	(cash \$0 . noncash \$0 .					
	If this amount includes foreign grants, check here	22b				
23	Specific assistance to individuals (attach					
	schedule)	23				
24	Benefits paid to or for members (attach					
	schedule)	24				
25a	Compensation of current officers, directors, key					
	employees, etc. listed in Part V-A	25a	112,272.	38,172.	37,050.	37,05
b	Compensation of former officers, directors, key					
	employees, etc. listed in Part V-B	25b	0.	0.	0.	
C	Compensation and other distributions, not included					
	above, to disqualified persons (as defined under					
	section 4958(f)(1)) and persons described in					
	section 4958(c)(3)(B)	25c				
26	Salaries and wages of employees not					
	included on lines 25a, b, and c	26	2,009,520.	1,361,020.	189,049.	459,45
27	Pension plan contributions not included on					
	lines 25a, b, and c	27				
	Employee benefits not included on lines					
	25a - 27	28	429,179.	336,329.	34,409.	58,44
pq	B # .	29	154,509.	100,663.	15,000.	38,84
	- - - - - - - - - -	30	154,505.	100,003.		
	A	31				
		32				
		33	50,087.	36,802.	5,094.	8,19
	Supplies	33 34	31,990.	29,879.	1,508.	60
	Postage and shipping	35	<u> 106,031.</u> 176,456.	18,820.	10,346.	76,86
	Occupancy	36	1/0,430.	62,098.	28,021.	86,33
	Equipment rental and maintenance	37		10.000	2 247	646.25
	Printing and publications	38	659,668.	10,068.	3,247.	646,35
	Travel	39	8,398.	2,487.	1,428.	4,48
	Conferences, conventions, and meetings	40	3,113.	1,338.	673.	1,10
	Interest	41	175,152.	124,358.	15,763.	35,03
	Depreciation, depletion, etc. (attach schedule)	42	534,700.	498,369.	25,950.	10,38
13	Other expenses not covered above (itemize):					
a		43a				
b		<u>43b</u>				
		<u>43c</u>				
		43d				
		43e				
f		43f				
9	SEE STATEMENT 5	43g	4,447,926.	4,117,791.	93,345.	236,79
4	Total functional expenses. Add lines 22a through				T	
	43g. (Organizations completing columns (B)-(D),					
	carry these totals to lines 13-15)	44	8,899,001.	6,738,194.	460,883.	1,699,92
Joir	nt Costs. Check 🕨 🛄 if you are following	SOF				
	any joint costs from a combined educational campaig			ported in (B) Program servic	es? ►	Yes X No
	es," enter (i) the aggregate amount of these joint cos			(ii) the amount allocated to		N/A ;
	the amount allocated to Management and general \$	-		(iv) the amount allocated to		N/A
						Form 990 (20

, <u>t</u> , t

Form	990	(2007)

· ·

, 1

MEL TROTTER MINISTRIES

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.

Wh	nat is the organization's primary exempt purpose? SEE STATEMENT 6	Program Service Expenses
clie	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of ents served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) janizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a	PROVIDED THE FOLLOWING TO DISADVANTAGED IN WEST MICHIGAN: SHELTER FOR AN AVERAGE OF 235 MEN, WOMEN AND CHILDREN EACH NIGHT; 170,000 MEALS; SUBSTANCE ABUSE TREATMENT AND COUNSELING; ASSISTANCE WITH MEDICAL PROBLEMS; SPIRITUAL NEEDS COUNSELING AND SUPPORT. SEE ATTACHED STATEMENT FOR ADDITIONAL SERVICES PROVIDED. (Grants and allocations \$) If this amount includes foreign grants, check here	6,738,194.
с	(Grants and allocations \$) If this amount includes foreign grants, check here	
d	(Grants and allocations \$) If this amount includes foreign grants, check here	
_	(Grants and allocations \$)) If this amount includes foreign grants, check here Other program services (attach schedule) (Grants and allocations \$)) If this amount includes foreign grants, check here Total of Program Service Expenses (should equal line 44, column (B), Program services)	6,738,194.

Form 990 (2007)

723021 12-27*-*07

3

		2007) MEL TROTTER MI	NIS	TRIES		38-	1410467 Page 4
-		Balance Sheets (See the instructions.)			······································		
Note	s: Whe shou	ere required, attached schedules and amounts wit uld be for end-of-year amounts only.	hin the	e description column	(A) Beginning of year		(B) End of year
	45	Cash · non-interest-beanng			93,156.	45	54,349.
	46	Savings and temporary cash investments			39,539		21,319.
	47 -		47.				
		Accounts receivable	<u>47a</u> 47b	<u> </u>		47c	29,204.
			:	500.050			
		Pledges receivable	48a 48b	500,858.	698,208.	48c	500,858.
	49	Grants receivable				49	
	50 a	Receivables from current and former officers, dia key employees				50a	
	Ь	Receivables from other disgualified persons (as				a	
s		4958(f)(1)) and persons described in section 495				50b	
Assets	51 a	Other notes and loans receivable					
As		Less: allowance for doubtful accounts			1	51c	
	52	Inventories for sale or use		····	185,550.		145,728.
	53	Prepaid expenses and deferred charges		••• • • • ••••••	42,516.		24,813.
	54 a	Investments - publicly-traded securities		Cost FMV	,	54a	
		Investments - other securities		Cost FMV		54b	
		Investments - land, buildings, and					
		equipment: basis	55a				
	ь	Less: accumulated depreciation	55b			55c	
	56		E.S	TATEMENT 7	376,960.	56	375,160.
	57 a	Land, buildings, and equipment: basis	57a	15,890,292.			
	b	Less: accumulated depreciation STMT 8	57b	6,426,697.		57c	9,463,595.
	58	Other assets, including program-related investments					
		(describe 🕨)		58	
	59	Total assets (must equal line 74). Add lines 45 t	hroug	h 58	10,024,056.	59	10,615,026.
	60	Accounts payable and accrued expenses	-		354,161.	60	205,447.
	61	Grants payable		· ······ · · · ···		61	
	62	Deferred revenue				62	· · · · · · · · · · · · · · · · · · ·
ties	63	Loans from officers, directors, trustees, and key	emplo	yees		63	
-iabilitie	64 a	Tax-exempt bond liabilities				64a	
Lia	b	Mortgages and other notes payable			3,088,442.	_64b	3,339,667.
	65	Other liabilities (describe SE	<u>E</u> S	TATEMENT 9)	498,649.	65	512,026.
	66	Total liabilities. Add lines 60 through 65			3,941,252.	66	4,057,140.
		inizations that follow SFAS 117, check here		and complete lines	0/222/0001		
		67 through 69 and lines 73 and 74.					
Ses	67	Unrestricted			4,637,366.	67	5,727,546.
and	68	Temporanly restricted			1,445,438.	68	830,340.
Ba	69	Permanently restricted				69	
Net Assets or Fund Balances	Orga	nizations that do not follow SFAS 117, check h					
Ъ	70	complete lines 70 through 74.					
ets	70	Capital stock, trust principal, or current funds		··· ······· ·· ·		70	
933	71 72	Paid-in or capital surplus, or land, building, and e	• •	•		71	
et	73	Retained earnings, endowment, accumulated inc Total net assets or fund balances. Add lines 67 throug				72	
Ż	10	(Column (A) must equal line 19 and column (B) must e	-	-	6,082,804.	73	6,557,886.
	74	Total liabilities and net assets/fund balances.		,	10,024,056.		10,615,026.
							Form 990 (2007)

