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Form **990**

Department of the Treasury

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)

OMB No 1545-0047 2008

Open to Public

Chec	tne 2	2008 c <u>alendar</u> ye	ar, or tax year beginning 01	-01-2008 and ending 12-31-2008	<u> </u>				
	ck ıf ap	oplicable Please	C Name of organization Fresno Metropolitan Ministry			D Employer iden	tification number		
– Addr	ess ch		·		94-2181848				
- Nam	ne char	nge print or	Doing Business As			E Telephone nur	nber		
- Initia	al retur	type. Sec n Specific		ox if mail is not delivered to street addres	s) Room/suite	(559) 485-1	416		
_	nınatıoı	Instruc-	1055 N Van Ness Avenue	ox ii maii is not delivered to street addres	s) KOOIII/SUILE	G Gross receipts \$	576,509		
Ame	nded r	eturn	City or town, state or country Fresno, CA 93728	, and ZIP + 4					
Appl	ıcatıon	pending	11631107 611 33720						
			ame and address of principal rd P Yanes	officer		s a group return f			
			N Van Ness Avenue H		affiliat	es?	⊤Yes ▼ No		
		Fresn	o,CA 937283457		H(b) Are all	affiliates included	I?		
Tax	ovom	nt status 🔽 Foli	(-) (-) (-) (-) (-) (-) (-) (-) (-) (-)	-V4V			see instructions)		
			(c) (3) 4 (insert no)	a)(1) or 52/	H(c) Group	exemption num	ber ►		
		: 🕨 www fresnom	· -						
			ation Trust Association C	ther 🕨	L Year of for	rmation 1973 M	State of legal domicile C		
Par		Summary Briefly described	the organization's mission or	most significant activities			_		
			the organization's mission or histry primarily addresses co	most significant activities ommunity issues that affect low-in	come and mid	ddle <u>income</u> resid	dents_		
	2	Check this hox	If the organization discor	tinued its operations or disposed	of more than	25% of its asset			
			•	oody (Part VI, line 1a)			1		
				e governing body (Part VI, line 1b					
		·	employees (Part V, line 2a)		,				
			olunteers (estimate if neces						
				Part VIII, line 12, column (C)					
		=	siness taxable income from			7b			
					Prio	r Year	Current Year		
	8	Contributions a	nd grants (Part VIII, line 1h)		216,758	549,124		
!	9	Program servic	e revenue (Part VIII, line 2g)		791,356	(
	10	Investment inc	ome (Part VIII, column (A),		2,273	3,948			
•	11	Other revenue	Part VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)		-2,808	-17,534		
	12			t equal Part VIII, column (A), line	1	1,007,579	535,538		
\dashv	13			olumn (A), lines 1-3)		1,007,575	333,336		
	14		, , ,	lumn (A), line 4)					
	15			nefits (Part IX, column (A), lines 5	_				
Zhanses Zhanses	1.5	10)	or a serious control of the serious control o		558,662	544,912			
[16a	Professional fur	ndraising fees (Part IX, colur			(
3	b	Total fundraising ex	openses (Part IX, column (D), line	25) - 39,778					
	17	Other expenses	(Part IX, column (A), lines	11a-11d, 11f-24f)		282,787	189,265		
	18	·	, ,	ual Part IX, column (A), line 25)		841,449	734,177		
	19	Revenue less e	xpenses Subtract line 18 fro	om line 12		166,130	-198,639		
					Beginnii	ng of Year	End of Year		
			art X, line 16)			626,742	227,406		
	20			iabilities (Part X, line 26)					
	21	Total liabilities	(Part X, line 26)			424,779	212,373		
Fund Balances	21 22	Total liabilities Net assets or fi	(Part X, line 26)			201,963			
Fund Balances	21	Total liabilities Net assets or fo	(Part X, line 26) und balances Subtract line 2 Block	1 from line 20		201,963	15,033		
Fund Balances	21 22	Total liabilities Net assets or form Signature E Under penalties of	(Part X, line 26)			201,963	15,033 e best of my knowledge		
Pand Balances	21 22	Total liabilities Net assets or form Signature E Under penalties of	(Part X, line 26)	1 from line 20		201,963 catements, and to the	15,033 e best of my knowledge		
ned Bafances	21 22 t II	Net assets or fu Signature E Under penalties of and belief, it is true	(Part X, line 26)	1 from line 20	l on all informati I	201,963 catements, and to the	15,033 e best of my knowledge		
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nod Bafances	21 22 t II	Total liabilities Net assets or form Signature E Under penalties of and belief, it is true ****** Signature of off Richard Yanes E Type or print na Preparer's	(Part X, line 26)	1 from line 20	l on all informati 2010- Date	201,963 ratements, and to the on of which prepare 11-03 Preparer's identify	15,033 e best of my knowledge r has any knowledge		
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Parting Bereating aid repa	21 22 t III	Total liabilities Net assets or form Signature E Under penalties of and belief, it is true ****** Signature of off Richard Yanes E Type or print na Preparer's signature Firm's name (or you	(Part X, line 26)	nined this return, including accompanying in of preparer (other than officer) is based. Date C	l on all informati 2010- Date Theck if	201,963 catements, and to the on of which prepare 11-03 Preparer's identify (see instructions)	15,033 e best of my knowledge r has any knowledge		
Parting Balances	21 22 t III	Total liabilities Net assets or form Signature E Under penalties of and belief, it is true ****** Signature of off Richard Yanes E Type or print na Preparer's signature	(Part X, line 26)	nined this return, including accompanying in of preparer (other than officer) is based. Date C	l on all informati 2010- Date Theck if	201,963 ratements, and to the on of which prepare 11-03 Preparer's identify	15,033 e best of my knowledge r has any knowledge		

