06926 09/25/2009 10:28 AM Form

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 black lung benefit trust or private foundation)

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

OMB No. 1545-0047 2008 Open to Public Inspection

Α	For the 2	2008 cale	endar ye	ar, or tax year beginning $7/01/08$, and ending $6/30/09$							
<u>B</u> (Check if appl		Please	C Name of organization		D Emplo	yer identification number				
	Address cha	ange	use IRS label or	METRO COMMUNITY DEVELOPMENT, IN	C.						
X	Name chang		print or	Doing Business As		38-	3072010				
H			type.	Number and street (or P.O. box if mail is not delivered to street address)	om/suite	E Teleph	one number				
=	Initial return		See	503 SOUTH SAGINAW STREET 8	04	810	-767-4622				
	Termination	ı	Specific Instruc-	City or town, state or country, and ZIP + 4		G Gross recei	ipts \$ 2,614,076				
	Amended re	eturn	tions.	FLINT MI 48502	-						
Ħ	Application p	nondina	F Name	and address of principal officer:		H(a) Is this a	a group return for				
Ш	Аррисации р	penuing				affiliates? Yes X No					
						H(b) Are all include	affiliates				
							' attach a list. (see instructions)				
1	Tax-exem	nnt etatue	. X	501(c) (3) ◄ (insert no.) 4947(a)(1) or 527		11 140,	attach a list. (See liistractions)				
	Website:	•		ETROHOUSING.ORG		H(c) Group	exemption number				
-	Type of orga				f formation: 19		M State of legal domicile: MI				
	art I		ımmar		ii iuiiialiuii. 🗘 "	//	IVI State of legal dofflictie. 1411				
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çe											
an											
ern		MICH		· · · · · · · · · · · · · · · · · · · · ·							
Š	2 Ch	heck this	s box	if the organization discontinued its operations or disposed of more than 25% of	f its assets.						
& Governance				members of the governing body (Part VI, line 1a)		3	16				
es	4 Nu	umber o	f indepe	endent voting members of the governing body (Part VI, line 1b)		4	16				
Activities				mployees (Part V, line 2a)			11				
Ę				olunteers (estimate if necessary)		6	0				
⋖	7a To	otal gros	s unrela	ated business revenue from Part VIII, line 12, column (C)		7a					
	h Ne	et unrels	ated hus	iness taxable income from Form 990-T, line 34		7b	0				
	D IV	Ct dili Cie	alca bas	inicos taxable income nom rom 550-1, line 54	Prior Yea		Current Year				
	8 Co	ontributi	ons and	grants (Part VIII, line 1h)	2,772	2,327	2,480,748				
Jue				(Dart)(III, Part Oa)		,405	99,786				
Revenue	l l	•		e (Part VIII, line 2g) e (Part VIII, column (A), lines 3, 4, and 7d)),544	33,542				
Re	11 Ot	thor row	onuo (P	art VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	33,312				
					2,899	276	2,614,076				
				dd lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,637		1,421,918				
				r amounts paid (Part IX, column (A), lines 1-3)	1,03	, /30	1,421,910				
				r for members (Part IX, column (A), line 4)	261	,179	430,052				
ses				mpensation, employee benefits (Part IX, column (A), lines 5–10)	301	_, 1/9	430,032				
cpense				raising fees (Part IX, column (A), line 11e)							
Exp			•	expenses (Part IX, column (D), line 25)		012	400 670				
_				Part IX, column (A), lines 11a-11d, 11f-24f)		2,913	489,678				
				Add lines 13-17 (must equal Part IX, column (A), line 25)	2,551		2,341,648				
F 10	19 Re	evenue	less exp	penses. Subtract line 18 from line 12		7,428	272,428				
ts or				V. I'. 40)	Beginning of		End of Year				
Sala	20 10			X, line 16)	2,204		2,383,171				
Net Assets or Fund Balances	21 To		•	art X, line 26)		792	119,680				
				d balances. Subtract line 21 from line 20	1,991	.,252	2,263,491				
F	art II			e Block							
				ies of perjury, I declare that I have examined this return, including accompanying schedules and sta is true, correct, and complete. Declaration of preparer (other than officer) is based on all informatior							
		and	Deliei, it	is true, correct, and complete. Deciaration of preparer (other than officer) is based on all illionnation	Tor writer prep	arei nas any	kilowieuge.				
Sig											
He	re		Signatur	e of officer		Date					
			Type or	print name and title							
		Prer	parer's	Date	Check if		Preparer's identifying number				
Pai	id		ature	9/25/0	self-	. \square	(see instructions) P00039186				
Pre	eparer's		-	YEO & YEO, P.C.	J J employe		► 38-2706146				
Us	e Only			(or yours		EIN	► 20-7100T40				
	,	if se	lf-employ ress, and			Phone	E17 202 0F00				
	= *			HINGING, III 1001,		no.	517-323-9500				
Mav	the IRS	discuss	this ret	urn with the preparer shown above? (see instructions)			Yes No				