723031 12-27-07

. . . -

4

08200512 759636 64150.00000 2007.07090 MEL TROTTER MINISTRIES 64150.01

_	n 990 (2007) MEL TROTTER MINISTRIE	<u>S</u>		38-14104	467 Page 5
Pa	rt IV-A `Reconciliation of Revenue per Audited Fina	ncial Statements W	ith Revenue p	er Return (S	ee the
	,				274 002
a	Total revenue, gains, and other support per audited financial stateme			a 9	<u>,374,083.</u>
b	Amounts included on line a but not on Part I, line 12: Net unrealized gains on investments	1.	-14,1	15	
1			<u>1 -14,1</u>	<u></u>	
2	Donated services and use of facilities	· ··· · ··· · -	3		
3	Recovenes of pnor year grants		94		
4	Other (specify):			ь	_1/ 115
-	Add lines b1 through b4				-14,115.
С 	Subtract line b from line a			<u> </u>	, 300 , 190 .
u 4		١.	u		
ו ח			1		
2	Other (specify):			d	0
•	Add lines d1 and d2				,388,198.
Pa	rt IV-B Reconciliation of Expenses per Audited Final	incial Statements W	/ith Expenses	per Return	, 300, 190.
a					,899,001.
h	Amounts included on line a but not on Part I, line 17:		· ··· ···		, ,
1			1		
2			2		
3		····· · ····· · · · · · · · · · · · ·	3		
4		·······	4		
7				в	٥
~					,899,001.
d	Amounts included on Part I, line 17, but not on line a:				,0)),001.
1	to estimate a second set of deduce Deduction Of	ا ا	11		
		· · · -	2		
2				d	0.
		··· · ··· ··· ··			,899,001.
	Total expenses (Part Lline 17) Add lines c and d				
	Total expenses (Part I, line 17). Add lines c and d Int V-A Current Officers, Directors, Trustees, and Ke	y Employees (List ead	h person who was	s an officer, dire	ctor, trustee,
	Total expenses (Part I, line 17). Add lines c and d Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we	y Employees (List each re not compensated.) (See	ch person who was the instructions.)	s an officer, dire	ctor, trustee,
	rt V-A Current Officers, Directors, Trustees, and Ke	y Employees (List ead re not compensated.) (See (B) Title and average hours per week devoted to	ch person who was the instructions.) (C) Compensation (If not paid, enter	(D) Contributions to employee benefit plans & deferred	(E) Expense account and
	Art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List ead re not compensated.) (Sec (B) Title and average hours	ch person who was the instructions.)	s an officer, dire	(E) Expense account and
	Int V-A Current Officers, Directors, Trustees, and Kee or key employee at any time during the year even if they wee (A) Name and address	y Employees (List ead re not compensated.) (See (B) Title and average hours per week devoted to	ch person who was the instructions.) (C) Compensation (If not paid, enter	(D) Contributions to employee benefit plans & deferred	(E) Expense account and
Pa	Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List ead re not compensated.) (See (B) Title and average hours per week devoted to	ch person who was the instructions.) (C) Compensation (If not paid, enter -0)	s an officer, dire (D)Contributions to employee benefit plans & deferred compensation plans	ector, trustee, (E) Expense account and other allowances
Pa	Int V-A Current Officers, Directors, Trustees, and Kee or key employee at any time during the year even if they wee (A) Name and address	y Employees (List ead re not compensated.) (See (B) Title and average hours per week devoted to	ch person who was the instructions.) (C) Compensation (If not paid, enter	s an officer, dire (D)Contributions to employee benefit plans & deferred compensation plans	ector, trustee, (E) Expense account and other allowances
Pa	Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List ead re not compensated.) (See (B) Title and average hours per week devoted to	ch person who was the instructions.) (C) Compensation (If not paid, enter -0)	s an officer, dire (D)Contributions to employee benefit plans & deferred compensation plans	ector, trustee, (E) Expense account and other allowances
Pa	Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List ead re not compensated.) (See (B) Title and average hours per week devoted to	ch person who was the instructions.) (C) Compensation (If not paid, enter -0)	s an officer, dire (D)Contributions to employee benefit plans & deferred compensation plans	ector, trustee, (E) Expense account and other allowances
Pa	Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List ead re not compensated.) (See (B) Title and average hours per week devoted to	ch person who was the instructions.) (C) Compensation (If not paid, enter -0)	s an officer, dire (D)Contributions to employee benefit plans & deferred compensation plans	ector, trustee, (E) Expense account and other allowances
Pa	Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List ead re not compensated.) (See (B) Title and average hours per week devoted to	ch person who was the instructions.) (C) Compensation (If not paid, enter -0)	s an officer, dire (D)Contributions to employee benefit plans & deferred compensation plans	ector, trustee, (E) Expense account and other allowances
Pa	Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List ead re not compensated.) (See (B) Title and average hours per week devoted to	ch person who was the instructions.) (C) Compensation (If not paid, enter -0)	s an officer, dire (D)Contributions to employee benefit plans & deferred compensation plans	ector, trustee, (E) Expense account and other allowances
Pa	Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List ead re not compensated.) (See (B) Title and average hours per week devoted to	ch person who was the instructions.) (C) Compensation (If not paid, enter -0)	s an officer, dire (D)Contributions to employee benefit plans & deferred compensation plans	ector, trustee, (E) Expense account and other allowances
Pa	Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List ead re not compensated.) (See (B) Title and average hours per week devoted to	ch person who was the instructions.) (C) Compensation (If not paid, enter -0)	s an officer, dire (D)Contributions to employee benefit plans & deferred compensation plans	ector, trustee, (E) Expense account and other allowances
Pa	Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List ead re not compensated.) (See (B) Title and average hours per week devoted to	ch person who was the instructions.) (C) Compensation (If not paid, enter -0)	s an officer, dire (D)Contributions to employee benefit plans & deferred compensation plans	ector, trustee, (E) Expense account and other allowances
Pa	Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List ead re not compensated.) (See (B) Title and average hours per week devoted to	ch person who was the instructions.) (C) Compensation (If not paid, enter -0)	s an officer, dire (D)Contributions to employee benefit plans & deferred compensation plans	ector, trustee, (E) Expense account and other allowances
Pa	Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List ead re not compensated.) (See (B) Title and average hours per week devoted to	ch person who was the instructions.) (C) Compensation (If not paid, enter -0)	s an officer, dire (D)Contributions to employee benefit plans & deferred compensation plans	ector, trustee, (E) Expense account and other allowances
Pa	Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List ead re not compensated.) (See (B) Title and average hours per week devoted to	ch person who was the instructions.) (C) Compensation (If not paid, enter -0)	s an officer, dire (D)Contributions to employee benefit plans & deferred compensation plans	ector, trustee, (E) Expense account and other allowances
Pa	Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List ead re not compensated.) (See (B) Title and average hours per week devoted to	ch person who was the instructions.) (C) Compensation (If not paid, enter -0)	s an officer, dire (D)Contributions to employee benefit plans & deferred compensation plans	ector, trustee, (E) Expense account and other allowances
Pa	Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List ead re not compensated.) (See (B) Title and average hours per week devoted to	ch person who was the instructions.) (C) Compensation (If not paid, enter -0)	s an officer, dire (D)Contributions to employee benefit plans & deferred compensation plans	ector, trustee, (E) Expense account and other allowances
Pa	Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List ead re not compensated.) (See (B) Title and average hours per week devoted to	ch person who was the instructions.) (C) Compensation (If not paid, enter -0)	s an officer, dire (D)Contributions to employee benefit plans & deferred compensation plans	ector, trustee, (E) Expense account and other allowances
Pa	Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List ead re not compensated.) (See (B) Title and average hours per week devoted to	ch person who was the instructions.) (C) Compensation (If not paid, enter -0)	s an officer, dire (D)Contributions to employee benefit plans & deferred compensation plans	ector, trustee, (E) Expense account and other allowances
Pa	Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List ead re not compensated.) (See (B) Title and average hours per week devoted to	ch person who was the instructions.) (C) Compensation (If not paid, enter -0)	s an officer, dire (D)Contributions to employee benefit plans & deferred compensation plans	ector, trustee, (E) Expense account and other allowances
Pa	Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List ead re not compensated.) (See (B) Title and average hours per week devoted to	ch person who was the instructions.) (C) Compensation (If not paid, enter -0)	s an officer, dire (D)Contributions to employee benefit plans & deferred compensation plans	ector, trustee, (E) Expense account and other allowances
Pa	Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List ead re not compensated.) (See (B) Title and average hours per week devoted to	ch person who was the instructions.) (C) Compensation (If not paid, enter -0)	s an officer, dire (D)Contributions to employee benefit plans & deferred compensation plans	ector, trustee, (E) Expense account and other allowances
Pa	Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List ead re not compensated.) (See (B) Title and average hours per week devoted to	ch person who was the instructions.) (C) Compensation (If not paid, enter -0)	s an officer, dire (D)Contributions to employee benefit plans & deferred compensation plans	ector, trustee, (E) Expense account and other allowances
Pa	Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List ead re not compensated.) (See (B) Title and average hours per week devoted to	ch person who was the instructions.) (C) Compensation (If not paid, enter -0)	s an officer, dire (D)Contributions to employee benefit plans & deferred compensation plans	ector, trustee, (E) Expense account and other allowances
Pa	Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List ead re not compensated.) (See (B) Title and average hours per week devoted to	ch person who was the instructions.) (C) Compensation (If not paid, enter -0)	s an officer, dire	ector, trustee, (E) Expense account and other allowances

723041 12-27-07

, , , , ,

5 08200512 759636 64150.00000 2007.07090 MEL TROTTER MINISTRIES 64150.01

Form 990 (2007) MEL TROTTER MINISTRIE		(ed)	38-14104	<u>67</u> ⊦ ∣Yes	Page 6
75 a Enter the total number of officers, directors, and trustees permitted				103	110
meetings			12		
Are any officers, directors, trustees, or key employees listed in Form listed in Schedule A, Part I, or highest compensated professional an Part II-A or II-B, related to each other through family or business rela the individuals and explains the relationship(s)	d other independent contr	actors listed in Scl	nedule A, dentifies	5b	x
c Do any officers, directors, trustees, or key employees listed in Form listed in Schedule A, Part I, or highest compensated professional an Part II-A or II-B, receive compensation from any other organizations, organization? See the instructions for the definition of "related organ	d other independent contr whether tax exempt or tax	actors listed in Scl	nedule A, ed to the	5c	x
If "Yes," attach a statement that includes the information described	in the instructions.				
d Does the organization have a written conflict of interest policy?	<u></u>			5d X	
Part V-B Former Officers, Directors, Trustees, and Ke Benefits (If any former officer, director, trustee, or key er the year, list that person below and enter the amount of co	nployee received compens	sation or other ben its in the appropria	efits (descnbed l ate column. See tl	pelow) du	
(A) Name and address NONE	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	employee benefit plans & deferred	(E) Expe account other allov	and
					_
	· · · ·				

Pa	rt VI Other Information (See the instructions.)		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed			
	statement of each change	76		Х
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	. 77		X
	If "Yes," attach a conformed copy of the changes.			
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	. 78a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	/A 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 N/A			
	and check whether it is exempt or nonexer	mpt		
81 a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a	0.		
b	Did the organization file Form 1120-POL for this year?	81b		X
		Forr	n 990 (2007)

723181/12-27-07

. . . .

6 08200512 759636 64150.00000 2007.07090 MEL TROTTER MINISTRIES

_	990 (2007) MEL TROTTER MINISTRIES		38-1410	467	P	age 7
Pa	rt VI Other Information (continued)				Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities a	t 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.)	<u>82b</u> 3,	<u>932,185.</u>			
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 contribu	tions?		83b	X	
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 co	ntributions or giff	ts were not			
	tax deductible?		.N/A	84b	L	
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		N/A	85a		L
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless th	e organization re	ceived a			
	walver for proxy tax owed for the prior year.					
C	Dues, assessments, and similar amounts from members	85c	N/A		1	
d	Section 162(e) lobbying and political expenditures	85d	N/A			
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount	t on line 85f				
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditur	es for the				
	following tax year?		N/A	85h		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on		•••••			
	line 12	86a	N/A			
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A			
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A	1		
	Gross income from other sources. (Do not net amounts due or paid to other sources			1		
	against amounts due or received from them.)	875	N/A			
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable con	poration or partn	ership.	1		
	or an entity disregarded as separate from the organization under Regulations sections 301.770		-			
	If "Yes," complete Part IX			88a		х
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity	within the meanir	na of			
_	aantion 519(h)(19)9 If IVan II anomalate Dort VI		N	88b		х
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under					
	section 4911 ► 0 • ; section 4912 ► 0 • ; section 495		0.			
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess					
-	transaction during the year or did it become aware of an excess benefit transaction from a price					
				89b		x
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the			000		
	sections 4912, 4955, and 4958	•	0.			1
đ	Enter: Amount of tax on line 89c, above, reimbursed by the organization	•	0.			1
e	All organizations. At any time during the tax year, was the organization a party to a prohibited t	ax shelter transa		89e		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insu			89f	<u> </u>	X
	For supporting organizations and sponsoring organizations maintaining donor advised funds. Dr		organization			
	or a fund maintained by a sponsoring organization, have excess business holdings at any time	•••••	•	89g		х
90 a	List the states with which a copy of this return is filed $\mathbb{P}MI$	adding the year	•	008	I	<u>_4x</u>
b	Number of employees employed in the pay period that includes March 12, 2007	a	0b		i	110
91 a		Telephone no.		4-8		<u>~ - v</u>
	Located at 225 COMMERCE AVENUE SW, GRAND RAPIDS, MI		$\frac{010}{2IP+4} 4$			
Ь	At any time during the calendar year, did the organization have an interest in or a signature or of	ther authority of			Yes	No
U	a financial account in a foreign country (such as a bank account, securities account, or other fi	•		91b		X
	If "Yes," enter the name of the foreign country N/A	nancial accounty	•	310		А
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of F					
	and Financial Accounts.	orongin Darik				1
				Form	990 (2007)
				1 OUT		LOUIT

723162 / 12-27-07

. . . .

