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Form 990-EZ

Short Form 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 1545-1150

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

A For 2008 calendar year, or tax year beginning JULY 01, 2008, and ending JUNE 30, 20 09

Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: METRO BUILDING INSPECTORS ASSOC. D Employer identification number: 38-3378772. E Telephone number: (616) 249-3960. F Group Exemption Number.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting method: [X] Cash [] Accrual Other (specify).

I Website: N/A. J Organization type (check only one): [X] 501(c)(6) (insert no) 4947(a)(1) or 527. H Check [X] if organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF).

K Check [X] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. \$ 15,423

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Table with 21 rows for revenue and expenses. Line 1: Contributions, gifts, grants, and similar amounts received. Line 2: Program service revenue including government fees and contracts. Line 3: Membership dues and assessments. Line 4: Investment income. Line 5a: Gross amount from sale of assets other than inventory. Line 5b: Less cost or other basis and sales expenses. Line 5c: Gain or (loss) from sale of assets other than inventory. Line 6: Special events and activities (complete applicable parts of Schedule G). Line 6a: Gross revenue (not including \$ reported on line 1) of contributions. Line 6b: Less direct expenses other than fundraising expenses. Line 6c: Net income or (loss) from special events and activities. Line 7a: Gross sales of inventory, less returns and allowances. Line 7b: Less cost of goods sold. Line 7c: Gross profit or (loss) from sales of inventory. Line 8: Other revenue (describe). Line 9: Total revenue. All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. Line 10: Grants and similar amounts paid (attach schedule). Line 11: Benefits paid to or for members. Line 12: Salaries, other compensation, and employee benefits. Line 13: Professional fees and other payments to independent contractors. Line 14: Occupancy, rent, utilities, and maintenance. Line 15: Printing, publications, postage, and shipping. Line 16: Other expenses (describe: See attachment #1). Line 17: Total expenses. Add lines 10 through 16. Line 18: Excess or (deficit) for the year (Subtract line 17 from line 9). Line 19: Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). Line 20: Other changes in net assets or fund balances (attach explanation). Line 21: Net assets or fund balances at end of year. Combine lines 18 through 20.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

Table with 27 rows for balance sheets. (A) Beginning of year, (B) End of year. Line 22: Cash, savings, and investments. Line 23: Land and buildings. Line 24: Other assets (describe). Line 25: Total assets. Line 26: Total liabilities (describe). Line 27: Net assets or fund balances (line 27 of column (B) must agree with line 21).

For Privacy Act and Paperwork Reduction Act Notice, see the instruction for Form 990.

Form 990-EZ (2008)

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ZONE

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SCANNED DEC 29 2010

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RECEIVED OCT 25 2010

Part V Other Information (Note the statement requirements in the instructions for Part VI)

		Yes	No
33.	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34.	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35.	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		X
36.	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39.	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9		
b	Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41.	List the states with which a copy of this return is filed		
42a	The books are in care of See attachment #4 Telephone no Located at ZIP + 4		
b	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.		X
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country		X
43.	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year		
44.	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45.	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51

- 46. 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
- 47. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48. Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a. Did the organization make any transfers to an exempt non-charitable related organization?
- b. If "Yes," was the related organization(s) a section 527 organization?
- 49b.
- 50. Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

	Yes	No
46		X
47		X
48		X
49a		X
49b		X

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000 ▶				

51. Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors each receiving over \$100,000 ▶		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ▶ Robert Bush Signature of officer Date 11/09/10

▶ ROBERT BUSH TREASURER
Type or print name and title.

Paid Preparer's Use Only

Preparer's signature [Signature] Date 09-14-2009 Check if self-employed Preparer's Identifying No. (See instr.) 700001069

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ H & R Block EIN 38-2330840
410 S State St Phone no ▶ 616-887-1501

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

SCHEDULE OF OTHER EXPENSES

Attachment 1: page 1 - 990-EZ Page 1, Part I, Line 16

Open to Public Inspection	For calendar year 2008 or tax period beginning	07-01-2008, and ending	06-30-2009.
Name of Organization METRO BUILDING INSPECTORS ASSOC.			Employer Identification Number 38-3378772

Description of Other Expenses	Amount
WEB PAGE	630
MEETING EXPENSES	9,477
OFFICE SUPPLIES	36
Total	10,143