	990 (2008) METRO COMMUNITY DEVELOPMENT, INC. 38-3072010	Page
	rt III Statement of Program Service Accomplishments (see instructions)	
	Briefly describe the organization's mission:	
	MPROVE HOUSING FOR LOW-INCOME FAMILIES AND REVITALIZE	
	EIGHBORHOODS IN THE CITY OF FLINT AND GENESEE COUNTY	
ΙVΙ	ICHIGAN.	
	Bild and the state of the state	
2	Did the organization undertake any significant program services during the year which were not listed on	☐ Yes X No
	the prior Form 990 or 990-EZ?	Yes X No
•	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	Yes X No
	services? If "Yes," describe these changes on Schedule O.	Tes No
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.	
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	
	anocations to others, the total expenses, and revenue, if any, for each program service reported.	
12	(Code:) (Expenses \$ 1,588,661 including grants of \$ 1,421,918) (Revenue \$	
	NHANCED COMMUNITY HOUSING INITIATIVES THROUGH MEETINGS	
	ITH GROUPS, ASSISTING WITH FUNDING PROJECTS AND	
	EVELOPMENT OF STRATEGIC PLANS. PROVIDE FUNDING TO	
	UBRECIPIENT ORGANIZATION WHO PROVIDE SERVICES AND	
	EVELOP INITIATIVESTO IMPROVE QUALITY OF NEIGHBOROODS AND	
	OMMUNITIES THROUGHOUT FLINT AND GENESEE COUNTY.	
_	OF THE TIME OF THE TIME OF THE COUNTY.	

	•	
	· · · · · · · · · · · · · · · · · · ·	

4b	(Code:) (Expenses \$ 229,944 including grants of \$) (Revenue \$	
	ROVIDING ASSISTANCE TO LOW INCOME FAMILIES TO OBTAIN	
	OMEOWNERSHIP.	

	• • • • • • • • • • • • • • • • • • • •	
	• • • • • • • • • • • • • • • • • • • •	
С	(Code:) (Expenses \$ 95,816 including grants of \$) (Revenue \$	
	OMMUNITY EDUCATION PROGRAM BRINGS RESIDENTS, SCHOOLS	
	GENCIES, HEALTH AND EDUCATIONAL INSTITUTIONS TOGETHER TO	
	OLLABORATE AND ADDRESS COMMUNITY NEEDS AND RESOURCES IN	
	MATTER THAT HELPS TO RAISE THE QUALITY OF LIFE IN THE	
	ITY OF FLINT, MICHIGAN COMMUNITY.	
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C		
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	Other program services. (Describe in Schedule O.)	
	Other program services. (Describe in Schedule O.) (Expenses \$ 328,006 including grants of \$) (Revenue \$	

Part IV Checklist of Required Schedules

Pa	art IV Checklist of Required Schedules		.,	
4	In the organization described in section E04(a)(2) or 4047(a)(4) (other than a private foundation)? If "Vec."		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	Х	
2	complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		- 21	
3		3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
4		4		Х
5	Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	-		
3	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
		6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	•		
Ū		8		Х
9	complete Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
3	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		Х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
• •	Parts VI, VII, VIII, IX, or X as applicable	11	Х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
_	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	112		
-	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
. •	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			
	Schedule J	23		Χ
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b–24d and complete Schedule K. If "No," go to question 25.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
-	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
-	person from a prior year? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
-	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
-	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Х
	The state of the s	. <i></i>	000	

Part IV Checklist of Required Schedules (continued)

	Officerial of required officeries (continued)		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	. 37		X

Form **990** (2008)

Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 0 U.S. Information Returns. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Χ 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 11 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Χ Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by Χ За this return? If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? Did the organization solicit any contributions that were not tax deductible? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization provide goods or services in exchange for any quid pro quo contribution of more than Χ \$75? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Χ 7с If "Yes," indicate the number of Forms 8282 filed during the year

Did the organization during the year received at 1 and 1 an required to file Form 8282? Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7е Χ Χ Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as 7h Χ Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Χ Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? Χ Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b

Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

If "Yes," enter the amount of tax-exempt interest received or accrued during the year

12a

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

Sec	tion A. Governing Body and Management						
						Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the	е					
	circumstances, processes, or changes in Schedule O. See instructions.						
1a	Enter the number of voting members of the governing body	1a	16				
b	Enter the number of voting members that are independent	1b	16				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	th					
	any other officer, director, trustee, or key employee?				2		Х
3	Did the organization delegate control over management duties customarily performed by or under the dire						
	supervision of officers, directors or trustees, or key employees to a management company or other person	n?			3		Χ
4	Did the organization make any significant changes to its organizational documents since the prior Form 9	90 wa			4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?				5		X
6	Does the organization have members or stockholders?				6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	ers					
	of the governing body?				7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons	?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken durin						
	the year by the following:						
а	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9a	Does the organization have local chapters, branches, or affiliates?				9a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chap						
	affiliates, and branches to ensure their operations are consistent with those of the organization?				9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organization's						
	must describe in Schedule O the process, if any, the organization uses to review the Form 990				10	Х	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reach						
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				11		Х
Sec	tion B. Policies						
						Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could gi	ive					
	rise to conflicts?				12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,						
	describe in Schedule O how this is done				12c	X	
13	Does the organization have a written whistleblower policy?				13	X	
14	Does the organization have a written document retention and destruction policy?				14	X	
15	Did the process for determining compensation of the following persons include a review and approval by						
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and de-	ecision					
а	The organization's CEO, Executive Director, or top management official?				15a	X	
b	Other officers or key employees of the organization?				15b	X	
	Describe the process in Schedule O. (see instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	t					
	with a taxable entity during the year?				16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate						
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safegu	ard					
	the organization's exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed MI						
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (50						
	available for public inspection. Indicate how you make these available. Check all that apply.						
	X Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	ict of ir	nterest				
	policy, and financial statements available to the public.						
20	State the name, physical address, and telephone number of the person who possesses the books and re	cords	of the				
	organization: ► RAVI YALAMANCHI 503 S. SAGIN	IAW	<u></u>			. <u>.</u>	<u></u>
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