7

08200512 759636 64150.00000 2007.07090 MEL TROTTER MINISTRIES

	TER MINISTE	RIES		38-3	1410467	
Part VI Other Information (continued	· · · · · · · · · · · · · · · · · · ·					Yes No
c At any time during the calendar year, did th	•		the Unit	ed States?	_ <u>91c</u>	
If "Yes," enter the name of the foreign cour	· · · · · · · · · · · · · · · · · · ·	N/A		.÷		
92 Section 4947(a)(1) nonexempt chantable tr			heck here			
and enter the amount of tax-exempt interes			<u> </u>	92	<u> </u>	<u>A</u>
Part VII Analysis of Income-Produc		d business income	Eveluded	hu and - 540 540 - 544		
Note: Enter gross amounts unless otherwise	(A)		(C)	by section 512, 513, or 514	(E)
indicated.	Business	(B) Amount	Exclu-	(D) Amount	Related o	•
93 Program service revenue:	code		sion code	Anount	function	
a <u>YOUTH PROGRAM FEES</u>						7,764.
b						
C						
d						
e						
f Medicare/Medicaid payments						
g Fees and contracts from government agenc	ies					
94 Membership dues and assessments						
95 Interest on savings and temporary cash investmer	nts		14	9,327.		
96 Dividends and interest from securities			╞┈═┄ ╴ ┤			
97 Net rental income or (loss) from real estate:	•					
a debt-financed property			16			
b not debt-financed property	•					
98 Net rental income or (loss) from personal pro						
00 Other much ment in a second					• .,	
99 Other investment income		<u></u>				
100 Gain or (loss) from sales of assets					~	
other than inventory					- 4	2,299.
101 Net income or (loss) from special events						4 010
102 Gross profit or (loss) from sales of inventory					/ 3	4,910.
103 Other revenue:				00 505		
a MISCELLANEOUS REVENUE			03	23,685.		
b THRIFT STORE REVENUE		· · · · -	05	574,117.		
C						
ď						
e						
104 Subtotal (add columns (B), (D), and (E))		0.		607,129.		<u>0,375.</u>
105 Total (add line 104, columns (B), (D), and (E))			▶_	<u>1,32</u>	7,504.
Note: Line 105 plus line 1e, Part I, should equal th						
Part VIII Relationship of Activities t	o the Accomplia	shment of Exemp	t Purpo	oses (See the instructio	ns.)	
Line No. Explain how each activity for which income	e is reported in column	(E) of Part VII contributed	Importan	tly to the accomplishment of	f the organizati	ion's
exempt purposes (other than by providing	funds for such purpos	es).				
SEE STATEMENT 11						
Part IX Information Regarding Tax	able Subsidiari	es and Disregard	ed Enti	ties (See the instruction	s.)	
(A) (E	3)	(C)		(n)	(F	
	tage of p interest	Nature c				
,,,	%					
N/A	%					
	%					
	%	<u> </u>				
Part X Information Regarding Tra		ed wit				
(a) Did the organization, during the year, receive any						
(b) Did the organization, during the year, pay premiu						
Note: If "Yes" to (b), file Form 8870 and Form 4		<i>.</i>				

08200512 759636 64150.00000 2007.07090 N

723163 12-27-07

. . . .

Form	990 (2007) MEL TROTTER MINISTRIES		38-14	
Pai	t XI Information Regarding Transfers To and From C controlling organization as defined in section 512(b)(13).	ontrolled Entitie	es. Complete only if the organ	nization is a
				Yes No
106	Did the reporting organization make any transfers to a controlled entity a complete the schedule below for each controlled entity.	is defined in section 5	512(b)(13) of the Code? If "Ye	s,"
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
		Number		
а.				
b				
c				
	Totals			
				Yes No
107	Did the reporting organization receive any transfers from a controlled en complete the schedule below for each controlled entity.	tity as defined in sect	tion 512(b)(13) of the Code? If	f "Yes,"
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a -				
b _				
c				
			· · · · · · · · · · · · · · · · · · ·	
108	Totals	7 2006		Yes No
100	Did the organization have a binding written contract in effect on August 1 annuities described in quest of 107 above?			
Pleas Sign	Under penalties of perjury, I declare that I have examined the return, including accompany and complete Declaration of preparer (other than officer) is based on all information of whice Signature of officer	ng schedules and statement h preparer has any knowled;	s, and to the best of my knowledge and ge 1/1/1/15	d belief, it is true, correct,
Here		EO		
Paid Prepa	Preparer's signature	I dialace is	self- employed	SN or PTIN (See Gen Inst X)
Use O	nly yours if REIMANIN KOBSON	PO BOX 6547 47	EIN ► <u>38-2</u> Phone no. ► (61)	<u>//30/3</u> 5) 975-4100
				Form 990 (2007)

723164/12-27-07

_

-- · · · · ·

9 08200512 759636 64150.00000 2007.07090 MEL TROTTER MINISTRIES 64150.01

SCHEDULE A	Organization Exemp	F 8 8	ndar Sactia	n 501(a)(2	n l	OMB No 1545-0047
(Form 990 or 990-EZ)	(Except Private Foundation)				"	
	501(n), or 4947(a)(1) Supplementary Informatio	None	exempt Charitable Trust			2007
Department of the Treasury Internal Revenue Service	► MUST be completed by the above organ	•	•		z	
Name of the organization	• •••• ••• •••			i	Employer ide	ntification number
	MEL TROTTER MINISTRIES				<u>38 141</u>	
	pensation of the Five Highest Paid Emp ge 1 of the instructions. List each one. If there are none, ei			Officers, Dire	ectors, and	Irustees
	nd address of each employee paid more than \$50,000	(b)	Title and average hours per week devoted to position	(c) Compensation	(d) Contribution employee ben plans & deferr compensatio	ent account and othe
STEVE MAY	·	VP				
	WOOD DR NW, GRAND RAPIDS,		40.00	52,807	1,44	4
WILLIAM MERC	CVIEW AVE, ALLENDALE, MI 4	VP	PROGRAMS	51,140	14,20	A
RICH DORSEY	TIN AVE, ADDENDADE, MI 4	VP	DEVELOPMEN		. 14,20	±•
	TE CR. SE, ADA, MI 49301	1	40.00	62,500	. 11,07	4.
	· · · · · · · · · · · · · · · · · · ·					
Total number of other emp	ployees paid		_			
over \$50,000	Densation of the Five Highest Paid Inde		0 Ident Contractor	n for Brofood	ional San	
	ge 2 of the instructions. List each one (whether individuals				aunai Serv	ices
	and address of each independent contractor paid more th			(b) Type of	SELVICE	(c) Compensation
(u) numo						
NONE						
NONE						
_			_			
	· · · · · · · · · · · · · · · · · · ·					
Total number of others rec \$50,000 for professional s	•		0			
	pensation of the Five Highest Paid Inde	pen		s for Other S	ervices	
	h contractor who performed services other than profession		ervices, whether individu	als or		
firms. If	there are none, enter "None." See page 2 of the instruction	s.)				· ·····
(a) Name :	and address of each independent contractor paid more the	an \$50	0,000	(b) Type of	service	(c) Compensation
NONE						
					-	
						
Total number of other cont \$50,000 for other services	-		0			

08200512 759636 64150.00000

. . . .

10

Schedule A (Form 990 or 990-EZ) 2007	MEL	TROTTER	MINIS	TRIES

· · ·

F	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	1		
	public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the			
	lobbying activities 🕨 \$ \$ (Must equal amounts on line 38, Part VI-A, or			1
	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.)			
ł	a Sale, exchange, or leasing of property?	2a		X
I	b Lending of money or other extension of credit?	2b		X
(: Furnishing of goods, services, or facilities? SEE STATEMENT 12	2c	Х	
(Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	Х	
	e Transfer of any part of its income or assets?	2e		X
3 a	a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how			
	the organization determines that recipients qualify to receive payments.)	3a		X
t	b Did the organization have a section 403(b) annuity plan for its employees?	3b	X	
	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space,			
	the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4 a	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f			
	and 4g	4a	_	X
t	b Did the organization make any taxable distributions under section 4966? N/A	4b		
C	: Did the organization make a distribution to a donor, donor advisor, or related person? N/A	4c		
0	Enter the total number of donor advised funds owned at the end of the tax year		N/	Α
ŧ	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/	A
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on			
	line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0
G	g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year			0

Schedule A (Form 990 or 990-EZ) 2007

Schedule A (Form 990 or 990-EZ) 2007	MEL	TROTTER	MINISTRIES
--------------------------------------	-----	---------	------------

. .

. .