Form	990 (2008) Page
	Statement of Program Service Accomplishments (see instructions.)
1 Eros	Briefly describe the organization's mission Metro Ministry primarily addresses community issues that affect low-income and middle income residents
1163	Frecto Willistry primarily addresses community issues that affect low-income and initiatie income residents
2	Old the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
,	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 services?
	If "Yes," describe these changes on Schedule O
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
4a	(Code) (Expenses \$ 138,193 including grants of \$) (Revenue \$)
	facilitated the opening of the first farmer's market to be located on a Fresno Unified School District (FUSD) campus, brining low-cost, nutritious fruits and vegetable to the Burroughs neighborhood on a weekly basis. This collaborative effort included the FUSD, Burroughs Elementary School, the Burroughs Neighborhood Resource Center and Dave Lewis Farms. It is the end result of the Program's two-year successful effort to change zoning regulations to allow farmer's markets to be located in residential and commercial areas. Residents have appeared every Wednesday afternoon since scooping up virtually all of the produce, teachers have used it as an after-school opportunity to teach the children about produce and farming, and the principal has praised its exceptional tie- in to their efforts at eating healthy an increased exercise. In the days following this initiation, five additional schools requested assistance in the establishment of a farmer's market at their schools. The Program and CCROPP was selected to work with the U.S. Department of Agriculture and the FUSD for the development of a pilot program for a children's universal breakfast program (universal = all children). The pilot project, one of 12 nationally including another California school district, will test the feasibility and effectiveness of a variety of approaches - breakfast in the classroom, "grab-and-go" from carts between classes, even breakfast on the bus. The Program and CCROPP participated in a "Hunger Action Day" at the state capitol, lobbying our state legislators on the issues surrounding food stamps, access to healthy foods, current legislation, summer lunch program, and more. More than 40 individuals from a variety of communities climbed "on the bus." to participate As a symbol of existing need, participants left an empty grocery bag with each legislator with a sign on the side that said. "If I Had Food For My Family It Would Be In This BAG'Th Program continued to sponsor an 800 call center, operating 24 hours a day/seven days per week
4b	(Code) (Expenses \$ 67,030 including grants of \$) (Revenue \$) CA Wellness Environmental Advocacy (Environmental Health Program) The Program successfully completed its advocacy for the establishment of an Environmental Justice Advisory Group within the local air pollution control board. The Program was then invited to participate in the process to develop the Environmental Justice Advisory Group for the board. The EJAG began meeting in October, established goals and objectives, and began work on identified priority issues. The Program worked towards the adoption of a strong plan to protect the Valley from particulate matter smaller than 2.5 microns or "PM 2.5" (called the State Implementation Plan or SIP). Prior to a hearing on the issue, approximately 2.5 clean air advocates, including three LUCA (Latinos United for Clean Air - a grass roots organization) members and Program staff, protested the local board's plan emphasizing the nearly 1,300 annual premature deaths in the Valley related to particulate matter. Advocates demonstrated a 100-yard strand of 130 white prayer flags handmade by the Program Assistant Director, each flag representing and honoring 10 premature deaths. The prayer flags were presented to the board along with the demand that the board incorporate the specific, effective, and reasonable strategic which had been submitted. Additional advocacy visuals included black and red clothing, "Protect Me" stickers, white crosses, dust masks, and various signs. Four lucal protective plan and to respect and honor several recent asthma-related deaths that occurred during very unhealthy air days. From its inception, the Program joined and played lead roles in the statewide Diesel Truck Rule Coalition. The Program contributed strategies and community outreach to the coalition, provided leadership to educate the public, collected more than 150 advocacy comment cards from the public, and organized community participation at hearings. There were 16 representatives from Fresno at the Sacramento hearing inclu
	(Code) (Expenses \$ 93,357 including grants of \$) (Revenue \$)
	HewlettEnvironmental Health Accomplishments continued from "CA Wellness Environmental Advocacy"The Program successfully completed the advocacy that resulted in the Governor's appointments of a Fresno cardiologist, Dr. John Telles as the medical expert and a UC Merced professor, Dr. Henry J. Forman as the scientific expert to the local air pollution control board. The Program trained LUCA on how to present Metro's Spanish-version of Air Pollution 101. Air Pollution 101 is an easy to understand PowerPoint presentation developed by the Program covering air pollution issues in the Valley and how air pollution affects health. It contains over 50 slides and can be modified to fit anywhere from a 15 min to 60 min time slot. At one of the many presentations, more than 100 parents and family members participated in Aire y Salud community forum where LUCA leaders presented segments of Air Pollution 101 to the group and discussed opportunities for audience members to become involved in clean air advocacy as well as ways to specifically engage with LUCA. The program was held in Spanish and was simultaneously translated into English and Hmong. Childcare was provided. A Fresno City Council member presented his perspective as a local air board member and discussed several air pollution solutions. The Program initiated the Fresno/Clovis Green Gardener Training and Certification Program. This 10-week series of bilingual classes provided landscape gardeners with key principles of ecological landscaping and green gardening. Subjects covered include water conservation, soil protection and enhancement, pruning, fertilizers, mulches and compost, and integrated pest management. Upon successful completion of the hands-on course, the 20 attendees became certified Green Gardeners and receive free advertising and promotional referrals through the Fresno Metropolitan Flood Control District and Green Fresno In collaboration with the Program and a professional consultant, the Burroughs School group completed a walking audit of their neighbo
	Other program services (Describe in Schedule O)
-ru	(Expenses \$ 270,042 including grants of \$) (Revenue \$)

Total program service expenses►\$

568,622 (Must equal Part IX, Line 25, column (B).)

Part IV	Checklist of	Required	Schedules

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

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		Νο
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
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		No
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? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	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		Νο
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		No

orm	990 (2008)			Page
Par	rt V 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 U.S. Information Returns. Enter -0- if not applicable			
	or U.S. Information Returns. Enter -U- II not applicable			
h	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
-	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1c	Yes	
2a	gaming (gambling) winnings to prize winners?	10	165	
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		No
4a	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)?	4a		No
b	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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		No
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		No
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		No
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νo
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		No
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and 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?	8		N o
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νo
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	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			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No

12b

 $\textbf{b} \quad \text{If "Yes," enter the amount of tax-exempt interest received or accrued during the} \\$

(559) 485-1416

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

Se	ction 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 circumstances, process, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 1a 15			
b	Enter the number of voting members that are independent 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		Νο
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No
Se	ction B. Policies			
			Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	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 with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			_
	organization's exempt status with respect to such arrangements?	16b		No
<u>Se</u> 17	ction C. Disclosure List the States with which a copy of this Form 990 is required to be filed ►CA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ie orga	nızatıor	ı F
	Debbie Smith 1055 N Van Ness Avenue Ste H Fresno, CA 937283457			