BRUCE COLASANTI
CHAIR
GEORGE KITCHEN
DIRECTOR
PAST CHAIR 1 X 0 0 0 RACHELLE A. KIPPE DIRECTOR 1 X 0 0 0 DIRECTOR 1 X X 0 0 0 LEON KNOTT VICE CHAIR 1 X X 0 0 0 PAST CHAIR 1 X 0 0 0 0 0 PAST CHAIR 1 X 0
RACHELLE A. KIPPE DIRECTOR
DIRECTOR 1 X 0 0 0 LEON KNOTT VICE CHAIR 1 X X 0 0 0 VICE CHAIR 1 X X 0 0 0 JIMMY KING 0 0 0 0 0 PAST CHAIR 1 X 0 0 0 SHEILA JOHNSON 0 0 0 0 0 0 0 0 DIRECTOR 1 X 0
VICE CHAIR 1 X X 0 0 0 JIMMY KING 0 0 0 0 0 PAST CHAIR 1 X 0 0 0 SHEILA JOHNSON 0 0 0 0 DIRECTOR 1 X 0 0 0 ROBERT NICHCLS 0 0 0 0 DIRECTOR 1 X 0 0 0 DWAYNE A. PARKER 0 0 0 0 DAN FLECKENSTEIN 0 0 0 0 LEE GONZALES 0 0 0 0
DIMMY KING
PAST CHAIR 1 X 0 0 0 SIXTO CHRIS OLIVO DAST CHAIR 1 X 0 0 0 PAST CHAIR 1 X 0 0 0 SHEILA JOHNSON 0 0 0 0 ROBERT NICHCLS 0 0 0 0 DIRECTOR 1 X 0 0 0 DWAYNE A. PARKER 0 0 0 0 DAN FLECKENSTEIN 0 0 0 DIRECTOR 1 X 0 0 0 LEE GONZALES 0 0 0 0 0
PAST CHAIR 1 X 0 0 0 SHEILA JOHNSON 0 0 0 0 DIRECTOR 1 X 0 0 0 ROBERT NICHOLS 0 0 0 0 0 DIRECTOR 1 X 0 0 0 DWAYNE A. PARKER 0 0 0 0 DAN FLECKENSTEIN 0 0 0 0 DIRECTOR 1 X 0 0 0 LEE GONZALES 0 0 0 0
SHEILA JOHNSON DIRECTOR
DIRECTOR 1 X 0 0 0 ROBERT NICHOLS 0 0 0 0 DIRECTOR 1 X 0 0 0 DWAYNE A. PARKER 0 0 0 0 DIRECTOR 1 X 0 0 0 DAN FLECKENSTEIN 0 0 0 0 LEE GONZALES 0 0 0 0
ROBERT NICHOLS
DWAYNE A. PARKER DIRECTOR 1 X 0 0 0 DAN FLECKENSTEIN DIRECTOR 1 X 0 0 0 LEE GONZALES
DIRECTOR 1 X 0 0 0 DAN FLECKENSTEIN 0 0 0 0 DIRECTOR 1 X 0 0 0 LEE GONZALES 0 0 0 0
DIRECTOR 1 X 0 0 0 1 LEE GONZALES
LEE GONZALES
DIRECTOR 1 X 0 0 0
JULIE HINTERMAN
DIRECTOR 1 X 0 0 0
ROBERT RUMMEL
JOSEPH FARAH
DIRECTOR 1 X 0 0
JERRY RHODEN DIRECTOR 1 X 0 0 0
RAVI YALAMANCHI
CHIEF EXEC. 40 X 0 0 0 0

DAA

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
	(A)	(B)	Posi	tion (C)	nat ap	nlv)	(D)	(E)	(F)
	Name and title	Average hours per week	Individual trustee or director		Officer	Key employee	Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
·											
• • • • •											
1b	Total										
2		viduals (including those in 1						than	\$100,000 in reportable com	npensation from the	<u> </u>
3 4 5	employee on line 1a' For any individual lis' the organization and individual Did any person listed services rendered to tion B. Independent	? If "Yes," complete Schedu ted on line 1a, is the sum of related organizations great d on line 1a receive or accru the organization? If "Yes," of Contractors	ile J frepore the composition of the composition of the congregation of the composition o	for something fo	uch i le co 150, nsat Sch	ompe 000? ion fi	ion a es," any or su	ctors that received more that	m Ich	Yes No 3 X 4 X 5 X	
2	Total number of inde	ependent contractors (includ	ling t	hose	e in 1) wh	o rec	ceive	ed more than \$100,000 in		