Icently flut the organization is not a private foundation because its: (Please check only ONE applicable box.) S A church, convention of churches, or association of churches. Section 170(b)(1)(A)(b). A church, convention of churches, or association of churches. Section 170(b)(1)(A)(b). A church, convention of churches, or association of churches. Section 170(b)(1)(A)(b). A church, convention of churches, or association of convention and uncertainty. Image: Churche Convention of the churches. Section 170(b)(1)(A)(b). A church, convention of churches, or association of the stephol. Section 170(b)(1)(A)(b). A churche Convention operated in conjunction with a hospital. Section 170(b)(1)(A)(b). (A) organization the normally receives a substantial part of ns support form a governmental unit or from the general public. Section 170(b)(1)(A)(b). (Also complete the Support Schedule in Part IV-A.) A organization that normally receives a substantial part of ns support form controlutions, membership fees, and gross testion 150(b)(1)(A)(b). (Also complete the Support Schedule in Part IV-A.) 11 A organization that normally receives as substantial part of ns support Schedule in Part IV-A.) 12 A organization that normality receives as substantial part of the support form controlutions, membership fees, and gross testion 50(a)(3). (bnoc mplete the Support Schedule in Part IV-A.) 13 An organization that on controlled by any disqualified persons (other than foundation manag	Par	t.IV	Reason for Non-Private Foundation S	Status (See pages 4 t	hrough 8 of the instruction	ons.)		
A school. Section 170(b)(1)(A)(b). (Also complete Part V.) A hospital or a cooperative hospital server organization. Section 170(b)(1)(A)(iii). A federal, state, or local government or governmental unt. Section 170(b)(1)(A)(iii). A redical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). An organization operated for the benefit of a college or university owned or operated by a governmental unt. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-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)(iv). (Also complete the Support Schedule in Part IV-A) An organization that normally receives: (1) more than 33 173K of its support from contributions, membership fees, and gross receipts from activities related to its charable, etc., functions - subject to estimate section 511 tax) from Dismisses acquired by the organization that normality receives: (1) more than 33 173K of its support from contributions, membership fees, and gross receipts from activities related to its charable, etc., functions - subject to estimate sections is 11 tax) from Dismisses acquired by the organization that normality receives: (1) more than 33 173K of its support from contributions, membership fees, and gross receipts from activities related to its charable, etc., functions - subject to certain exceptions, and (2) no meet han 33 173K of its support from organization the support from organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section Sof(a)(2). Check the box that describes the type of supporting organization: [Type I] [Type II] [T	l certi	fy that t	he organization is not a private foundation because it is: (Please check only ONE a	pplicable box.)			
7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). 8 A tederal, state, or local government or governmental unit. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶	5		A church, convention of churches, or association of ch	urches. Section 170(b)(1)(A)(ı).			
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)(w). Enter the hospital's name, city, and state > 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(w). (Also complete the Support Schedule in Part IV-A) 11a IX: 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)(w). (Also complete the Support Schedule in Part IV-A) 11b A community trust. Section 170(b)(1)(A)(w). (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 chartable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from consersess and quice during support for governmental on the certain sceptions, and (2) no more than 33 1/3% of its support from consersess acquired by the organization that normally receives: (1) more than 33 1/3% of its support from consersess acquired by the organization that normally necesses accluses of 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organizations. (See page 8 of the instructions.) (a) (b) Employer Type of reganization (s) Employer or IRG section) for RG section (see in lines 5 through 12 above or IRG section) for RG section (see in lines 5 through 12 above or IRG section) for RG section (see in lines 13 and section section 13 and and a section 13 and a section 13 and a section 13 and 14 an	6		A school. Section 170(b)(1)(A)(ii). (Also complete Par	t V.)				
9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(w). Enter the hospital's name, city, and state ▶ 10 Chan organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(w). (Also complete the Support Schedule in Part IV-A.) 11a X An organization operated for the benefit of a college or university owned or operated by a governmental unit or from the general public. Section 170(b)(1)(A)(w). (Also complete the Support Schedule in Part IV-A.) 11b A community trust. Section 170(b)(1)(A)(w). (Also complete the Support Schedule in Part IV-A.) 12 An organization that normally receives (1) more than 33 173% of its support for matibulions, membership fees, and gross receipts from activities related to its chardiable, etc., functions = subpot to certain exceptions, and (2) no more than 33 173% of its support for organization atter June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.) 13 An organization flat is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: (See page 8 of the instructions.) (a) (b) (c) (d) (e) Name(s) of supported organization (s) Employer identification of relation in the supporting organization is support of organization is support of organization is everified in the supporting organization is everified dusin and the support of organization is everi	7		A hospital or a cooperative hospital service organization	n. Section 170(b)(1)(A)(ur).			
and state	8		A federal, state, or local government or governmental	unit. Section 170(b)(1)(A)(v).			
and state	9		A medical research organization operated in conjunction	on with a hospital. Section	170(b)(1)(A)(III). Enter	the hospital'	s name, city,	
(Also complete the Support Schedule in Part IV-A) 11a 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)(w). (Also complete the Support Schedule in Part IV-A) 11b A community trust. Section 170(b)(1)(A)(w). (Also complete the Support from contributions, membership fees, and gross receipts from activities related to is chartable, 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 51 tax) from businesses acquired by the organization after Julie 30, 1975. See section 503(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 otherwise meets the requirements of section 503(a)(2). Check the box that describes the type of supporting organization: Image: Type I Type III = Type III-Functionally Integrated Type III-Other Provide the following information about the supported organization. (c) (a) (b) Name(s) of supported organization(s) (a) (b) (c) (d) Amount of supported organization's governing document? (a) (b) (c) (d) (e) Name(s) of supported organization(s) <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>								
11a X 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)(w), (Also complete the Support Schedule in Part IV-A.) 11b A community trust. Section 170(b)(1)(A)(w), (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 form downses acquired by the organization after June 30, 1975. See section 503(a)(2). (Also complete the Support Schedule in Part IV-A.) 13 An organization that is not controlled by any disgualified persons (other than foundation managers) and otherwise meets the requirements of section 506(a)(3). Check the box that describes the type of supporting organizations. 13 Type I Type III Type III Type III-Other Provide the following information about the supported organizations. (See page 8 of the instructons.) (a) (b) (c) (d) (e) Name(s) of supported organization(s) Implicit in the support of indication is support for organization is the indication is governing documents? Organization for support for organization is the indication is provide in the following information about the support of organization is governing documents? Verside	10		An organization operated for the benefit of a college or	university owned or oper	rated by a governmental	unit. Section	170(b)(1)(A)(IV	<i>ı</i>).
Section 170(b)(1)(A)(v). (Also complete the Support Schedule in Part IV-A.) 11b A community trust. Section 170(b)(1)(A)(V). (Also complete the Support Schedule in Part IV-A.) 12 An organization that ormally receives: (11) more than 33 1/35% 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 1/35% 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 1/35%. (Section 509(a)(3), Check the box that describes the type of supporting organization: 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3), Check the box that describes the type of supporting organizations. (See page 8 of the instructions.) (a) (b) Provide the following information about the supported organization (s) (c) (a) (b) Name(s) of supported organization(s) (b) (a) (b) (b) (c) (c) (d) (a) (b) (b) (c) (c) (d) (c) (d) (c) (d) (a) (b) (c) (c)			(Also complete the Support Schedule in Part IV-A.)					
11b A community trust. Section 170(b) (1)(A)(v). (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 chartable, i.e., 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 that is not controlled by any disgualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(a). Check the box that describes the type of supporting organization. 13 An organization that is not controlled by any disgualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(a). Check the box that describes the type of supporting organization. (See page 8 of the instructions.) 14 Provide the following information about the supported organizations. (See page 8 of the instructions.) 15 (a) (b) Type of organization fisted in inset supporting organization in number (EIN) 16 Name(s) of supported organization(s) Is the supporting organization is supporting organization is supporting organization is support or granization is supporting organization is support	11a	Χ	An organization that normally receives a substantial pa	art of its support from a g	overnmental unit or from	the general	public.	
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 mere than 33 1/3% of its support from gross investment income and unrelated businesses taxable mome (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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: Stopport from granization (1) Provide the following information about the supported organizations. (See page 8 of the instructions.) (a) (b) (b) Type III-Other Provide the following information about the supported organization. (c) (c) (c) (c) (a) (b) Type of organization (1) (c)			Section 170(b)(1)(A)(vi). (Also complete the Support	Schedule in Part IV-A.)		-		
receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 (7% 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: Type 1 Type II Type III Type III-Functionally Integrated Type III-Other Provide the following information about the supported organizations. (See page 8 of the instructions.) (a) (b) (c) (d) (e) Name(s) of supported organization(s) IEmployer identification number (EIN) I 2 above or IRC section) Organization is governing overning documents? Yes No Yes No	11b		A community trust. Section 170(b)(1)(A)(vi). (Also cor	nplete the Support Sche	dule in Part IV-A.)			
tis support from gross investment income and unrelated business taxable income (less section 51 ft 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 disgualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organizations. (See page 8 of the instructions.) Provide the following information about the supported organizations. (See page 8 of the instructions.) (a) (b) (c) (d) (e) Name(s) of supported organization(s) (b) (c) (d) (e) Name(s) of supported organization(s) (fermion and performance of the support fermion about the support fermion and performance of the support fermio	12		An organization that normally receives: (1) more than	33 1/3% of its support fro	om contributions, membe	ership fees, a	nd gross	
by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.) An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). (Check the box that describes the type of supporting organization:								
13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: Type I Type III Type III-Functionally Integrated Type III-Other Provide the following information about the supported organizations. (See page 8 of the instructions.) (a) (b) (c) (d) (e) Mame(s) of supported organization(s) (a) (b) Employer identification number (EIN) Is the supported organization isted in the supporting organization isted in the support in the support ing organization isted in the support ing organization is governing documents? Yes No Yes No Is the support of support organization is the support organization is the support organization is the support organization is do in the support ing organization is do in the support ing organization is down or income or income or income organization is down orga							sses acquired	
509(a)(3). Check the box that describes the type of supporting organization: Type II Type III-Functionally Integrated Type III-Other Provide the following information about the supported organizations. (See page 8 of the instructions.) (a) (b) (c) (d) (e) Name(s) of supported organization(s) Employer identification number (EIN) Type of organization is ted in the support of organization's governing documents? Amount of support Yes No Yes No Yes No Yes No Yes No Image: Solid Support Solid			by the organization after June 30, 1975. See Section 5	ua(a)(z). (Also complete	e une Support Schedule in	i Part IV-A.)		
Type I Type II Type III-Functionally Integrated Type III-Other Provide the following information about the supported organizations. (See page 8 of the instructions.) (a) (b) (c) (d) (e) Name(s) of supported organization(s) Employer identification number (EIN) Type of organization (described in lines 5 through 12 above or IRC section) Is the supported organization is governing documents? Yes No Yes No	13		An organization that is not controlled by any disqualifie	d persons (other than fo	undation managers) and	otherwise m	eets the require	ments of section
Provide the following information about the supported organizations. (See page 8 of the instructions.) (a) (b) (c) (d) (e) Name(s) of supported organization(s) Employer identification number (EIN) Type of organization (described in lines 5 through 12 above or IRC section) (d) (e) Yes No			509(a)(3). Check the box that describes the type of su	oporting organization:				
(a) (b) (c) (d) (e) Name(s) of supported organization(s) Employer identification number (EIN) Type of organization (described in lines 5 through 12 above or IRC section) Is the supported organization is ted in the supporting organization's governing documents? Amount of support Yes No			Type I Type II	Type III-Fu	nctionally Integrated		Type III-C	Other
(a) (b) (c) (d) (e) Name(s) of supported organization(s) Employer identification number (EIN) Type of organization (described in lines 5 through 12 above or IRC section) Is the supported organization is ted in the supporting organization's governing documents? Amount of support Yes No						46		
Name(s) of supported organization(s) Employer identification number (EIN) Type of organization (set din lines 5 through 12 above or IRC section) Is the supported organization (set din lines 5 through 12 above or IRC section) Yes No							· · · · · · · · · · · · · · · · · · ·	
identification number (EIN) identification 5 through 12 above or IRC section) organization listed in the support governing documents? Yes No			••				1	
number (EIN) 5 through 12 above or IRC section) the supporting organization's governing documents? Yes No			Name(s) of supported organization(s)					
governing documents? Yes No					5 through 12 above	the sup	oporting	
Yes No Yes No Image:					or IRC section)			
						governing	uocuments?	
						Vac	No	
Image: Image	••••				···	105		
Total								
	<u></u>							
Total								
Total								
Total					· · · <u></u>			
Total								
Total		••						·
Total								
Total								<u>_</u>
Total						ļ		
	Total							<u> </u>

14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2007

723121 12-27-07

	Schedule A (Form 990 or 990-EZ) 2007	MEL	TROTTER	MINISTRIES
--	--------------------------------------	-----	---------	------------

•

•

38-1410467 Page 4

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.