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
 - List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not compensate any officer, director, trustee or key employee										
		(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) Average hours per week	x <u>I</u> ndividual	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Tony Gonzalez President	1 00	Х						0	0	0
Susan Moran Board Member	1 00	Х						0	0	0
Susan Liberty Board Member	1 00	Х						0	0	0
Sengthiene Bosavanh Board Member	1 00	Х						0	0	0
Ruthann Evans Board Member	1 00	X						0	0	0
Richard P Yanes Executive Direc	40 00			х				78,060	0	2,807
Rev Steve Ratzlaff Board Member	1 00	Х						0	0	0
Rev Norman Broadbent Board Member	1 00	X						0	0	0
Rev Michael Harrell Secretary	1 00	Х						0	0	0
Rev Floyd Quenzer Board Member	1 00	Х						0	0	0
Patrıcıa Pıckford Development	1 00	Х						0	0	0
Patience Milrod Board Member	1 00	Х						0	0	0
Paı Yang Board Member	1 00	Х						0	0	0
Ozzıe Hernandez Board Member	1 00	Х						0	0	0
Kım Thompson Board Member	1 00	Х						0	0	0
Jım Grant Board Member	1 00	Х						0	0	0
Hengameh Akhtar MD Board Member	1 00	Х						0	0	0

from the organization ▶0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

		(C) Position (check all that apply)			_			(D)	(E)	(F Estim	
(A) Name and Title	(B) Average hours per week	x <u>I</u> ndividual	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W- 2/1099- MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	amou oth comper from organi and re	nt of ler lsation the zation lated
Gılda Zarate Board Member	1 00	X						0	0		0
Ellen Gruenbaum Board Member	1 00	Х						0	0		C
Or Terry Winant Board Member	1 00	Х						0	0		C
DeVoya Mayo Board Member	1 00	Х						0	0		C
Christina Alejo Board Member	1 00	Х						0	0		(
Alegria De La Cruz Vice President	1 00	Х						0	0		C
Alan Peters Freasurer	1 00	Х						0	0		C
Al Arredondo Board Member	1 00	Х						0	0		C
Aimee Abu Shamsieh MD Board Member	1 00	Х						0	0		0
1b Total					•	<u> </u>		78,060		•	2,807
2 Total number of compensation fr		(including those in 1a) who receiv anization ⊧ 0	ed mo	ore t	han	\$100	,00	0 ın reportable			
										Yes	No
		y former officer, director or truste te Schedule J for such individual							l employee		No
•		line 1a, is the sum of reportable o	•					•			N.a.
5 Did any person l		e 1a receive or accrue compensa n? If "Yes," complete Schedule I for					ited •	organization for s	ervices 5		No No
										1	
	able for you	r five highest compensated indepe	endent	соі	ntra	ctors	that	received more tha	an		
\$100,000 or col	mpensation	rfom the organization (A) Name and business address							(B) n of services	(C Comper	

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
[설 1a	Federated campaigns 1a				
and other similar amounts	Membership dues 1b				
"∰ °	Fundraising events 1c 27,721				
d	Related organizations 1d				
."≘ e	Government grants (contributions) 1e 424,556				
<u></u>	All other contributions, gifts, grants, and 1f 96,847] [
<u> </u>	sımılar amounts not ıncluded above				
를 등 a					
₹ ₽ h	Ines 1a-1f \$ Total. Add lines 1a-1f	549,124			
) ਜ਼ "	Total Add Into Italia				
<u>a</u>	Business Code				
를 2a 및					
<u>е</u> ь					
<u>မှ</u> င					
돌 d					
<i>တိ</i> e					
E f	All other program service revenue				
Program Service Revenue					
<u> </u>		0			
3	Investment income (including dividends, interest .				
	and other similar amounts)	3,948			3,948
4	Income from investment of tax-exempt bond proceeds	0			
5	Royalties	0			
	(ı) Real (ıı) Personal				
6a	 				
b	Less rental expenses				
c					
d	or (loss) Net rental income or (loss)	o			
	(i) Securities (ii) Other				
7a	Gross amount	-			
	from sales of assets other				
	than inventory	_			
b	tess cost or other basis and				
	sales expenses Gain or (loss)	-			
C	· · · L	-			
d 8a		Ů			
	Gross income from fundraising events (not including \$30,755 of contributions reported on line 1c) See Part IV, line 18				
-	a 21,482]			
Ь	10/3/1]			
5 <u> </u>	Net income or (loss) from fundraising events	-19,489			-19,489
9a	Gross income from gaming activities See Part IV, line 19 a				
Ь	Less direct expenses b	1			
c		o			
10	Gross sales of inventory, less returns and allowances .				
ь		†			
ء ا					
<u> </u>	Miscellaneous Revenue Business Code				
11		1,955	1,955		
	b		•		
	All all and an account				
	d All other revenue	1,955			
	Total Passage Add base 11 2 2 4 5 64 74 0	535,538			-15,54:
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	333,338	1,935		-13,341

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.							
	ll other organizations must complete column (A) but are not required to o		ns (B), (C), and (B)	(D). (C)	(D)		
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses		
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV $\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!$	0					
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0					
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0					
4	Benefits paid to or for members	0					
5	Compensation of current officers, directors, trustees, and key employees	80,867	61,686	13,278	5,903		
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0					
7	Other salaries and wages	358,602	273,544	58,880	26,178		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,751	6,675	1,437	639		
9	Other employee benefits	63,073	48,113	10,356	4,604		
10	Payroll taxes	33,619	25,645	5,520	2,454		
11	Fees for services (non-employees)						
а	Management	0					
ь	Legal	0					
с	Accounting	9,823	9,015	808			
d	Lobbying	0					
e	Professional fundraising See Part IV, line 17	0			_		
f	Investment management fees	0					
g	Other	30,356	27,857	2,499	_		
12	Advertising and promotion	0					
13	Office expenses	0					
14	Information technology	0					
15	Royalties	0					
16	Occupancy	0					
17	Travel	0					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0					
19	Conferences, conventions, and meetings	0			_		
20	Interest	0					
21	Payments to affiliates	0					
22	Depreciation, depletion, and amortization	8,741	8,741				
23	Insurance	5,589	1,140	4,449			
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	Utilitiles	5,349	5,279	70			
b	Supplies	16,272	15,330	942			
c	Purchased Services	17,082	17,082				
d	Program Costs	59,676	56,533	3,143			
e	Other Expenses	36,377	11,982	24,395			
f	All other expenses	0					
25	Total functional expenses. Add lines 1 through 24f	734,177	568,622	125,777	39,778		
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				·		

