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DLN: 93493225011696

Form **990** 

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2015

Open to Public Inspection

A F.		2015 -	-1	01 01 2015	2015			
			lendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015  C Name of organization			D Employe	D Employer identification number	
Check if applicable  Address change			MOVIN' OUT INC					
_						39-183	3482	
Name change —			Doing business as					
Initial return			Number and street (or P O box if mail is not delivered to street address) Room/suite			E Telephone	E Telephone number	
Final return/terminated			902 ROYSTER OAKS DRIVE NO 105		(608)2	(608) 251-4446		
— Amended return			City or town, state or province, country, and ZIP or foreign postal code					
Application pending			MADISON, WI 53714		<b>G</b> Gross rec	eıpts \$ 1,888,855		
Application penaling							_	
			TIMOTHY RADELET			Is this a group re subordinates?	eturn for Yes 🔽 No	
			902 ROYSTER OAKS DRIV	E SUITE 105		Are all subordina	· · · · · · · · · · · · · · · · · · ·	
Tax-exempt status			MADISON, WI 53/14			included?  If "No," attach a list (see instructions)		
				nice and the second sec			n number ►	
J W	ebsite	e:⊫- M(	OVIN-OUT ORG					
<b>(</b> Forr	n of org	ganızatıo	n 🔽 Corporation 🦵 Trust 🦵 Association	on	<b>L</b> Year	L Year of formation 1995 M State of legal domicile WI		
Pa	rt I	Sun	nmary					
	<b>1</b> Br	riefly de	escribe the organization's mission	or most significant activities				
		CREATES HOUSING SOLUTIONS FOR LOW-INCOME PEOPLE WITH DISABILITIES						
ų								
≌	_							
≅	_							
Governance	2 0	Check this box 析 if the organization discontinued its operations or disposed of more than 25% of its net assets						
5								
<b>ර</b>	l			ing body (Part VI, line 1a)		<b>⊢</b>	3 12	
<u>~</u>	l			of the governing body (Part VI, line 1	-	H-	4 12	
Activities &	l		otal number of individuals employed in calendar year 2015 (Part V, line 2a) .			· · ·	5 8	
୍ଦି ସ	l	Total number of volunteers (estimate if necessary)				_	<b>6</b> 12	
	7a Total unrelated business revenue from Part VIII, column (C), line 12				<u> </u>	<b>7a</b> 0		
	b Ne	et unre	lated business taxable income fro	om Form 990-T, line 34	<u> </u>		<b>7b</b> 0	
Revenue						Prior Year	Current Year	
	8	Cont	tributions and grants (Part VIII, line 1h)			252,42	1,247,360	
	9	Progr	ram service revenue (Part VIII, line 2g)			1,282,58	640,585	
	10	Inves	stment income (Part VIII, column (A), lines 3, 4, and 7d)			6.8	910	
	11	0 the	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				0 0	
	12	Total 12)	revenue—add lines 8 through 11 (must equal Part VIII, column (A), line			1,535,68	1,888,855	
	13	Gran	s and similar amounts paid (Part IX, column (A), lines 1-3)				0 693,966	
	14	Bene	its paid to or for members (Part IX, column (A), line 4)			0		
	15		es, other compensation, employee benefits (Part IX, column (A), lines			F.C.O. C.A.	(12.712	
8		5-10				560,64	612,712	
Expenses	16a	Profe	ssional fundraising fees (Part IX, column (A), line 11e)				0 0	
	ь	Total f	ındraısıng expenses (Part IX, column (D), line 25) ▶ <mark>2,646</mark>					
	17	O the	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			1,183,57	466,111	
	18	Total	expenses Add lines 13-17 (must equal Part IX, column (A), line 25)			1,744,21	1,772,789	
	19	Reve	nue less expenses Subtract line 18 from line 12			-208,53	116,066	
Net Assets or Fund Balances					Beginn	ing of Current Ye	ear End of Year	
oge ege	20	Total	assets (Part X, line 16)			8,121,05	8,912,555	
7 Z	21	Total	l liabilities (Part X, line 26)			6,239,78	6,915,222	
ŽŽ	22		et assets or fund balances Subtract line 21 from line 20			1,881,26		
Par	t II		gnature Block				•	
my knowledge and preparer has any l		dge and	***					
Here		VAL	ERIE BROWN PRESIDENT					
			e or print name and title					
		' T	Print/Type preparer's name	Preparer's signature	Date	Leucki II L	OTIN PARAMETER	
Paid	Paid		BRETT HOFMEISTER	BRETT HOFMEISTER		self-employed P	01290591	
		r [	Firm's name 🕨 JOHNSON BLOCK & Co	Firm's name ► JOHNSON BLOCK & CO INC		Firm's EIN 🟲 39-	n's EIN ► 39-1628949	
Liehaiei			irm's address ► 406 SCIENCE DRIVE SUITE 100 Pho		Phone no (608) 2	hone no (608) 274-2002		

MADISON, WI 53711
May the IRS discuss this return with the preparer shown above? (see instructions)

**Use Only** 

. ✓ Yes ☐ No

4c (Code ) (Expenses \$ 237,611 including grants of \$ ) (Revenue \$ 291,065 )
HOUSING DEVELOPMENT MOVIN' OUT DEVELOPS COMMUNITY-INTEGRATED RENTAL HOUSING IN PARTNERSHIP WITH OTHER DEVELOPERS FOR LOW-INCOME HOUSEHOLDS THAT INCLUDE A PERSON WITH DISABILITIES

 4d
 Other program services (Describe in Schedule O )

 (Expenses \$ including grants of \$ ) (Revenue \$ )