га	IL V	iii Statement of Re	evenu	3		(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
(O (O	4 -	C-d	1 4-				revenue		512, 513, or 514
anta		Federated campaigns	1a 1b						
Contributions, gifts, grants and other similar amounts		Membership dues Fundraising events	1c						
ifts Ir al		Deleted conscientions	1d						
nig nig		• • • • • • • • • • • • • • • • • • • •		2 1	04,678				
sis		Government grants (contributions)	1e	∠,⊥	04,078				
her	I	All other contributions, gifts, grants, and similar amounts not included about	ve 1f	2	76,070				
	_			ሰ	_				
anc		Noncash contributions included in line Total. Add lines 1a–1f				2,480,748			
	- 11	Total. Add lines Ta-11			Busn. Code	2,400,740			
Program Service Revenue	22	EEEC EOD CEDVIOE			Busii. Code	99,786	99,786		
Sev	2a b	. FEES FOR SERVICE				55,100	22,100		
ce									
ervi	c d								
n S									
graı	e	All other program service re							
Pro		Total. Add lines 2a–2f				99,786			
	3	Investment income (includi				22,100			
	3		-			33,542			33,542
	4	Income from investment of		mnt hond nro		337312			337312
	5	Royalties							
	·	(i) Re			ersonal				
	6a	Gross Rents		(, .					
	b	Less: rental exps.							
		Rental inc. or (loss)							
		Net rental income or (loss)			•				
		Gross amount from (i) Secu			Other				
		sales of assets other than inventory		()					
	b	Less: cost or other							
		basis & sales exps.							
	c	Gain or (loss)							
		Net gain or (loss)			•				
		Gross income from fundraising							
ne	Ju	(not including \$	Ovonis						
enc		of contributions reported on line	. 1c)						
Še		See Part IV, line 18		a					
erF	b	Less: direct expenses		b					
Other Reven		Net income or (loss) from for							
		Gross income from gaming acti							
		See Part IV, line 19		а					
	b	Less: direct expenses		b					
		Net income or (loss) from g		ctivities					
		Gross sales of inventory, le	_						
		returns and allowances		а					
	b	Less: cost of goods sold		b					
		Net income or (loss) from s		nventory					
		Miscellaneous Rev			Busn. Code				
	11a	•							
	b	•							
	С								
	d	All other revenue							
	е	Total. Add lines 11a-11d .			▶ _				
	12	Total Revenue. Add lines							
		9c, 10c, and 11e			▶	2,614,076	99,786	0	33,542