Pa	rt X	Balance Sheet				<u> </u>			
				(A) Beginning of year		(E End o	3) fyear		
	1	Cash—non-interest-bearing		3,466	1		500		
	2	Savings and temporary cash investments		323,648	2		157,349		
	3	Pledges and grants receivable, net		278,325	3		54,544		
	4	Accounts receivable, net			4		0		
	5	Receivables from current and former officers, directors, trustees, ke other related parties Complete Part II of Schedule L			5		0		
	6	Receivables from other disqualified persons (as defined under section persons described in section 4958(c)(3)(B) Complete Part II of School			6		0		
	7	Notes and loans receivable, net			7		0		
Assets	8	Inventories for sale or use			8		0		
88	9	Prepaid expenses and deferred charges			9		0		
₹	10a	ı	10a 134,262						
	Ь	Less accumulated depreciation Complete Part VI of	10b 119,249	21,303	10c		15,013		
	11	Investments—publicly traded securities		,	11				
	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			15				
	16	Total assets. Add lines 1 through 15 (must equal line 34)		626,742			227,406		
	17			137,927			21,700		
		Accounts payable and accrued expenses .		137,927					
	18	Grants payable	252 540	18		474.000			
S	19	Deferred revenue	253,519			174,006			
	20	Tax-exempt bond liabilities			20				
£	21	Escrow account liability Complete Part IV of Schedule D		21					
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified							
		persons Complete Part II of Schedule L			22				
	23	Secured mortgages and notes payable to unrelated third parties .	•	33,333			16,667		
	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	424,779	26		212,373			
s eo		Organizations that follow SFAS 117, check here ► 🔽 and complete through 29, and lines 33 and 34.	e lines 27						
Balance	27	Unrestricted net assets	171,756	27		-26,883			
B	28	Temporarily restricted net assets		28					
돧	29	Permanently restricted net assets		30,207	29		41,916		
or Fund		Organizations that do not follow SFAS 117, check here ► and collines 30 through 34.	omplet e						
	30	Capital stock or trust principal, or current funds			30				
sets	31	Paid-in or capital surplus, or land, building or equipment fund			31				
Ą	32	Retained earnings, endowment, accumulated income, or other funds			32				
Š	33	Total net assets or fund balances	201,963	33		15,033			
Z	34	Total liabilities and net assets/fund balances							
Pa	rt XI	Financial Statements and Reporting			<u> </u>				
		· -				Yes	No		
1	Acco	unting method used to prepare the Form 990 Cash 🔽 Acc	crual Γ Other			1			
2a	Were	the organization's financial statements compiled or reviewed by an in	ndependent accounta	nt?	2a	Yes			
b	Were	the organization's financial statements audited by an independent ac	countant?		2b	Yes			
c		es" to 2a or 2b, does the organization have a committee that assume: , review, or compilation of its financial statements and selection of ar			2c	Yes			
3a		result of a federal award, was the organization required to undergo an e Audit Act and OMB Circular A-133?			3a		No		
b		es," did the organization undergo the required audit or audits?			3b		Νο		

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As Filed Data -

DLN: 93493307004250

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public Inspection

resno	o Metro	politan Ministry							210104	•	
Dэ	rt I	Peacon	for Bublic C	harity Status (to be co	mpleted	hy all or	aanizatio		-2181846 Instruct		
				ation because it is (Please	•				msuuci	.10113)	
1	- J		•	nurches, or association of ch		-		-	'Δ)(i).		
2	, _	•		tion 170(b)(1)(A)(ii). (Attac			· occion .	-, ((,,,,			
3	<u>'</u>			e hospital service organizati		•	tion 170/I	h)(1)(Δ)(i	ii) (Δttac	h Schadul	la H)
4	<u>'</u>	-	•	ization operated in conjunctiv			-				•
•	,		name, city, and	,	on with a i	nospitai a	escribed	ii Section	170(1)(1)	(A)(III). L	inter the
5	г	•		for the benefit of a college or	universit	v owned o	r onerated	l by a dove	rnmental	unit desc	rihed in
•	'			(Complete Part II)	universit	, omica o	Горегисс	. b, a gov	. i i i i i i i i i i i i i i i i i i i	anne acse	iibeu iii
6	\vdash			overnment or governmental	unit descr	rihed in Se	ction 170	(h)(1)(A)	(v)		
7	<u> </u>	•		ally receives a substantial p						n the gene	aral nublic
•	,	=		b)(1)(A)(vi) (Complete Par		зарроте по	om a gove	i i i i i i i i i i i i i i i i i i i	01 1101	ii tiic geiic	rai public
8	Г		-	ped in Section 170(b)(1)(A)	•	nnlete Par	+				
9	, T		•	ally receives (1) more than		•	•	ontribution	ns. membe	rship fees	s, and gross
-	•	_		lated to its exempt functions					•	•	
		•		estment income and unrelate	-				•		
			<u>-</u>	on after June 30, 1975 See			•			.,	
10	Г		_	and operated exclusively to					•	ee instruc	tions)
11	Ē	=	=	and operated exclusively fo	-		-				· ·
	•	_	_	orted organizations describe					•	•	· ·
		the box that describes the type of supporting organization and complete lines 11e through 11h									
	_	•	ype I b						d		III - Other
е	ı	•	-	rtify that the organization is agers and other than one or			•			•	•
		section 50		agers and other than one or	more pub	ilely supp	orteu orga	IIIZations (aescribeu	III Section	1303(4)(1) 01
f		If the organ	nization receive	d a written determination fro	m the IRS	5 that it is	a Type I,	Type II o	r Type III	supportin	ng organizatio <u>n,</u>
		check this						6.11			Г
g		following pe		as the organization accepted	a any girt	or contrib	ution from	any or the			
				or indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No
		and (III) be	low, the govern	ing body of the the supported	d organiza	tion?				11g	(i)
		(ii) a family	/ member of a p	erson described in (i) above	?					11g((ii)
		(iii) a 35%	controlled ent	ity of a person described in (ı) or (ıı) al	bove?				11g(iii)
h		Provide the	following infor	mation about the organizatio	ns the org	ganızatıon	supports				<u> </u>
		ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify		s the	(vii) A mount of
		oorted		(described on lines 1 - 9	_	ation in		nization		ation in	support?
	O rgar	nization	above or IRC section col (i) listed in (See Instructions)) your governing			i) of your port?		rganized US?			
				(See Instructions))		ment?	3471	3011	"" ""	0 0	
					Yes	No	Yes	No	Yes	No	1
								1			