	ndar year (or fiscal year uning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants, See line 28.)	10942766.	•••••••••••••••••••••••••••••••••••••••			. 37,753,235
16	Membership fees received	10942700.	10/02014.	0,330,003.	1,049,512	. 37,133,433
10	Gross receipts from admissions,			· · · · · · · · · · · · · · · · · · ·		
17	merchandise sold or services					
	performed, or furnishing of					
	facilities in any activity that is					
	related to the organization's charitable, etc., purpose	18,093.	17,348.	7,700.	2,405	45,546
18	Gross income from interest, divid-				<u> </u>	<u> </u>
	ends, amounts received from pay- ments on securities loans (section 512(a)(5)), rents, royalities, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses					
	acquired by the organization after June 30, 1975	80,589.	69,379.	64,820.	49,697	. 264,485
19	Net income from unrelated business					
	activities not included in line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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		· · · · · ·			
22	Other income. Attach a schedule. Do not include gain or (loss) from			SEE STATEME		
00	sale of capital assets	1,497,385.			74,092	
23 24	Total of lines 15 through 22 Line 23 minus line 17	12538833.	<u>12105730.</u> 12088382.			
24	Enter 1% of line 23	<u>12520740.</u> 125,388.	121,057.		7,173,361 71,758	
26	Organizations described on lines 10			·	· · · · · · · · · · · · · · · · · · ·	
	Prepare a list for your records to sho		1.1		► <u>26a</u>	044,1/1
	unit or publicly supported organization					
	Do not file this list with your return.	• -	-		► 26b	0
c	Total support for section 509(a)(1) to				26c	
	Add: Amounts from column (e) for li		64,485. 19	•		
		22 3,1	90,828. 26b		► 26d	3,455,313
e	Public support (line 26c minus line 2				► 26e	
f	Public support percentage (line 260	e (numerator) divided by	line 26c (denominator)		► 26f	91.6151
27	Organizations described on line 12:				disqualified person," pre	epare a list for your
	records to show the name of, and to	tal amounts received in ea	ach year from, each "disq	ualified person." Do not fi	le this list with your ret	urn. Enter the sum of
	such amounts for each year:	N/A				
	(2006)	(2005)	(2	004)	. (2003)	
b	For any amount included in line 17 th				-	
	and amount received for each year, t					-
	described in lines 5 through 11b, as	•	-			he amount received and
			se differences (the exces	s amounts) for each year	: N/A	
	the larger amount described in (1) or		•			
	(2006)	(2005)	•	004)	. (2003)	
C	(2006) Add: Amounts from column (e) for li	(2005) nes: 15	(2	16	, ,	
	(2006) Add: Amounts from column (e) for li 17	(2005) nes: 15 20		,	► 27c	
	(2006) Add: Amounts from column (e) for li 17 Add: Line 27a total	(2005) nes: 15 20 an	(2	16	▶ <u>27c</u> ▶ <u>27d</u>	N/A
	(2006) Add: Amounts from column (e) for li 17 Add: Line 27a total Public support (line 27c total minus	(2005) nes: 1520 20 20 line 27d total)	(2 d line 27b total	16 21	▶ 27c ▶ 27d ▶ 27d ▶ 27e	N/A_
d e f	(2006) Add: Amounts from column (e) for li 17 Add: Line 27a total Public support (line 27c total minus Total support for section 509(a)(2) to	(2005) nes: 15 20 20 20 an line 27d total) est: Enter amount on line	(2 d line 27b total 23, column (e)	16 21 ▶ 27f	▶ 27c ▶ 27d ▶ 27d ▶ 27e N/A	N/A N/A
d e f g	(2006) Add: Amounts from column (e) for li 17 Add: Line 27a total Public support (line 27c total minus Total support for section 509(a)(2) to Public support percentage (line 27c	(2005) nes: 15 20 20 20 line 27d total) est: Enter amount on line e (numerator) divided by	(2 d line 27b total 23, column (e) line 27f (denominator))	16 21 	▶ 27c ▶ 27d ▶ 27d ▶ 27e N/A ▶ 27g	N/A N/A N/A
d e f g h	(2006) Add: Amounts from column (e) for li 17 Add: Line 27a total Public support (line 27c total minus Total support for section 509(a)(2) to Public support percentage (line 27c Investment income percentage (line	(2005) nes: 15 20 20 an line 27d total) est: Enter amount on line e (numerator) divided by e 18, column (e) (numerator)	(2 d line 27b total 23, column (e) line 27f (denominator)) ator) divided by line 27f	16 21 ▶ 27f (denominator))	▶ 27c 27d 27d 27e N/A 27g 27g	N/A N/A N/A N/A
d e f <u>g</u> h 28 U si	(2006) Add: Amounts from column (e) for li 17 Add: Line 27a total Public support (line 27c total minus Total support for section 509(a)(2) to Public support percentage (line 27c Investment income percentage (line inusual Grants: For an organization de how, for each year, the name of the co	(2005) nes: 15 20 line 27d total) est: Enter amount on line e (numerator) divided by e 18, column (e) (numera escribed in line 10, 11, or patributor, the date and ar	(2 d line 27b total 23, column (e) line 27f (denominator)) ator) divided by line 27f 12 that received any unu	16 21 ► 27f (denominator)) sual grants during 2003 t	 ▶ 27c ▶ 27d ▶ 27d ▶ 27e ▶ 27g ▶ 27g ▶ 27g ▶ 27g ▶ 27g 	N/A N/A N/A N/A
d e f <u>9</u> <u>h</u> si re	(2006) Add: Amounts from column (e) for II 17 Add: Line 27a total Public support (line 27c total minus Total support for section 509(a)(2) to Public support percentage (line 27c Investment income percentage (line nusual Grants: For an organization de	(2005) nes: 15 20 an line 27d total) est: Enter amount on line e (numerator) divided by e 18, column (e) (numerator) escribed in line 10, 11, or ontributor, the date and ar ine 15.	(2 d line 27b total 23, column (e) line 27f (denominator)) ator) divided by line 27f 12 that received any unu	16 21 ► 27f (denominator)) sual grants during 2003 t	► 27c 27d 27d 27d 27e 27g 27g 27g 27g 27h 27g 27h 27g 27h 27g	N/A N/A N/A N/A

Sche	dule A (Form 990 or 990-EZ) 2007 MEL TROTTER MINISTRIES	38-14104	67	Page 5
Pa	rt V Private School Questionnaire (See page 9 of the instructions.)	N	/A	
	(To be completed ONLY by schools that checked the box on line 6 in Part IV)			
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing	-		
	instrument, or in a resolution of its governing body?	29		┥
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,		i	
• •	and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
	to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	328		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	321	<u>, </u>	
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	. 320	;	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	320		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
				ľ
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a	1	
b	Admissions policies?	331	,	1
C	Employment of faculty or administrative staff?	330	;	
d	Scholarships or other financial assistance?	330		
e	Educational policies?	336		
f	Use of facilities?	331		
g	Athletic programs?	330		
h	Other extracurricular activities?	331	1	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		L
b		346	<u> </u>	<u> </u>
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-	50,		
	1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Schedule A (Form 990 or 990-EZ) 2007

, [,], , , ,

08200512 759636 64150.00000 2007.07090 MEL TROTTER MINISTRIES

14

Schedule A (Form 990 or 990-EZ) 2007 MEL TROTTER MINISTRIES

. ..

.

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.) (To be completed ONLY by an eligible organization that filed Form 5768)

Ch	eck 🕨 a 🛄 if the organization belong	s to an affiliated group. Check b] if you ch	ecked "a" and "limited control	provisions apply.
		Lobbying Expenditures ures' means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
				N/A	
36	Total lobbying expenditures to influence p	public opinion (grassroots lobbying)	36		
37	37 Total lobbying expenditures to influence a legislative body (direct lobbying) 37				
38	38 Total lobbying expenditures (add lines 36 and 37) 3				
39	39 Other exempt purpose expenditures 39				
40	40 Total exempt purpose expenditures (add lines 38 and 39)				
41	41 Lobbying nontaxable amount. Enter the amount from the following table -				
	If the amount on line 40 is -	The lobbying nontaxable amount is -			
	Not over \$500,000	20% of the amount on line 40			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000			
	Over \$17,000,000	\$1,000,000			
42	Grassroots nontaxable amount (enter 25%	% of line 41)	42		
43	Subtract line 42 from line 36. Enter -0- if	ine 42 is more than line 36	43		
44	Subtract line 41 from line 38. Enter -0- if	ine 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

		Lobbying Exp	enditures During 4-Year	Averaging Period		N/A
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2006	(c) 2005	(d) 2004		(e) Total
45 Lobbying nontaxable amount						0.
46 Lobbying ceiling amount (150% of line 45(e))						0.
47 Total lobbying expenditures			· · · · · · · · · · · · · · · · · · ·			0.
48 Grassroots nontaxable amount						0.
49 Grassroots ceiling amount (150% of line 48(e))						0.
50 Grassroots lobbying expenditures			······································			0.
	Activity by Nonelect only by organizations that did			tions.)		N/A
During the year, did the organiza influence public opinion on a leg	•	, ,	n, including any attempt to	O Yes	No	Amount
 a Volunteers b Paid staff or management (I c Media advertisements 	nclude compensation in expe	nses reported on lines c thr	rough h.)			
d Mailings to members, legisla e Publications, or published o						
f Grants to other organization		ficials, or a legislative body				·····
•	ninars, conventions, speeche	, , ,	ans			
	(Add lines c through n.) also attach a statement givini	a detailed description of th	e lobbying activities	. L		0.

Schedule A (Form 990 or 990-EZ) 2007

38-1410467

Page 6

N/A

15

723151 12-27-07

08200512 759636 64150.00000

		zations (See page 14 of th		d Relationships With Noncha	
51				er organization described in section	
			ns) or in section 527, relating to pr	-	
а	Transfers from the reporting org			l l	Yes
	(i) Cash				51a(i)
	(ii) Other assets				a(ii)
b	Other transactions:			-	
	(i) Sales or exchanges of asse	ts with a noncharitable exemp	ot organization		b(i)
	(ii) Purchases of assets from a	noncharitable exempt organi	zation		b(ii)
	(iii) Rental of facilities, equipme	ent, or other assets			b(iii)
	(iv) Reimbursement arrangeme	nts			b(iv)
	(v) Loans or loan guarantees				b(v)
	(vi) Performance of services or	membership or fundraising s	olicitations	_	b(vi)
C	Sharing of facilities, equipment,	mailing lists, other assets, or	paid employees		C
d	If the answer to any of the above	e is "Yes," complete the follow	ing schedule. Column (b) should	always show the fair market value of the	
	goods, other assets, or services	given by the reporting organ	zation. If the organization received	d less than fair market value in any	
	transaction or sharing arrangem	ent, show in column (d) the	value of the goods, other assets, o	or services received:	<u>N/A</u>
(a)			(c)	(d)	
Line n	io. Amount involved	Name of noncharit	able exempt organization	Description of transfers, transactions, an	d sharing arrangem
			**** ******		
	· · · · · ·				
		<u> </u>			
					·
		····			
· 0 -					
			ed to, one or more tax-exempt org	panizations described in section 501(c) of the	
	Code (other than section 501(c) If "Yes," complete the following s		/A	. 🕨 L	Yes 🛾 🗶
				(0)	
	(a) Name of org	janization	(b) Type of organization	(c) Description of relation	ship
	·• • • •			· · · · ·	
				· · · -	
_					
	· · = · · ·				
	· · · · ·				
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
				• · · · · · · · · · · · · · · · · · · ·	
23152					

· · · ·

•--•-

Depreciation and Amortization Detail FORM 990 PAGE 2

.