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

7b, 1 2 3	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22		expenses	general expenses	expenses
2	organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in				
	Grants and other assistance to individuals in				
3	110 0.0. 000 1 411 17, 1110 22	1,421,918	1,421,918		
	Grants and other assistance to governments,	1/121/010	1,121,010		
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	346,328	298,274	48,054	
8	Pension plan contributions (include section 401(k)	·	·		
	and section 403(b) employer contributions)	7,477	7,477		
9	Other employee benefits	38,574	7,477 34,085	4,489	
10	Payroll taxes	37,673	26,748	10,925	
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	18,188	16,775	1,413	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties	20 675	00 500	0.050	
16	Occupancy	32,675	29,723	2,952	
17	Travel	1,011	1,011		
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	1,479	1,413	66	
19	Conferences, conventions, and meetings	1,4/9	1,413	00	
20	Interest				
21	Payments to affiliates Depreciation, depletion, and amortization	1,349	1,349		
22 23		±,3 1 9	±,3±3		
23	Insurance				
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
а	MSHDA PROGRAMS	270,568	270,568		
b	HMIS INTERNET	57,438	57,438		·
С	LOAN FORGIVENESS	26,105	26,105		
d	CONSULTANTS AND CONTRACTI	20,490	1,240	19,250	
е	YOUTH DEVELOPMENT COSTS	17,214	17,214		
f	All other expenses	43,161	31,089	12,072	
25	Total functional expenses. Add lines 1 through 24f	2,341,648	2,242,427	99,221	
26	Joint Costs. Check here if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet											
			(A) Beginning of year			(B) of year					
	1	Cash—non-interest bearing		1							
	2	Savings and temporary cash investments	1,763,064		2,	096,					
	3	Pledges and grants receivable, net	172,882	3		44,	,712				
	4	Accounts receivable, net		4							
	5	Receivables from current and former officers, directors, trustees, key									
		employees, or other related parties. Complete Part II of Schedule L		5							
	6	Receivables from other disqualified persons (as defined under section									
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete									
		Part II of Schedule L		6							
ts	7	Notes and loans receivable, net		7							
Assets	8	Inventories for sale or use		8							
As	9	Prepaid expenses and deferred charges	4,449	9		3,	, 583				
	10a		74								
		Less: accumulated depreciation. Complete									
		Part VI of Schedule D 10b 12,33	36 2,372	10c			938				
	11	Investments—publicly traded securities	1,004	11			815				
	12	Investments—other securities. See Part IV, line 11		12							
	13	Investments—program-related. See Part IV, line 11		13							
	14	Intangible assets		14							
	15	Other assets. See Part IV, line 11	260,273	15		236,	755				
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	2,	383,	, 171				
	17	Accounts payable and accrued expenses	157,504	17		95,	645				
	18	Grants payable		18							
	19	Deferred revenue		19		24,	,035				
	20	Tax-exempt bond liabilities		20							
Liabilities	21	Escrow account liability. Complete Part IV of Schedule D		21							
≝	22	Payables to current and former officers, directors, trustees, key									
ap		employees, highest compensated employees, and disqualified									
Ξ		persons. Complete Part II of Schedule L		22							
	23	Secured mortgages and notes payable to unrelated third parties		23							
	24	Unsecured notes and loans payable		24							
	25	Other liabilities. Complete Part X of Schedule D		25							
	26	Total liabilities. Add lines 17 through 25		26		119,	680				
es		Organizations that follow SFAS 117, check here ▶ X and									
		complete lines 27 through 29, and lines 33 and 34.									
Balanc	27	Unrestricted net assets		27		278,					
ñ	28	Temporarily restricted net assets	703,091	28		985,	404				
Fund	29	Permanently restricted net assets		29							
F		Organizations that do not follow SFAS 117, check here ▶ ☐									
ō		and complete lines 30 through 34.									
	30	Capital stock or trust principal, or current funds		30							
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31							
As	32	Retained earnings, endowment, accumulated income, or other funds		32							
Net	33	Total net assets or fund balances	1,991,252			263,					
	34	Total liabilities and net assets/fund balances	2,204,044	34	2,	383,	<u>. 171</u>				
P	art X	Financial Statements and Reporting									
						Yes	No				
1		counting method used to prepare the Form 990: Cash X Accrual	Other				37				
28		ere the organization's financial statements compiled or reviewed by an independent account			-	_	X				
k			· · · · · · · · · · · · · · · · · · ·		2k	X	+-				
(Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility	_			٦,					
_		e audit, review, or compilation of its financial statements and selection of an independent a			20	; X	+				
38		a result of a federal award, was the organization required to undergo an audit or audits as				٦,					
		e Single Audit Act and OMB Circular A-133?					-				
k) If "`	Yes," did the organization undergo the required audit or audits?		<u></u>	3k	X					

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

METRO COMMUNITY DEVELOPMENT, INC.

Employer identification number 38-3072010

Pa	art l	Reas	on for Public Charity	Status (All organizations	must co	omplete	this p	art.) (s	see ins	struction	ons)			
The	orga	nization is not a	a private foundation because	it is: (Please check only one org	anization.)								
1		A church, con	vention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(<i>l</i>	A)(i).							
2	П	A school desc	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E.)										
3	П			e organization described in secti	on 170(b)	(1)(A)(iii)	. (Attach	Schedu	ile H.)					
4	П	•		in conjunction with a hospital de			•			ne hospi	tal's nam	ne.		
	ш	city, and state		·								-,		
5	П	•		a college or university owned or						in				
·	ш	_	b)(1)(A)(iv). (Complete Part II	-	oporatoa	by a gove	,,,,,,,	ar armit ac	,0011000					
6	П			·· <i>)</i> vernmental unit described in sec	tion 170/	h)(1)(Δ)(v	4							
7	X	•		ubstantial part of its support from	•	,,,,,,,	•	n the ge	neral ni	ıblic				
•	23	-	· ·		i a govern	incinal an	iit Or IIOII	ii tiic gci	nciai po	iblic				
	П	described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)												
8 9	Н	A community trust described in section 170(b)(1)(A)(vi) . (Complete Part II.)												
9	Ш	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 exempt 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													
			-		•		i i (ax) ii	om busi	1162262					
40	П		•	1975. See section 509(a)(2). (•	,	-V4V (c.		ationa)					
10	Н	-	•	clusively to test for public safety					,					
11	Ш	•	•	clusively for the benefit of, to pe d organizations described in sec				•		tion				
			. ,	e type of supporting organization	•	, , ,		. , . ,		tion				
		<u> </u>		· — — · · · · · · · · · · · · · · · · ·			-1	ΠĨ		L				
	a Type I b Type II c Type III–Functionally Integrated d Type III–Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified													
е	Ш		•	•				•		otion				
				nd other than one or more public	by Suppor	ieu organ	izalions	uescribe	a III Sec	HOH				
			ection 509(a)(2).	ningtion from the IDC that it is a	Tuno I Tu	noll or T	مالا مصن	unnartin	~					
f				nination from the IRS that it is a	турет, ту	pe II, or I	ype iii s	upportin	g					
		•	check this box											Ш
g				on accepted any gift or contributi	on from ar	iy or trie								
		following pers										Ī		Ι
			•	trols, either alone or together wi	•							44 (1)	Yes	No
				the supported organization?								11g(i)		
			member of a person describe									11g(ii)		
				escribed in (i) or (ii) above?								11g(iii)		
h		Provide the fo	ollowing information about the	e organizations the organization	supports.									
(i)		e of supported	(ii) EIN	(iii) Type of organization		rganization		ou notify		Is the	(v	rii) Amo		
	org	ganization		(described on lines 1–9 above or IRC section	in col. (i) listed in your governing document?		·	nization in of your	organizat	ion in col. zed in the		suppo	ort	
				(see instructions))	governing	uocument:		ort?		S.?				
					Yes	No	Yes	No	Yes	No				
<u>Tota</u>	l													