Total

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

	(Complete only if you chec	ked the box o	n line 5, 7, or	8 of Part 1.)					
	ublic Support	,							
	endar 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")	579,330	845,112	703,590	1,008,114		549,124	3,685,270	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0	
3	The value of services or facilities furnished by a governmental unit to the organization without charge							0	
4	Total. Add line 1-3	579,330	845,112	703,590	1,008,114		549,124	3,685,270	
5	The portion of total contribution by each								
	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column							1,321,241	
6	(f) Public Support subtract line 5 from line 4							2,364,029	
Т	otal Support	l l			L				
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total	
7	A mounts from line 4	579,330	1,123	703,590	1,008,114	χ - 7	549,124	3,685,270	
8	Gross income from interest, dividends,								
	payments received on securities loans, rents, royalties and income from similar sources	2,226	1,123	1,570	2,273		3,948	11,140	
9	Net income from unrelated business activities, whether or not the business is regularly carried on							0	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	40,482	42,214	27,242	-2,808		-17,534	89,596	
11	Total Support (Add lines 7 through 10)							3,786,006	
12	Gross receipts from related activities, etc	(See instruction	s)	•	·	12	•		
13 C									
14	Public Support Percentage for 2008 (line 6	column (f) dıvıd	ed by line 11 co	lumn (f))		14		62.440 %	
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, line 26f			15 95.650 %			
	a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this								
	box and stop here. The organization qualification from the stop in the stop	es as a publicly : If the organization of ts and circumst	supported organ on did not check ances" test, che	ization a box on line 1: eck this box and	3, 16a, or 16b a I stop here. Exp	ınd lıne laın ın	e 14 is 10º Part IV ho	▶ % or	
b	10% Facts and Circumstances Test - 2007. more, and if the organization meets the "fac	If the organization is and circumst	on did not check ances" test, che	a box on line 1: eck this box and	3, 16a, 16b, or i I stop here. Exp	17a ar Iain in	nd line 15 i Part IV ho	s 10% or w	
18	the organization meets the "facts and circu Private Foundation. If the organization did							►□	

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar 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						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	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						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 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	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

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

Schedule A (Form 990 or 990-EZ) 2008

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- ◆ Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

	e organization answered "Ye ection 501(c)(4), (5), or (6) organi	s," to Form 990, Part IV, Line 5 (F zations complete Part III	Proxy Tax)				
Na	Name of the organization Fresno Metropolitan Ministry 94-2181848						
Dar	t I-A To be completed b	E27					
Pal		e the instructions for Schedule		1 501(C) and section	527		
1	Provide a description of the or	ganızatıon's dırect and ındırect polı	tıcal campaıgn act	ivities in Part IV			
2	Political expenditures				\$		
3	Volunteer hours						
Par	t I-B To be completed be for Schedule C for de	oy all organizations exempt etails.)	t under section	1 501(c)(3). (See the	instructions		
1	Enter the amount of any excise	e tax incurred by the organization u	nder section 4955		\$		
2	Enter the amount of any excise	e tax incurred by organization mana	gers under section	n 4955	\$		
3	If the organization incurred in	a section 4955 tax, did it file Form	4720 for this year	?	┌ Yes		
4a	Was a correction made?				┌ Yes		
Ь	If "Yes," describe in Part IV						
Par		y all organizations exempt for Schedule C for details.)	t under section	1 501(c), except sect	ion 501(c)(3).		
1	Enter the amount directly expe	ended by the filing organization for s	ection 527 exemp	ot function activities	\$		
2	Enter the amount of the filing of 527 exempt funtion activities	rganızatıon's ınternal funds contrıb	uted to other orga	nizations for section	\$		
3	Total of direct and indirect exe 1120-POL, line 17b	mpt function expenditures Add line	es 1 and 2 and ent	er here and on Form	\$		
4	Did the filing organization file I	Form 1120-POL for this year?			┌ Yes		
5	State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV						
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -		
_							
	_						

For Paperwork Reduction Act Notice, see the instructions for Form 990.

Cat No 50084S

Schedule C (Form 990 or 990-EZ) 2008

d Grassroots non-taxable amount

f Grassroots lobbying expenditures

e Grassroots ceiling amount (150% of line d, column (e))

P	art II-A To be completed by (election under sec						768
	Check If the filing organization	belongs to an affili	ated group				
<u>B</u>	Check If the filing organization Limits on Lo (The term "expenditure	bbying Expend	litures—		oly	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion	(grass roots lob	bying)			
ь	Total lobbying expenditures to influe	nce a legislative b	ody (direct lobby	yıng)			
c	Total lobbying expenditures (add line	es 1a and 1b)					
d	Other exempt purpose expenditures						
e	Total exempt purpose expenditures	(add lines 1c and 1	Ld)				
f	f Lobbying nontaxable amount Enter the amount from the following table in both columns— If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e						
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% o	of the excess over \$	500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% o	of the excess over \$	51,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of	f the excess over \$1	1,500,000			
	Over \$17,000,000	\$1,000,000					
	Grassroots nontaxable amount (ente	er 25% of line 1f)					
h	Subtract line 1g from line 1a Enter	0- ıflıne g ıs more	than line a				
i	Subtract line 1f from line 1c Enter-	0- ıflıne fıs more t	than line c				
j	If there is an amount other than zero section 4911 tax for this year?	on either line 1h c	or line 11, did the	organization file	Form 4720 rep	orting	┌ Yes ┌ No
	(Some organizations tha columns below.		on 501(h) el	ection do not	: have to cor		he five
	Lobb	ying Expendit	ures During	4-Year Avera	ging Period		
	Calendar year (or fisca beginning in)	l year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
_2a	Lobbying non-taxable amount						
	Lobbying ceiling amount (150% of line 2a, column(e))						
	: Total lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2008

neaule C (F	orm 990 or 990-E2) 2008		Page 3			
Part II-B	art II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form					
	5768 (election under section 501(h)). (See the instructions for Schedule C fo	r details.)				
		(a)	(b)			