6TRANSPORTATION EQUIPMENT	ar 0.
VARIESL 1,802,210. 2LAND IMPROVEMENTS VARIESSL .000 16 1,888,136. 248,517. 65, 3BUILDINGS VARIESSL .000 16 2,359,140. VARIESSL .000 16 7,498,960. 3322385. VARIESSL .000 16 7,498,960. 3322385. MACHINERY & EQUIPMENT VARIESSL .000 16 1,590,166. VARIESSL .000 16 1,590,166. 1242935. 84, 6TRANSPORTATION EQUIPMENT .000 16 1,590,166. 1242935. 84,	
2LAND IMPROVEMENTS VARIESSL .000 16 1,888,136. 248,517. 65, 3BUILDINGS VARIESSL .000 16 2,359,140. 532,217. 74, 4BUILDING IMPROVEMENTS VARIESSL .000 16 7,498,960. 3322385. 263, 5MACHINERY & EQUIPMENT VARIESSL .000 16 1,590,166. 1242935. 84, 6TRANSPORTATION EQUIPMENT 6 1242935. 84, 1242935. 16 1242935. 16	Δ
VARIESSL .000 16 1,888,136. 248,517. 65, 3BUILDINGS VARIESSL .000 16 2,359,140. 532,217. 74, 4BUILDING IMPROVEMENTS VARIESSL .000 16 7,498,960. 3322385. 263, 5MACHINERY & EQUIPMENT VARIESSL .000 16 1,590,166. 1242935. 84, 6TRANSPORTATION EQUIPMENT Contraction of the second	<u> </u>
3BUILDINGS VARIESSL .000 16 2,359,140. 532,217. 74, 4BUILDING IMPROVEMENTS VARIESSL .000 16 7,498,960. 3322385. 263, 5MACHINERY & EQUIPMENT VARIESSL .000 16 1,590,166. 1242935. 84, 6TRANSPORTATION EQUIPMENT	
VARIESSL .000 16 2,359,140. 532,217. 74, 4BUILDING IMPROVEMENTS	044.
4BUILDING IMPROVEMENTS VARIESSL .000 16 7,498,960. 3322385. 263, 5MACHINERY & EQUIPMENT VARIESSL .000 16 1,590,166. 1242935. 84, 6TRANSPORTATION EQUIPMENT 6TRANSPORTATION EQUIPMENT 1242935. 84,	
VARIESSL .000 16 7,498,960. 3322385. 263, 5MACHINERY & EQUIPMENT VARIESSL .000 16 1,590,166. 1242935. 84, 6TRANSPORTATION EQUIPMENT 6TRANSPORTATION EQUIPMENT 1242935. 84,	500.
5MACHINERY & EQUIPMENTVARIESSL.000161,590,166.1242935.84,6TRANSPORTATION EQUIPMENT	004.
6TRANSPORTATION EQUIPMENT	
	860.
VARIESSL .000 16 302,662. 183,713. 35,	
	<u>077.</u>
7 <u>FURNITURE & FIXTURES</u> VARIESSL .000 16 449,018. 362,230. 11,	
VARIESSL .000 16 449,018. 362,230. 11, * TOTAL 990 PAGE 2 DEPR 362,230. 11,	855.
<u>101AB 750 FRGE 2 DEFR</u> <u>15,890,292.</u> 0. 5891997. 534,	700-
	<u> </u>
	<u></u>
718281 # - Current year section 179 (D) - Asset disposed	
20 200512 759636 64150.00000 2007.07090 MEL TROTTER MINISTRIES 64150	01
200512 759636 64150.00000 2007.07090 MEL TROTTER MINISTRIES 64150	. UT

990

.

38-1410467

FORM 990 GA	IN (LOSS) FRO	M SALE OF	OTHER	ASSETS		STA	ATEMENT 1
DESCRIPTION		_	ATE UIRED	DAT: SOL		METH ACQUI	
EQUIPMENT		VAR	IOUS	12/31	/07	PURCH	IASED
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BAS		PENSE SALE	DEPR	EC	NET GAIN OR (LOSS)
	0.	50,57	0.	0.	28,	271.	-22,299.
TO FM 990, PART I, LN	8	50,57	0.	0.	28,	271.	-22,299.

. · . · ·

FORM 990	INCOME AND CO	ST OF GOODS S PART I, LINE		STATEMENT 2
INCOME				
1. GROSS RECEIPTS 2. RETURNS AND ALLOWA			1,478,532	
3. LINE 1 LESS LINE 2	•••••	••••		1,478,532
4. COST OF GOODS SOLD 5. GROSS PROFIT (LINE			743,622	734,910
COST OF GOODS SOLD				<u> </u>
 INVENTORY AT BEGIN MERCHANDISE PURCHA COST OF LABOR MATERIALS AND SUPP 	SED	· · · · · ·	185,550	
10. OTHER COSTS 11. ADD LINES 6 THROUG		• • • • • • • • • •	703,800	889,350
12. INVENTORY AT END O 13. COST OF GOODS SOLD			145,728	743,622

.

38-1410467

FORM 990 OTHER	CHANGES IN NET	ASSETS OR FUNI	BALANCES	STATEMENT	3
DESCRIPTION				AMOUNT	
UNREALIZED LOSS ON MAR	KETABLE SECURIT	TIES	-	-14,11	.5.
TOTAL TO FORM 990, PAR	T I, LINE 20			-14,11	.5.
<u></u>				· · · · · · · · · · · · · · · · · · ·	
FORM 990	SALES OF IN	IVENTORY		STATEMENT	4
			0000		
DESCRIPTION OF SALES C	ATEGORY	GROSS SALES	COGS	NET SALES	5
DONATED VEHICLES		1,478,532.	743,623.	734,909) _
TOTAL AMOUNTS		1,478,532.	743,623.	734,909).
FORM 990	OTHE	R EXPENSES		STATEMENT	5
	(A)	(B) PROGRAM	(C) Management	(D)	
DESCRIPTION	TOTAL	SERVICES	AND GENERAL	FUNDRAISIN	IG
FOOD	2,596,432.	2,596,223.	33.	17	6.
PERSONAL PRODUCTS	421,922.	421,922.			
HOUSEHOLD PRODUCTS	401,857.	401,857.			
UTILITIES	274,828.	256,195.	13,309.	5,32	4.
OUTSIDE SERVICES	96,848.	27,974.	22,991.	45,88	
ADVERTISING AND	• ·	•			
PROMOTION	109,719.	30,175.	9,568.	69,97	6.
VEHICLE EXPENSES	105,256.	77,919.	8,021.	19,31	
VEHICLE SERVICE					
EXPENSES	101,951.	47,917.	12,234.	41,80	0.
BUILDING SUPPLIES	51,764.	36,803.	4,883.		
REPAIRS AND			-,	,	
MAINTENANCE	75,019.	58,021.	5,717.	11,28	1.
INSURANCE - GENERAL	49,522.	46,614.	2,078.		0.
KITCHEN	38,271.	38,015.	24.		2.
MISCELLANEOUS	51,544.	40,052.	3,336.	8,15	
PROFESSIONAL FEES	30,341.	18,315.	5,477.	6,54	
PROPERTY TAXES	20,488.	6,966.	3,483.	10,03	
CLOTHES PURCHASED	7,844.	3,159.	1,228.	3,45	
DUES AND	/,044.	5,159.	1,220.	5,40	• • •
SUBSCRIPTIONS	11,161.	6,502.	966.	3,69	13
EDUCATIONAL		0,502.	900.	5,05	
MATERIALS	3,159.	3,162.	-3.		
TOTAL TO FM 990, LN 43	4,447,926.	4,117,791.	93,345.	236,79	0.

 23
 STATEMENT(S) 3, 4, 5

 08200512 759636 64150.00000
 2007.07090 MEL TROTTER MINISTRIES
 64150.01

OTHER ACCRUED LIABILITIES

INTEREST PAYABLE

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 6 PART III

EXPLANATION

.

TO PROVIDE SHELTER AND PROGRAMS WHERE THE HOMELESS AND OTHERS IN NEED CAN FIND RESPITE FROM THEIR CIRCUMSTANCES AND PHYSICAL AND SPIRITUAL SUPPORT.

FORM 990	OTHER	INVESTMENTS	STATEMENT 7
DESCRIPTION		VALUATION METHOD	AMOUNT
SECURITIES A RESTRICTED C	ND OTHER INVESTMENTS ASH	COST COST	342,369. 32,791.
TOTAL TO FOR	M 990, PART IV, LINE 56,	, COLUMN B	375,160.
FORM 990	DEPRECIATION OF ASSETS	S NOT HELD FOR INVESTMENT	STATEMENT 8

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	1,802,210.	0.	1,802,210.
LAND IMPROVEMENTS	1,888,136.	313,561.	1,574,575.
BUILDINGS	2,359,140.	607,077.	1,752,063.
BUILDING IMPROVEMENTS	7,498,960.	3,585,389.	3,913,571.
MACHINERY & EQUIPMENT	1,590,166.	1,327,795.	262,371.
TRANSPORTATION EQUIPMENT	302,662.	218,790.	83,872.
FURNITURE & FIXTURES	449,018.	374,085.	74,933.
TOTAL TO FORM 990, PART IV, LN 57	15,890,292.	6,426,697.	9,463,595.

FORM 990	OTHER LIABILITIES		STATEMENT 9
DESCRIPTION		BEGINNING OF YEAR	END OF YEAR
ANNUITIES PAYABLE ACCRUED WAGES ACCRUED SALES AND USE TAX ACCRUED INSURANCE	-	249,343. 160,560. 6,210. 691.	242,737. 182,777. 2,610. 1,122.

 24
 STATEMENT(S) 6, 7, 8, 9

 08200512 759636 64150.00000
 2007.07090 MEL TROTTER MINISTRIES
 64150.01

4,471.

1,847.

6,593.