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,294,140	2,327,788	1,836,689	2,225,875	2,480,748	11,165,240
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3	2,294,140	2,327,788	1,836,689	2,225,875	2,480,748	11,165,240
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						11,165,240
	tion B. Total Support	T	T		T		
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	2,294,140	2,327,788	1,836,689	2,225,875	2,480,748	11,165,240
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	13,304	37,405	53,295	50,588	33,542	188,134
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						11 252 274
11	Total support. Add lines 7 through 10	/:				40	11,353,374
12	Gross receipts from related activities, etc. (`					694,092
13	First five years. If the Form 990 is for the						. □
Sec	organization, check this box and stop here	Innort Percents					P _
14	•	• •					00 2400 %
15	Public support percentage for 2008 (line 6,						98.3429 %
	Public support percentage from 2007 Sche						98.6633 %
16a	33 1/3 % support test—2008. If the organ and stop here. The organization qualifies a				i/3 % of more, che	CK THIS DOX	▶ X
h	33 1/3 % support test—2007. If the organ					chock this	
b	box and stop here. The organization qualif				5 33 1/3 /6 01 11101e	, Check this	▶ □
170		. , .					
17a	10%-facts-and-circumstances test—200						
	more, and if the organization meets the "fac			-	•	now the	▶ □
L	organization meets the "facts-and-circumst	-	•				
b	10%-facts-and-circumstances test—200	•					
	more, and if the organization meets the "fac			•	•		▶ □
40	organization meets the "facts-and-circumst						······ 【
18	Private foundation. If the organization did	not cneck a box on	iine 13, 16a, 16b, 1	⊤/a, or 1/b, check t	inis box and see in:	structions	

Schedule A (Form 990 or 990-EZ) 2008

Page 3

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

	(Complete only if you che	cked the box	on line 9 of Par	t I.)			
	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop here						▶ 🗆
Sec	tion C. Computation of Public Su	pport Percent	age				
15	Public support percentage for 2008 (line 8,	column (f) divided l	by line 13, column	(f))		15	%
16	Public support percentage from 2007 Scheo	dule A, Part IV-A, li	ne 27g			16	%
Sec	tion D. Computation of Investmen	nt Income Per	centage				
17	Investment income percentage for 2008 (lin	e 10c, column (f) d	livided by line 13, c	olumn (f))		17	%
18	Investment income percentage from 2007 S						%
19a	33 1/3 % support tests—2008. If the organ	ization did not che					
	17 is not more than 33 1/3 %, check this bo	x and stop here. T	he organization qu	alifies as a publicly	supported organiz	ation	▶ ∐
b	33 1/3 % support tests—2007. If the organ	ization did not che	ck a box on line 14	or line 19a, and lin	e 16 is more than	33 1/3%, and	
	line 18 is not more than 33 1/3 %, check thi	s box and stop he i	re. The organization	n qualifies as a pub	olicly supported ord	anization	▶

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

Schedule A (Fo	rm 990 or 990-EZ) 200	08 METRO	COMMUNITY	DEVELO:	PMENT, INC	38-3072010	Page 4
Part IV	Supplemental Ir	nformation. C	complete this pa	art to provid	e the explana	ion required by Part II, lin information. (see instruct	e 10;

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

2008

38-3072010 METRO COMMUNITY DEVELOPMENT, INC. Organization type (check one): Filers of: Section: X 501(c)(Form 990 or 990-EZ 3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.) **General Rule** For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** |X| For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or beguests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Page 1 of 1 of Part I

lame of orga	anization		
METRO	COMMUNITY	DEVELOPMENT,	INC

Employer i	dentification	number
20 20	72010	

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
. 1	KETTERING UNIVERSITY 1700 WEST 3RD AVENUE FLINT MI 48502	\$ 50,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
. 2	MOTT FOUNDATION 503 S. SAGINAW STREET FLINT MI 48502	\$ 125,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that

OMB No. 1545-0047

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Internal Revenue Service **Employer identification number** Name of the organization COMMUNITY DEVELOPMENT, INC. 38-3072010 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year _____ Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year a Total number of conservation easements Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ __ _ _ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 ________