		Yes	No	A mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		Νo	
Ь	Paid staff or management (include compensation in expenses reported on lines c through i)?	Yes		
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?	Yes		2,75
i	Other activities If "Yes," describe in Part IV		Νo	
j	Total lines 1c through 1:			2,75
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo	
h	If "Yes" enter the amount of any tay incurred under section 4912			

To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

c If "Yes" enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

1	Dues, assessments and similar amounts from members	1 \$
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
а	Current Year	2a \$
b	Carryover from last year	2b \$
c	Total	2c \$
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 \$
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4 \$
_	Tayable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	Ε¢

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation

Part IV Supplemental I		
Ident if ier	Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2008

For Paperwork Reduction Act Notice, see the Intructions for Form 990

OMB No 1545-0047

Open to Public Inspection

Schedule D (Form 990) 2008

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

Supplemental Financial Statements

Employer identification number Name of the organization Fresno Metropolitan Ministry 94-2181848

Pai	Organizations Maintaining Donor Acordanization answered "Yes" to Form 99		unds or Accounts. Complete if the
	organization answered Tes to Form 99	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advi- funds are the organization's property, subject to the o	_	or advised Yes No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?	efit of the donor or donor advisor or other	⊤Yes
Par	Conservation Easements. Complete	<u>if the organization answered "Yes" to</u>	o Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the or Preservation of land for public use (e g , recreati Protection of natural habitat Preservation of open space	on or pleasure)	historically importantly land area rtified historic structure
2	Complete lines 2a-2d if the organization held a quali on the last day of the tax year	Ified conservation contribution in the form	of a conservation easement Held at the End of the Year
а	Total number of conservation easements		2a
b			2b
c	Total acreage restricted by conservation easements Number of conservation easements on a certified hi		2c 2c
d	Number of conservation easements included in (c) a	· ·	2d
3	Number of conservation easements modified, transfe	·	
,	the taxable year 🕨	meu, releaseu, extiliguistieu, or terrimate	a by the organization during
4	Number of states where property subject to conserva	ation easement is located 🕨	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	g the periodic monitoring, inspection, viola o	ations, and Yes No
6	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year ►
7	A mount of expenses incurred in monitoring, inspecting	ng, and enforcing easements during the ye	ear ► \$
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion Yes No
	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	the footnote to the organization's financial nents	statements that describes
Pair	Organizations Maintaining Collectio Complete if the organization answered "	'Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for p provide the following amounts relating to these items	public exhibition, education, or research ii	
	(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, histo following amounts required to be reported under SFAS		or financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		► \$
Ь	Assets included in Form 990, Part X		▶ \$

Cat No 52283D

3							r Similar As	, , , , , , , , , , , , , , , , , , ,	
	Using the organization's accession and othe items (check all that apply)	r records, check any	of the	e foll	owing that are	a sıgnıfıcant u	se of its collec	tion	
а	Public exhibition		d	Γ	Loan or exch	ange programs			
b	Scholarly research		e	Γ	Other				
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how	the	/ further the or	ganızatıon's ex	empt purpose	ın	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t						nılar	┌ Yes	Г No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an an	Arrangements.	Comp	plete	e if the organ		ered "Yes" to	Form	990,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other intermed	diary	for c	ontributions oi	r other assets		Г Yes	☐ No
b	If "Yes," explain why in Part XIV and comple	te the following table	9						
							Ar	nount	
c	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?					┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	<i>'</i>							
Pa	rt V Endowment Funds. Complete								
		(a)Current Year	(b)	Prior `	rear (c)Two	Years Back (d)	Three Years Back	(e)Four	Years Back
1a	Beginning of year balance	30,207							
b	Contributions								
c	Investment earnings or losses	-2,135							
d	Grants or scholarships								
e	Other expenditures for facilities and programs								
£		2.022							
f	Administrative expenses	-2,823							
r g	Administrative expenses End of year balance	25,249							
g	·	25,249	S						
g	End of year balance	25,249	S						
g 2	End of year balance	25,249 r end balance held as	S						
g 2 a	End of year balance	25,249 r end balance held as	5						
g 2 a b	End of year balance	25,249 r end balance held as 100 000 %		hat a	are held and ac	lmınıstered for	the		
g 2 a b	End of year balance	25,249 r end balance held as 100 000 %		hat a	are held and ac	lmınıstered for		Yes	
g 2 a b	End of year balance	z5,249 r end balance held as 100 000 % ssion of the organiza	tion t				3a	(i)	No
g a b c 3a	End of year balance	z5,249 r end balance held as 100 000 % ssion of the organiza	tion t				3a(ii)	N o
g 2 a b c 3a	End of year balance Provide the estimated percentage of the year Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the posses organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organization	z5,249 r end balance held as 100 000 % ssion of the organiza	tion t on S	ched	 ule R?		3a	ii)	No
g 2 a b c 3a b	End of year balance	z5,249 r end balance held as 100 000 % ssion of the organiza	tion t on So	ched nt fu	· · · · · · ule R? · · ·		3a(ii)	N o
g 2 a b c 3a	End of year balance Provide the estimated percentage of the year Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the posses organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organization	z5,249 r end balance held as 100 000 % ssion of the organiza	tion t on So	ched nt fu ee F	 ule R? nds orm 990, Pa	rt X, line 10.	3a(3a	ii)	N o
g 2 a b c 3a b 4 Par	End of year balance	z5,249 r end balance held as 100 000 % ssion of the organiza	tion t on So	ched nt fu ee F	· · · · · · ule R? · · ·		3a(3a	ii) b	No No No
g 2 a b c 3a b	End of year balance	z5,249 r end balance held as 100 000 % ssion of the organiza	tion t on So	ched nt fu ee F	ule R? nds orm 990, Pa) Cost or other	rt X, line 10.	3a(ii) b	No No No
g 2 a b c 3a b 4 Par	End of year balance	z5,249 r end balance held as 100 000 % ssion of the organiza	tion t on So	ched nt fu ee F	ule R? nds orm 990, Pa) Cost or other	rt X, line 10.	3a(ii) b	No No No
g 2 a b c 3a Par	Provide the estimated percentage of the year Board designated or quasi-endowment Permanent endowment Permanent endowment Permanent endowment Permanent endowment Permanent endowment funds not in the posses organization by (i) unrelated organizations	z5,249 r end balance held as 100 000 % ssion of the organiza	tion t on So	ched nt fu ee F	ule R? nds orm 990, Pa) Cost or other	rt X, line 10.	3a(ii) b	No No No
g 2 a b c 3a Par 1a c	End of year balance	z5,249 r end balance held as 100 000 % ssion of the organiza	tion t on So	ched nt fu ee F	ule R? nds orm 990, Pa) Cost or other	rt X, line 10.	(c) Depreciation	(d)	No No No Book value
g 2 a b c 3a b 4 Par 1a c d e	End of year balance	z5,249 r end balance held as 100 000 % ssion of the organization	tion t on So owme it. So	ched nt fu ee F	ule R? nds orm 990, Pa Ocost or other sis (investment)	rt X, line 10. (b)Cost or other basis (other)	(c) Depreciation	(d)	No No No