PRIMARY EXEMPT PURPOSE

Attachment 2: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2007 or tax period beginning	07-01	, and ending	06-30-2009.
Name of Organization				Employer Identification Number
METRO BUILDING INSPECTORS ASSOC.				38-3378772

Primary Purpose

SEMINARS ARE HELD FOR PROFESSIONALS IN THE BUILDING FIELD ON EDUCATING THEM ON THE NEW BUILDING CODES

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 3: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2008 or tax period beginning 07-01-2008, and ending 06-30-2009.
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Name of Organization METRO BUILDING INSPECTORS ASSOC.	Employer Identification Number 38-3378772
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(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (If not paid, enter 0)	(D) Cont to Employee Ben Plans & Def Comp	(E) Expense Account & Other Allowances
STEVEN SHELDON 4814 HENRY ST Norton Shores, MI 49441	PRESIDENT 20.00	0	0	0
EDWARD GORDON 353 N 120TH AVE HOLLAND, MI 49422	VICE PRESIDENT 20.00	0	0	0
LARRY HARVEY PO BOX 496 Ionia, MI 48846	SECRETARY 10.00	0	0	0
ROBERT BUSH 3097 PINEDALE DR SW GRANDVILLE, MI 49418	TREASURER 10.00	0	0	0

BOOKS ARE IN CARE OF

Attachment 4 - 990-EZ Page 3, Part V, Line 42a

For calendar year 2008 or tax period beginning 07-01, and ending 06-30-2009.

Name of Organization METRO BUILDING INSPECTORS ASSOC. Employer Identification Number 38-3378772

Part V - Line 42a

Individual Name _____
or _____

Business Name CODE SOURCE, PC

Street Address 3097 PINEDALE DR SW

U S Address:

Zip code 49418 City GRANDVILLE State MI

Foreign Address
City _____

Province or State _____

Country _____

Postal code _____

Phone Number (616) 249-3960

Fax Number (616) 249-3962

8822

Change of Address

OMB No 1545-1163

(Rev. December 2008)
Department of the Treasury
Internal Revenue Service

▶ Please type or print.

▶ See instructions on back. ▶ Do not attach this form to your return.

Part I Complete This Part To Change Your Home Mailing Address

Check all boxes this change affects:

- 1 Individual income tax returns (Forms 1040, 1040A, 1040EZ, 1040NR, etc.)
 - ▶ If your last return was a joint return and you are now establishing a residence separate from the spouse with whom you filed that return, check here
- 2 Gift, estate, or generation-skipping transfer tax returns (Forms 706, 709, etc.)
 - ▶ For Forms 706 and 706-NA, enter the decedent's name and social security number below.

▶ Decedent's name

▶ Social security number

3a Your name (first name, initial, and last name)

3b Your social security number

4a Spouse's name (first name, initial, and last name)

4b Spouse's social security number

5 Prior name(s). See instructions

6a Old address (no., street, city or town, state, and ZIP code) If a P O box or foreign address, see instructions

Apt no

6b Spouse's old address, if different from line 6a (no., street, city or town, state, and ZIP code) If a P O box or foreign address, see instructions

Apt no

7 New address (no., street, city or town, state, and ZIP code) If a P O box or foreign address, see instructions

Apt no

Part II Complete This Part To Change Your Business Mailing Address or Business Location

Check all boxes this change affects.

- 8 Employment, excise, income, and other business returns (Forms 720, 940, 940-EZ, 941, 990, 1041, 1065, 1120, etc.)
- 9 Employee plan returns (Forms 5500, 5500-EZ, etc)
- 10 Business location

11a Business name *Metro Building Inspectors Association*

11b Employer identification number

38 3378712

12 Old mailing address (no., street, city or town, state, and ZIP code) If a P O box or foreign address, see instructions

2939 Wilson Ave, Suite 100, Grandville, MI, 49418

Room or suite no

100

13 New mailing address (no., street, city or town, state, and ZIP code) If a P O box or foreign address, see instructions

3097 Pinedale Dr. S.W., Grandville, MI 49418

Room or suite no

14 New business location (no., street, city or town, state, and ZIP code) If a foreign address, see instructions

Room or suite no

Part III Signature

Daytime telephone number of person to contact (optional) ▶ *(616) 249-3960*

Sign Here

▶ *Robert Burk*
Your signature

10/19/10
Date

▶ *Robert Burk*
If Part II completed, signature of owner, officer, or representative

10/19/2010
Date

▶
If joint return, spouse's signature

Date

▶ *Treasurer*
Title