b Assets included in Form 990, Part X ______

Schedule D (Form 990) 2008

Pa	rt III Organizations Maintaining	Collections of Art, His	storicai ireas	sures, or	Otner Simil	ar Assets	(continue	ea)
	Using the organization's accession and other reitems (check all that apply):	ecords, check any of the follo	wing that are a sig	gnificant use	of its collection			
а	Public exhibition	d Loan or e	exchange progran	ne				
a b	Scholarly research	e Other						
C	Preservation for future generations	e 🗀 Otrici						
		or and a state of a state of	t al collection of					
4	Provide a description of the organization's colle Part XIV.	ections and explain now they	rurtner the organiz	zation's exen	npt purpose in			
5	During the year, did the organization solicit or re				r	Г	7	П.
Pa	assets to be sold to raise funds rather than to be rt IV Trust, Escrow and Custodi	•	•		newored "V	∟ oc" to For	Yes	No
га					iisweieu ie	5 10 FUII	111 990,	
	Part IV, line 9, or reported a							
	Is the organization an agent, trustee, custodian	•				Г	Yes	No
h	included on Form 990, Part X?	ad complete the following tobl				∟	_ res	□ NO
D	If "Yes," explain the arrangement in Part XIV ar	id complete the following table	e:				Amount	
_	Paginning halanga					10	Amount	
	Beginning balance					1c		
	Additions during the year					1d		
	Distributions during the year					1e		
f	Ending balance					1f	7	$\overline{}$
	Did the organization include an amount on Form	m 990, Part X, line 21?				L	Yes	No
	If "Yes," explain the arrangement in Part XIV.		1607 114	- O	20 D (I) (I	. 10		
Pa	rt V Endowment Funds. Comple						1	
	-	(a) Current year	(b) Prior year	(c) Two ye	ars back (d) Ti	ree years bac	k (e) Four	years back
	Beginning of year balance							
	Contributions							
С	Investment earnings or losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
	End of year balance							
	Provide the estimated percentage of the year e	nd balance held as:						
а	Board designated or quasi-endowment	%						
b	Permanent endowment %							
	Term endowment							
	Are there endowment funds not in the possess	ion of the organization that ar	e held and admin	istered for th	ie			
	organization by:	•						Yes No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations li	sted as required on Schedule	e R?					
	Describe in Part XIV the intended uses of the o							
	rt VI Investments—Land, Buildi			0. Part X.	line 10.			
	Description of investment	(a) Cost or other basis	(b) Cost or of		(c) Depreciati	on	(d) Book	value
		(investment)	basis (othe		(-)		(-,	
12	Land	,	•					
	Land							
	Buildings							
			1 2	3,274	1 2	,336		938
	Equipment			, 4 / 4		, 550		230
	Other	rm 000 Part V saluma /B\ !	no 10(a) \					020
ı otal.	. Add lines Ta-Te. (Column (a) should equal Fol	IIII 990, Part A, Column (B), II	ne τυ(c).)			▶		938

Schedule D (Form 990) 2008

Schedule D (F	orm 990) 2008 METRO COMMUNITY DEVELO	PMENT, INC.	38-3072010	Page 3
Part VII	Investments—Other Securities. See Form 990,	Part X, line 12.		
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v. Cost or end-of-year	
Financial deriv	atives and other financial products			
Closely-held e	quity interests			
Other	quity intoroccio			
	. – – – – – – – – – – –			
	. – – – – – – – – – – – –			
	. – – – – – – – – – – –			
	. – – – – – – – – – – –			
	n (b) should equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments—Program Related. See Form 990			
	(a) Description of investment type	(b) Book value	(c) Method of v	
			Cost or end-of-year	market value
Total (Column	n (b) should equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Part X, line 15.			
FaitiA	(a) Description		1	(b) Book value
	DEFERRED LOAN RECEIVABLE			
	LAND DEVELOPMENT SITES	<u>'</u>		201,625 18,327
		HOME		
	MORTGAGE LOANS - SENIOR	HOME		16,803
	n (b) should equal Form 990, Part X, col. (B) line 15.)	<u></u>	<u></u>	236,755
Part X	Other Liabilities. See Form 990, Part X, line 25.			
	(a) Description of liability	(b) Amount		
Federal income	e taxes			
-				
-				
Total. (Column	n (b) should equal Form 990, Part X, col. (B) line 25.)			

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Schedule D (Form 990) 2008

Schedule D (Fo	orm 990) 2008	METRO	COMMUNITY ation (continued)	DEVELOPM	ENT, INC	. 3	38-307201	.0	Page 5
Part XIV	Supplemei	ntal Inform	ation (continued)						
	-								

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

METRO COMMUNITY DEV	ELOPMENT, IN	C.			38-30	72010		
Part I General Information on Grants and	Assistance							
 Does the organization maintain records to substantiate the the selection criteria used to award the grants or assistance Describe in Part IV the organization's procedures for monitorial control or the procedure of the control of the procedure of the control or the procedure of the proc	e?			gibility for the grants or a			X Yes	No
Part II Grants and Other Assistance to Go Form 990, Part IV, line 21, for any re Part IV and Schedule I-1 (Form 990)	vernments and O cipient that receive	rganiz ed mo	zations in the Un ore than \$5,000. C		o one recipien	received more	e than \$5,000. Use	<u> </u>
1 (a) Name and address of organization or government	Š	c) IRC ection oplicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
 Enter total number of section 501(c)(3) and government of Enter total number of other organizations 	ganizations						···· •	