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

Par	t XI Reconciliation of C	hange in Net Assets from Forr	n 99	0 to F	inancial Stateme	nts	
1	Total revenue (Form 990, Part	VIII, column (A), line 12)				1	535,538
2	Total expenses (Form 990, Par	t IX, column (A), line 25)				2	734,177
3	Excess or (deficit) for the year	Subtract line 2 from line 1				3	-198,639
4	Net unrealized gains (losses) o	4					
5	Donated services and use of fa-	5					
6	Investment expenses					6	
7	Prior period adjustments					7	
8	Other (Describe in Part XIV)					8	+
9	Total adjustments (net) Add III	non 4 0				9	
10			- 2	٠ ـ ـ ـ		10	-198,639
		per financial statements Combine line evenue per Audited Financial			te With Pavanua		
1		r support per audited financial	Stati	emen	ts with Revenue	per K	535,538
_	statements	· · · ·				1	
2	Amounts included on line 1 bu	it not on Form 990, Part VIII, line 12					
а	Net unrealized gains on invest	ments		2a			
b	Donated services and use of fa	acılıtıes		2b			
c	Recoveries of prior year grants	s		2c			
d	Other (Describe in Part XIV)			2d			
e	Add lines 2a through 2d .					2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.					3	535,538
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1					
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b		4a			
b	Other (Describe in Part XIV)			4b			
c	Add lines 4a and 4b					4c	
5		d 4c. (This should equal Form 990, Par				5	535,538
Part	·	xpenses per Audited Financia		teme	nts With Expense	s per	
1	·	audited financial statements				1	734,177
2		t not on Form 990, Part IX, line 25		1 -	I		
а	Donated services and use of fa			2a			
Ь	Prior year adjustments		•	2b			
c	Losses reported on Form 990,			2c			
d	Other (Describe in Part XIV)		•	2d		4_	
e	Add lines 2a through 2d		•			2e	
3	Subtract line 2e from line 1 .		•			3	734,177
4		0, Part IX, line 25, but not on line 1:		l <u>-</u>	I		
a		uded on Form 990, Part VIII, line 7b		4a			
b	Other (Describe in Part XIV)		•	4b		$+$ $_{\scriptscriptstyle \perp}$	
- с -	Add lines 4a and 4b					4c	704477
5 Dar	t XIV Supplemental Inf	nd 4c. (This should equal Form 990, Pa	rt I, III	ne 18)		5	734,177
Con	plete this part to provide the des	scriptions required for Part II, lines 3, ! , Part XII, lines 2d and 4b, and Part XI				Part XIV	/, lines 1b and 2b,
	Ident if ier	Return Reference			Explana	tion	
					•		

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As Filed Data -

DLN: 93493307004250

SCHEDULE G (Form 990 or 990-EZ) **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

🟲 Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV,

		by organizat	ions that en	ter more than \$15,000 on Foi	\$15,000 on Form 990-EZ, line 6a. Inspection									
Name of the organizatio Fresno Metropolitan Mir					Employer ide	ntification number								
					94-2181848	3								
Part I Fundrais	ing Activities. Complete	e if the oi	rganızatı	ion answered "Yes"	to Form 990, Part IV	/, line 17.								
a Mail solicitation b Email solicitation c Phone solicitation d In-person solicitation	ions tions	ement witl	h any indi	e	non-government grants government grants sing events rs, directors, trustees	Γ Yes Γ N								
	n highest paid individuals or d at least \$5,000 by the orga													
		(iii) Dıd fundraıser h custody o		fundraiser have custody or control of		fundraiser have custody or		fundraiser have custody or control of		fundraiser have custody or control of			(v) A mount paid to	
(i) Name of individ or entity (fundrais	I (III) A CTIVITY	custo contr	dy or rol of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization								
. ,	I (III) A CTIVITY	custo contr	dy or rol of	1	(or retained by) fundraiser listed in	(or retained by)								
` '	I (III) A CTIVITY	custo contr contribu	dy or rol of utions?	1	(or retained by) fundraiser listed in	(or retained by)								
` '	I (III) A CTIVITY	custo contr contribu	dy or rol of utions?	1	(or retained by) fundraiser listed in	(or retained by)								
` '	I (III) A CTIVITY	custo contr contribu	dy or rol of utions?	1	(or retained by) fundraiser listed in	(or retained by)								
. ,	I (III) A CTIVITY	custo contr contribu	dy or rol of utions?	1	(or retained by) fundraiser listed in	(or retained by)								
` '	I (III) A CTIVITY	custo contr contribu	dy or rol of utions?	1	(or retained by) fundraiser listed in	(or retained by)								
. ,	I (III) A CTIVITY	custo contr contribu	dy or rol of utions?	1	(or retained by) fundraiser listed in	(or retained by)								
. ,	I (III) A CTIVITY	custo contr contribu	dy or rol of utions?	1	(or retained by) fundraiser listed in	(or retained by)								