38-1410467

MEL TROTTER MINISTRIES		38-1410467
DUE TO RESIDENTS SPECIAL ASSESMENT PAYABLE	29,979. 43,426.	32,791. 45,518.
TOTAL TO FORM 990, PART IV, LINE 65	498,649.	512,026.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 10 TRUSTEES AND KEY EMPLOYEES

_

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	
REV. CHICO DANIELS 225 COMMERCE AVE. SW GRAND RAPIDS, MI 49503	PRESIDENT/CEO 45.00	100,000.	12,272.	0.
JULIE BONEWELL 3721 DURSUM ADA, MI 49301	DIRECTOR 2.00	0.	0.	0.
MARY HOLLEBEEK 1702 WOODSIDE TRAIL NW GRAND RAPIDS, MI 49504	ASST. SECY/TREAS 1.00		0.	0.
CHARLES E. DAMON 825 PARCHMENT DR. SW, STE. 100 GRAND RAPIDS, MI 49516	TREASURER 2.00	0.	0.	0.
RICK VELTING 810 LEONARD NE GRAND RAPIDS, MI 49505	VICE CHAIRMAN 2.00	0.	0.	0.
JON GOAD 4140 EAST PARIS SE GRAND RAPIDS, MI 49512	SECRETARY 2.00	0.	0.	0.
MARK SCHUT 220 LYONS NW STE 510 GRAND RAPIDS, MI 49503	DIRECTOR 1.00	0.	0.	0.
ROGER BRUINS 2964 CLYDON SW GRAND RAPIDS, MI 49509	CHAIRMAN 2.00	0.	0.	0.
RICHARD CRAIG 25 SOUTH DIVISION, STE. 222 GRAND RAPIDS, MI 49503	DIRECTOR 1.00	0.	0.	0.

.

· · · · ·				
MEL TROTTER MINISTRIES			38-1	410467
RONALD VANHOUTEN 1841 LONSDALE DR. NE GRAND RAPIDS, MI 49503	DIRECTOR 1.00	0.	0.	0.
VICTORIA PROCTOR-GIBBS 632 PRINCE ST. SE GRAND RAPIDS, MI 49507	DIRECTOR 1.00	0.	0.	0.
JOHN DAMON 825 PARCHMENT DR. SW, STE. 100 GRAND RAPIDS, MI 49516	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART	r V-A	100,000.	12,272.	0.
	TIONSHIP OF ACT NT OF EXEMPT PU		STATEME	NT 11
LINE EXPLANATION OF RELATIONSHI	IP OF ACTIVITIE	S		

- 93A YOUTH CAMP HELPS INNER CITY YOUTH RECEIVE COUNSELING AND HELPS MEET THEIR EMOTIONAL AND SPIRITUAL NEEDS. IF A FAMILY IS ABLE TO PAY THE FEE IT IS ACCEPTED. IF THEY ARE NOT ABLE TO PAY, NO FEE IS CHARGED. 102 THE VEHICLES FOR SALE AT THE MISSION HELP NEEDY PEOPLE RECEIVE LOW COST AND RELIABLE TRANSPORTATION. RESIDENTS CAN ALSO GAIN VALUABLE
- MECHANIC SKILLS BY HELPING TO REPAIR VEHICLES. 103B THE MEL TROTTER STORE PROVIDES FINANCIAL SUPPORT FOR THE MINISTRY
- THROUGH THE SALE OF DONATED CLOTHING, HOUSEHOLD GOODS, BOOKS AND FURNITURE NOT NEEDED FOR OTHER PROGRAMS. ALL REVENUE FROM THE STORE SUPPORTS THE MINISTRY PROGRAMS.

.

SCHEDULE A	EXPLANATION OF	TRANSACTIONS	STATEMENT 12
•	PART III,	LINE 2C	

THE ORGANIZATION PURCHASES BOOKS FROM A COMPANY OWNED BY A DIRECTOR.

.

38-1410467

SCHEDULE A	OTHER INC	COME	STATEMENT		
DESCRIPTION	2006 Amount	2005 Amount	2004 Amount	2003 AMOUNT	
MISCELLANEOUS INCOME	1,497,385.	1,256,989.	362,362.	74,0	92.
TOTAL TO SCHEDULE A, LINE 22	1,497,385.	1,256,989.	362,362.	74,0	92.