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.							
Use Schedule I-1 (Form 990) if additional space is needed.							
(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash assistance		
	recipients	cash grant	non-cash assistance	FMV, appraisal, other)			
SUPPORTIVE HOUSING	10	1,421,918			NONE		
BOIT ORTIVE HOODING	10	1,121,010			1101111		
Part IV Supplemental Information. C	omplete this part to p	rovide the information	required in Part I, li	ne 2, and any other addition	nal information.		
·							
• • • • • • • • • • • • • • • • • • • •							

DAA Schedule I (Form 990) 2008

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2008

Open to Public Inspection

Employer identification number Name of the organization METRO COMMUNITY DEVELOPMENT, INC 38-3072010 FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS HOMELESS MANAGEMENT INFORMATION SYSTEM IS A TOOL THAT WILL ASSESS THE NEEDS OF HOMELESS INDIVIDUALS AND FAMILIES MORE EFFECTIVELY, AND THEREBY WILL BE ABLE TO ALLOCATE AVAILABLE RESOURCES EFFICIENTLY. CHRONIC HOMELESS INITIATIVE IS A PROGRAM TO HELP DEVELOP PERMANENT SUPPORTIVE HOUSING FOR INDIVIDUALS WHO ARE CHRONICALLY HOMELESS AND TO PROVIDE TENANT BASED RENTAL ASSISTANCE. FORM 990, PART VI, LINE 10 - ORGANIZATION'S PROCESS USED TO REVIEW FORM 990 THE BOARD OF DIRECTORS ARE PROVIDED A COPY OF THE 990 AT ONE OF THE BOARD MEETINGS. AT THIS MEETING THE BOARD WILL DISCUSS AND REVIEW THE 990 TO SEE IF ANY CHANGES NEED TO BE MADE FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY ALL EMPLOYEES/DIRECTORS ARE REQUIRED TO DISCLOSE ANY POTENTIAL CONFLISTS OF INTEREST TO THE BOARD OF DIRECTORS. POTENTIAL TRANSACTIONS WITH A PARTY OF CONFLICITING INTERESTS WILL BE REVIEWED THOROUGHLY BY THE BOARD. THEY WILL MAKE A DECISION ON WHETHER THE TRANSACTION WOULD BE IN THE BEST INTEREST OF THE ORGANIATION. FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE COMPENSATION FOR THE CEO IS DETERMINED BY THE EXECUTIVE COMMITTEE AND

VOTED ON BY THE BOARD. IN THIS DECISION THERE IS A PERFORMANCE EVALUATION

Schedule O (Form 990) 2008

Name of the organization METRO COMMUNITY DEVELOPMENT, INC.	Employer identification number 38-3072010
COMPLETED.	
FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS	FOR OFFICERS
ALL OTHER EMPLOYEES COMPENSATION IS DETERMINED BY T	THE CEO. THE CEO
COMPLETES PERFORMANCE EVALUATIONS ON THE EMPLOYEES	AND ALSO LOOKS AT
FUNDING AVAILABILITY AND GRANTS TO DETERMINE THE APPROXIMATION OF THE AP	PPROPRIATE COMPENSATION.
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DI	SCLOSURE EXPLANATION
METO COMMUNITY DEVELOPMENT, INC. HAS THEIR FINANCIA	AL STATEMENTS, BY-LAWS,
CONFLICT OF INTEREST POLICY, AND OTHER GOVERINING I	OCUMENTS AVAILABLE FOR
VIEWING ON THEIR WEBSITE. THEY ARE ALSO AVAILABLE U	JPON REQUEST.

06926 Metro Community Development,Inc.

Federal Statements

FYE: 6/30/2009

9/25/2009 10:27 AM

Taxable Interest on Investments

Unrelated Postal Exclusion Code Description **Business Code** Amount Code INTEREST ON SAVINGS 33,542 14 33,542 TOTAL

06926 Metro Community Development,Inc.

Federal Statements

9/25/2009 10:27 AM

FYE: 6/30/2009

38-3072010

Form 990, Part IX, Line 24f - All Other Expenses

Description	E	Total Expenses	F	Program Service	agement & General	 Fund Raising
SUPPLIES	\$	7,631	\$	6,794	\$ 837	\$
REPAIRS AND MAINTENANCE		5,924		3,770	2,154	
AMERICORP		5,856			5,856	
CREDIT REPORTS		3,734		3,734		
INSURANCE		3,570		3,361	209	
NEIGHBORHOOD PROJECTS		3,500		3,500		
TELEPHONE		2,815		2,533	282	
POSTAGE		2,252		2,164	88	
UTILITIES		2,232		2,021	211	
EVENTS		1,777		1,777		
MEMBERSHIP & SUBSCRIPTION		1,391		266	1,125	
COMMUNICATION & MARKETING		1,225			1,225	
MISCELLANEOUS		869		869		
COMMUNITY & PUBLIC RELATI		300		300		
LOSS ON DISPOSAL OF ASSET		85			 85	
TOTAL	\$	43,161	\$	31,089	\$ 12,072	\$ 0

06926 Metro Community Development,Inc. 9/25/2009 10:27 AM 38-3072010 Federal Statements

FYE: 6/30/2009

Donor Name	Total	Excess		
	\$_ 11,165,240	\$		
TOTAL	\$ 11,165,240	\$	0	