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or 3 licensing

Pai	rt II	Fundraising Events. Comp more than \$15,000 on Form					report	ed
			(a) Event #1	(b) Event #2	(c) O ther Events	(Add col		
			Anniversary Dinner (event type)	Donations to Comm. Resource Directories (event type)	(total number)	co	ol (c))	
£.	1	Gross receipts	28,440	20,763	3		4	9,203
Revenue	2	Less Charitable contributions	21,026	6,695	5		2	7,721
	3	Gross revenue (line 1 minus line 2)	7,414	14,068	3		2	1,482
	4	Cash Prizes						
Ses	5	Non-cash Prizes						
Expenses	6	Rent/Facility costs						
<u>ភ</u> ២	7	Other direct expenses	16,350	24,098	3			0,448
Direct	8	Direct expense summary Add line	es 4 through 7 in column	(d)			4	0,448
	9	Net income summary Combine lin						8,966
Par	t III	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin		'Yes" to Form 990, Pa	ort IV, line 19, or repo	orted moi	e thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tota col (a) th		
_	1	Gross revenue						
s S	2	Cash prizes						
Expenses	3	Non-cash prizes						
ញ ក្	4	Rent/facility costs						
Dreg	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	┌ Yes <u>%</u> ┌ No	┌ Yes% ┌ No			
	7	Direct expense summary Add lines	2 through 5 in column (d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	mn (d)	🛌			
_							Yes	No
9 a		er the state(s) in which the organiza he organization licensed to operate			 .	· 9a		
b	If"N	No," Explain						
10a b		e any of the organization's gaming li Yes," Explain	censes revoked, suspen	ded or terminated during	the tax year?	10a		
11		es the organization operate gaming a				11	<u> </u>	
12		he organization a grantor, beneficiar		a member of a partnersh	ip or other entity			

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

DLN: 93493307004250

OMB No 1545-0047

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Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Transactions with Interested Persons

Name of the organization Fresno Metropolitan Ministry							n ploy		nt if icat	tion n	umber	
art I Excess Benefit Transac	tions	(section 501	(c)(3)	and section 501	(c)(
To be completed by organization	ns tha	at answered "Y	es" on	Form 990, Part IV	, lıne	25a or 25b	, or Fo	orm 9	90-EZ			
1 (a) Name of disqualifie	d pers	on		(b) Desc	riptio	on of transa	ction			F	c) Corr	
			<u> </u>							\dashv	Yes	No
_										\dashv		
										\dashv		
2 Enter the amount of tax imposed on section 4958	the or	ganızatıon mar	nagers	or disqualified pers			ear un	ider •	\$			
3 Enter the amount of tax, If any, on II	ne 2, a	ibove, reimburs	sed by	the organization .				•	\$			
Part III Loans to and/or From												
To be completed by organiza	itions 1	that answered	"Yes"	on Form 990, Part 1	[V , III I	ne 26, or Fo	rm 99	90-E2			e 38a	
(a) Name of interested person and purpose	fro	oan to or om the nization?	(c)	Original principal amount	(d) B	alance due	(e) defa		Appr by bo	oved ard or	agree	/ritten ment?
	То	From					Yes	No	Yes	No	Yes	No
ısan Moran Board Member Deratıng Capital	X			50,000		16,667		Νο	Yes		Yes	
						,						
										├		+-
										╁		+-
otal				> \$	l	16,667						
rt IIII Grants or Assistance E						•						
To be completed by orga	nızatıd					Part IV, lın	e 27.					
(a) Name of interested person				ween interested per organization	son	(c)A m	ount o	fgrar	nt or ty	pe of	assista	nce
				- · y - · · · · - · · · · · · · · · · · · ·								
	_											
	\dashv											
art IV Business Transactions To be completed by orga					90, F	Part IV, lın	e 28a	a, 28	b, or 2	28c.		
(a) Name of interested person	ь	(b) Relationsl petween interes	sted	(c) A mount of		(d) Descr	ıptıon	of tra	nsacti	ا ا	(e) Sha organiz reven	ation':
		organization									Yes	No

SCHEDULE 0

(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

Name of the organization Fresno Metropolitan Ministry Employer identification number

94-2181848

ldentifier	Return Reference	Explanation
Amended Explanation		The Form 990 is being amended to restate the Schedule A, Part II, Public Support information on the accrual basis according to the new Form 990 instructions. Associated corrections to the Schedule B, for related donors, have also been made

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	Available upon request from the Accounting Department

ldentifier	Return Reference	Explanation
	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	Outside firm is contracted with to do recruiting and hiring, which evaluates/recommends salaries at competitive levels with other nonprofit entities All officer/key employee salaries are approved by the Board of Directors

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	Committee Review

ldentifier	Return Reference	Explanation		
Form 990, Part VI, Line 10	Form 990, Part VI, Line 10 Form 990 Review Process	Review ed by the Finance and/or Executive Committee		

ldentifier	Return Reference	Explanation
Form 990, Part III, Line 4d	Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 6 Other -Health Care Access (HCA)HCA continued the work with the Local Health Care Coalition in the development of health care issues for presentation through the Health Care Roundtable. The Coalition gathered for 36 sessions involving almost 250 attendees HCA continued the health care educational forum, the Health Care Roundtable, which provided 11 forums to more than 300 individuals and representatives from health care organizations, community based organizations, city and county elected officials, school personnel, and religious leaders in collaboration with 12 additional organizations, HCA testified before the Board of Supervisors to improve the delivery of MISP services provided by the County's local contractor Metro (Organizational Level)Metro developed and published a spring and fall new sletter which was distributed to over 4,600 individuals, organizations, congregations, institutions, and governmental agencies. Each new sletter contained articles related to Environmental Health, Hunger and Nutrition, Obesity Prevention, and Health Care Access Metro developed, published, and distributed 4,000 community resource directories, containing contact information and a summary description of the services provided by more than 350 organization and service providers, to individuals, health care organizations, community based organizations, information and referral services, city and county elected officials, schools (grade, high, community college, and university), law enforcement organizations (police, sheriff, district attorney, parole agents, and adult and juvenile jail personnel), and religious institutions

Additional Data

Software ID:

Software Version:

EIN: 94-2181848

Name: Fresno Metropolitan Ministry

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Utilitiles	5,349	5,279	70	
Supplies	16,272	15,330	942	
Purchased Services	17,082	17,082		
Program Costs	59,676	56,533	3,143	
Other Expenses	36,377	11,982	24,395	