Form 88 (Rev April			n for Extension o		File an		B No 1545-1709
Department of	f the Treasury		empt Organization			OM	B NO 1545-1709
e If you ar			n, complete only Part I and cl				► X
			Month Extension, complete		age 2 of this fo		
Do not co	mplete Part II unles	s you have already beer	n granted an automatic 3-mont	h extension on a	previously filed	Form 8868.	
Part I	Automatic	3-Month Extension	of Time. Only submit ongin	al (no copies nee	ded)		
A corporat	ion required to file F	orm 990-T and requestin	g an automatic 6-month exten	sion - check this t	pox and compl	ete	
Part I only				•••			🕨 🛄
	orporations (includin me tax returns	g 1120-C filers), partners	hips, REMICs, and trusts must	use Form 7004 t	o request an e.	xtension of tim	ie
noted belo (not autom	ow (6 months for a co natic) 3-month extension submit the fully com	prporation required to file sion or (2) you file Forms	ally file Form 8868 if you want Form 990-T) However, you ca 990-BL, 6069, or 8870, group 2 (Part II) of Form 8868 For mo profits.	annot file Form 88 returns, or a com	68 electronica posite or cons	lly if (1) you wa olidated Form	ant the additiona 990-T Instead,
Type or	Name of Exempt C	Organization			E	mployer iden	tification numb
print		ER MINISTRIE	S			38-141	0467
File by the due date for	-		O box, see instructions.				
filing your return See		RCE AVENUE SI					
instructions		IDS, MI 495	de For a foreign address, see 03	instructions.			
Check tvp	e of return to be fil	ed (file a separate application	ation for each return)				
X Forn		Form 990-T (г	Form 4720	`	
	n 990-BL		sec. 401(a) or 408(a) trust)	ĺ	Form 5227		
	n 990-EZ	=					
		Form 990-T (trust other than above)	[Form 6069	•	
Form	n 990-PF	Form 990-T (•	[[Form 6069 Form 8870		
	n 990-PF	Form 1041-A	· · · · · · · · · · · · · · · · · · ·	[<u> </u>		
 The boo 	n 990-PF	Form 1041-A		[<u> </u>		
 The boo Telepho 	th 990-PF boks are in the care of bone No $\blacktriangleright 616-$	Form 1041-A F ► <u>STEVE MAY</u> 454-8249	FAX No	·	Form BB7(▶□
 The boo Telepho If the or 	n 990-PF oks are in the care o one No $\blacktriangleright 616 -$ rganization does not	Form 1041-A f ► <u>STEVE MAY</u> 454-8249 have an office or place of		s, check this box	Form 887(► □
 The boom Telepho If the or If this is 	n 990-PF oks are in the care of one No $\blacktriangleright 616 -$ rganization does not is for a Group Return,	Form 1041-A F STEVE MAY 454-8249 have an office or place of enter the organization's	FAX No	s, check this box umber (GEN)	Form 887() 	
 The boom Telephone If the or If this is box 	n 990-PF oks are in the care of one No ► <u>616 -</u> rganization does not if or a Group Return, If it is for part of	Form 1041-A F Form 1041-A f STEVE MAY 454-8249 have an office or place of enter the organization's f the group, check this be	FAX No of business in the United State four digit Group Exemption Ni ox	s, check this box umber (GEN) ith the names and	Form B87() 	
 The box Telepho If the or If this is box [1] 1 req 	n 990-PF oks are in the care of one No ► <u>616 -</u> rganization does not for a Group Return, If it is for part of uest an automatic 3	Form 1041-A F Form 1041-A F STEVE MAY 454-8249 have an office or place of enter the organization's if the group, check this be month (6-months for a c	FAX No of business in the United State four digit Group Exemption Ni ox and attach a list w orporation required to file Form	s, check this box umber (GEN) ith the names and n 990-T) extension	Form B87() s for the whole embers the ex	tension will cove
The boo Telepho If the or If this is box ▶ 1	n 990-PF oks are in the care of one No ► <u>616 -</u> rganization does not for a Group Return, If it is for part of uest an automatic 3	Form 1041-A F Form 1041-A F F STEVE MAY 454 - 8249 have an office or place of enter the organization's f the group, check this be month (6-months for a c 5, 2009, to file	FAX No of business in the United State four digit Group Exemption Ni ox	s, check this box umber (GEN) ith the names and n 990-T) extension	Form B87() s for the whole embers the ex	tension will cove
The boord Telephone If the or If this is box ▶ 1 I req Is for	n 990-PF bks are in the care of one No ▶ $616 -$ rganization does not if or a Group Return, If it is for part of uest an automatic 3 FEBRUARY 1 r the organization's r Calendar year	Form 1041-A Form 1041-A F STEVE MAY 454 - 8249 have an office or place of enter the organization's f the group, check this be month (6-months for a c 5, 2009, to file the eturn for or	FAX No of business in the United State four digit Group Exemption Ni ox	s, check this box umber (GEN) th the names and n 990-T) extension for the organizat	Form B87() s for the whole embers the ex	tension will cove
The boord Telephone If the or If this is box ▶ 1 I req Is for	n 990-PF bks are in the care of one No ▶ $616 -$ rganization does not is for a Group Return, If it is for part of uest an automatic 3 FEBRUARY 1 r the organization's r	Form 1041-A Form 1041-A F STEVE MAY 454 - 8249 have an office or place of enter the organization's f the group, check this be month (6-months for a c 5, 2009, to file the eturn for or	FAX No of business in the United State four digit Group Exemption Ni ox	s, check this box umber (GEN) ith the names and n 990-T) extension	Form B87() s for the whole embers the ex	tension will cove
The box Telepho If the or If this is box If this is to the or If this is to the or If this is to the or If the or	h 990-PF boks are in the care o one No $\blacktriangleright 616$	Form 1041-A Form 1041-A F STEVE MAY 454 - 8249 have an office or place of enter the organization's f the group, check this be month (6-months for a c 5, 2009, to file the eturn for or	FAX No of business in the United State four digit Group Exemption Ni ox \blacktriangleright and attach a list w orporation required to file Form the exempt organization return 0.7 , and ending	s, check this box umber (GEN) th the names and n 990-T) extension for the organizat	Form B87() s for the whole embers the ex we The exten	tension will cove
 The box Telepho If the or If this is box If this is box If this is box If this is is for If this is 	n 990-PF bks are in the care o one No ▶ <u>616</u> – rganization does not for a Group Return, If it is for part of uest an automatic 3 FEBRUARY 1 r the organization's r calendar year X tax year is for less	Form 1041-A F STEVE MAY 454-8249 have an office or place of enter the organization's if the group, check this but month (6-months for a c 5, 2009, to file the eturn for or or og OCT 1, 201 than 12 months, check the	FAX No of business in the United State four digit Group Exemption Ni ox and attach a list w orporation required to file Form the exempt organization return 07 , and ending reason Initial return	s, check this box umber (GEN)	Form B87() s for the whole embers the ex we The exten	tension will cove
The boord Telephone If the or If this is box ▶ [] If this is for ▶ [] If this is Societary of the original of the origenal of the original of the original o	n 990-PF bks are in the care o one No ▶ <u>616</u> – rganization does not for a Group Return, If it is for part of uest an automatic 3 FEBRUARY 1 r the organization's r calendar year X tax year is for less	Form 1041-A Form 1041-A F STEVE MAY 454 - 8249 have an office or place of enter the organization's f the group, check this be month (6-months for a c 5, 2009, to file the eturn for or ng OCT 1, 201 than 12 months, check the orm 990-BL, 990-PF, 990	FAX No of business in the United State four digit Group Exemption Ni ox \blacktriangleright and attach a list w orporation required to file Form the exempt organization return 0.7 , and ending	s, check this box umber (GEN)	Form B87() s for the whole embers the ex we The exten	tension will cove
 The box Telepho If the or If this is box ▶ If this is box ▶ If this is is for If this If this If this If this If this 	n 990-PF bks are in the care o one No ▶ <u>616</u>	Form 1041-A Form 1041-A F STEVE MAY 454-8249 have an office or place of enter the organization's f the group, check this be month (6-months for a c 5, 2009, to file f eturn for 	FAX No of business in the United State four digit Group Exemption Ni ox Carlot and attach a list w orporation required to file Form the exempt organization return 07 , and ending reason Initial return 0-T, 4720, or 6069, enter the te ter any refundable credits and	s, check this box umber (GEN)	Form B87(s for the whole embers the ex ove The exten	tension will cove
 The box Telepho If the or If this is box ▶ If this is box ▶ If this is is for If this If this<!--</td--><td>n 990-PF bks are in the care o one No ▶ <u>616</u> rganization does not if or a Group Return, If it is for part of uest an automatic 3 FEBRUARY 1 r the organization's r calendar year X tax year beginning s tax year is for less s application is for F refundable credits S s application is for F payments made, Incl</td><td>Form 1041-A Form 1041-A F STEVE MAY 454-8249 have an office or place of enter the organization's f the group, check this be month (6-months for a c 5, 2009, to file the eturn for </td><td>FAX No of business in the United State four digit Group Exemption Ni ox</td><td>s, check this box umber (GEN)</td><td>Form B87(</td><td>s for the whole embers the ex ove The exten</td><td>tension will cove</td>	n 990-PF bks are in the care o one No ▶ <u>616</u> rganization does not if or a Group Return, If it is for part of uest an automatic 3 FEBRUARY 1 r the organization's r calendar year X tax year beginning s tax year is for less s application is for F refundable credits S s application is for F payments made, Incl	Form 1041-A Form 1041-A F STEVE MAY 454-8249 have an office or place of enter the organization's f the group, check this be month (6-months for a c 5, 2009, to file the eturn for 	FAX No of business in the United State four digit Group Exemption Ni ox	s, check this box umber (GEN)	Form B87(s for the whole embers the ex ove The exten	tension will cove
 The box Telepho If the or If this is box ▶ If this is box ▶ If this is is for If this is nonr If this nonr If this tax p c Bala 	n 990-PF boks are in the care o one No ▶ <u>616</u>	Form 1041-A Form 104 Form	FAX No of business in the United State four digit Group Exemption Ni ox	s, check this box umber (GEN)	Form B87(s for the whole embers the exten	tension will cove
 The box Telepho If the or If this is box If this is box If this is for If this tax c Bala depo 	n 990-PF boks are in the care o one No ▶ <u>616</u>	Form 1041-A Form 104 Form	FAX No of business in the United State four digit Group Exemption Ni ox	s, check this box umber (GEN)	Form B87(s for the whole embers the ex ove The exten	tension will cove
 The box Telepho If the or If this is box ▶ If this is box ▶ If this is is for If this is nonr If this tax r c Bala deponession 	n 990-PF bks are in the care o one No ▶ <u>616</u>	Form 1041-A Form 104 Form 104 F	FAX No of business in the United State four digit Group Exemption Ni ox	s, check this box Jumber (GEN) in 990-T) extension for the organizat JUN 30, Final i intative tax, less a estimated n, or, if required, Payment Syster	Form B87(s for the whole embers the exten we The exten Change in 3a \$ 3b \$ 3c \$	tension will cove sion accounting peri N/A
 The boor Telepho If the or If this is box ▶ If this is for If req Is for If this is fo	n 990-PF boks are in the care o one No ▶ <u>616</u> – rganization does not a for a Group Return,] If it is for part of uest an automatic 3 FEBRUARY 1 r the organization's r] calendar year] calendar year] calendar year] tax year is for less s application is for F refundable credits S s application is for F payments made. Incl ince Due, Subtract I posit with FTD coupor instructions f you are going to mage	Form 1041-A Form 1041-A F STEVE MAY 454 - 8249 have an office or place of enter the organization's f the group, check this bu- month (6-months for a c 5, 2009, to file for eturn for or or <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u>	FAX No of business in the United State four digit Group Exemption Ni ox ▶ □ and attach a list w orporation required to file Form the exempt organization return 0.7 , and ending reason □ Initial return 0.7, 4720, or 6069, enter the te ter any refundable credits and ayment allowed as a credit de your payment with this form EFTPS (Electronic Federal Tax	s, check this box Jumber (GEN) in 990-T) extension for the organizat JUN 30, Final i intative tax, less a estimated n, or, if required, Payment Syster	Form B87(s for the whole embers the exten we The exten Change in 3a \$ 3b \$ 3b \$ 3c \$ 3c \$	tension will cove sion accounting peri N/A
 The boor Telepho If the or If this is box ▶ If this is for If req Is for If this is fo	n 990-PF boks are in the care o one No ▶ <u>616</u> – rganization does not a for a Group Return,] If it is for part of uest an automatic 3 FEBRUARY 1 r the organization's r] calendar year] calendar year] calendar year] tax year is for less s application is for F refundable credits S s application is for F payments made. Incl ince Due, Subtract I posit with FTD coupor instructions f you are going to mage	Form 1041-A Form 1041-A F STEVE MAY 454 - 8249 have an office or place of enter the organization's f the group, check this bu- month (6-months for a c 5, 2009, to file for eturn for or or <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u>	FAX No of business in the United State four digit Group Exemption Ni ox and attach a list w orporation required to file Form the exempt organization return 0.7 , and ending reason Initial return 0.7, 4720, or 6069, enter the te ter any refundable credits and ayment allowed as a credit de your payment with this form EFTPS (Electronic Federal Tay thdrawal with this Form 8868,	s, check this box Jumber (GEN) in 990-T) extension for the organizat JUN 30, Final i intative tax, less a estimated n, or, if required, Payment Syster	Form B87(s for the whole embers the exten we The exten Change in 3a \$ 3b \$ 3b \$ 3c \$ 3c \$	sion accounting period N/A ment instruction
 The boor Telepho If the or If this is box ▶ If this is for If req Is for If this is fo	n 990-PF boks are in the care o one No ▶ <u>616</u> – rganization does not a for a Group Return,] If it is for part of uest an automatic 3 FEBRUARY 1 r the organization's r] calendar year] calendar year] calendar year] tax year is for less s application is for F refundable credits S s application is for F payments made. Incl ince Due, Subtract I posit with FTD coupor instructions f you are going to mage	Form 1041-A Form 1041-A F STEVE MAY 454 - 8249 have an office or place of enter the organization's f the group, check this bu- month (6-months for a c 5, 2009, to file for eturn for or or <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u>	FAX No of business in the United State four digit Group Exemption Ni ox and attach a list w orporation required to file Form the exempt organization return 0.7 , and ending reason Initial return 0.7, 4720, or 6069, enter the te ter any refundable credits and ayment allowed as a credit de your payment with this form EFTPS (Electronic Federal Tay thdrawal with this Form 8868,	s, check this box Jumber (GEN) in 990-T) extension for the organizat JUN 30, Final i intative tax, less a estimated n, or, if required, Payment Syster	Form B87(s for the whole embers the exten ove The exten Change in 3a \$ 3b \$ 3b \$ 3c \$ 3c \$	sion accounting period N/A ment instruction
 The boor Telepho If the or If this is box ▶ If this is for If req Is for If this is fo	n 990-PF boks are in the care o one No ▶ <u>616</u> – rganization does not a for a Group Return,] If it is for part of uest an automatic 3 FEBRUARY 1 r the organization's r] calendar year] calendar year] calendar year] tax year is for less s application is for F refundable credits S s application is for F payments made. Incl ince Due, Subtract I posit with FTD coupor instructions f you are going to mage	Form 1041-A Form 1041-A F STEVE MAY 454 - 8249 have an office or place of enter the organization's f the group, check this bu- month (6-months for a c 5, 2009, to file for eturn for or or <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u> <u>or</u>	FAX No FAX No of business in the United State four digit Group Exemption Ni ox ▶ □ and attach a list w orporation required to file Form the exempt organization return 0.7 , and ending reason □ Initial return 0.7, 4720, or 6069, enter the te ter any refundable credits and ayment allowed as a credit de your payment with this form EFTPS (Electronic Federal Tay thdrawal with this Form 8868,	s, check this box Jumber (GEN) in 990-T) extension for the organizat JUN 30, Final i intative tax, less a estimated n, or, if required, Payment Syster	Form B87(s for the whole embers the exten ove The exten Change in 3a \$ 3b \$ 3b \$ 3c \$ 3c \$	sion accounting per accounting per N/A ment instruction

Form 8868 (Rev. 4-2008)	Page 2
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check the second seco	
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously	
• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).	
Part II Additional (Not Automatic) 3-Month Extension of Time. You must file ongina	al and one copy.
Type or Name of Exempt Organization	Employer identification number
print MEL TROTTER MINISTRIES	38-1410467
File by the extended Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
filing the return See City, town or post office, state, and ZIP code. For a foreign address, see instructions. GRAND RAPIDS, MI 49503	
Check type of return to be filed (File a separate application for each return): X Form 990 Form 990 Form 990-EZ Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720	Form 5227 Form 8870
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a pre	eviously filed Form 8868.
● The books are in the care of ▶ STEVEN MAY	
Telephone No.▶ 616-454-8249 FAX No.▶	·
 If the organization does not have an office or place of business in the United States, check this box 	▶ □
 If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 	
box If it is for part of the group, check this box and attach a list with the names and EINs of the group of the	
4 I request an additional 3-month extension of time until MAY 15, 2009 .	
5 For calendar year, or other tax year beginning OCT 1, 2007, and endi	ing JUN 30, 2008
6 If this tax year is for less than 12 months, check reason:	Change in accounting period
7 State in detail why you need the extension	
ADDITIONAL TIME IS REQUIRED TO GATHER THE INFORMATIC	ON NECESSARY TO
PREPARE A COMPLETE AND ACCURATE RETURN.	
8a 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.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated	
tax payments made. Include any prior year overpayment allowed as a credit and any amount paid	
previously with Form 8868.	8b \$
c Balance Due. Subtract line 8b from line 8a. 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 instructi Signature and Verification	ions. 8c \$ N/A
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and it is true, correct, and complete, and that I im authorized the prepare this form. Signature Title CPA	to the best of my knowledge and belief, Date
	Form 8868 (Rev. 4-2008)
V	

723832 04-16-08

08200512 759636 64150.00000

29