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SCANNED AUG (13 2010

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)

2009

nte

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	For the	e 2009 calend	lar year, o	or tax year beginning		, 2009, and	lending				,		
В	Check if	applicable		C Name of organization					D Employ	er Idei	ntification N	umber	
	Add	dress change	Please use IRS label	Metro Lifestyle N	linistries,	Inc.			13-	330	1177		
	Nar	ne change	or print or type	Number and street (or P O box			Room/suit	te	E Telepho	one nur	nber		
	Initi	ial return	See specific	1768 County Road	628				(25)	6) (449-26	28	
		mination	Instruc- tions.	City, town or country		State ZIP	code + 4		 	<u> </u>			
	-	ended return		Roanoke		AL 36	274		G Gross re	ocointe	• 363	2,835	
	_	olication pending	F Name a	and address of principal officer		1111 30		(a) Is this	a group retur			Yes	X No
	□ ,₩			aglia P.O. Box 460	Apison	TN 37	l.,		l affiliates incl			Yes	No
	Tav	exempt status					27	If 'No,	' attach a list	(see ir	structions)		
÷		site: N/		i(c) (3) (insert no)	[_] 434 7(a)(1)	01]] 3.					_		
<u>ж</u>			X Corpora						exemption nu				
Pa		Summa		ation Trust Association	Other >	L Year o	f Formatio	n 198	o jm/s	State of	legal domic	ile AL	
Га				ganization's mission or most	cianificant activities	Motor	- T - F		o Mina		T.	 ;	
		provider	of nre	eventative health,	Significant activities Public + roini	Mecro	0 777	estyl	re wini	str	1es 1	nc 1	. <u>s_a_</u>
Activities & Governance				otional support.	pipie cramit	ng, and	Orbii	aii/ ui	<u>idel bi i</u>	<u> v те</u>	<u>agea s</u>	bri.T.	<u>cuar</u> ,
ᇐ	-	menear, a	1110 01110	orional support.									
Š	2 (Check this ho	→ FT	if the organization discontinu	ed its operations or	disposed i	 of more	than 25	94 of its as				
ŏ				bers of the governing body (uisposeu i	or more	ulan 25	70 OF ILS as		18		
80				t voting members of the gove		, line 1b)				4	8		
윭				yees (Part V, line 2a)	- •	•				5	<u> </u>		
É				eers (estimate if necessary)						6	70		
⋖				usiness revenue from Part V		12				7 a			0.
	1 d	Net unrelated	business	taxable income from Form 9	90-T, line 34	-31 // /	***************************************	,		7 b	ļ		
					T_REC	IVEL) .	F	Prior Year		Cu	rrent Ye	ear
			•	ts (Part VIII, line 1h)	\$		70		680,8	55.		361,	327.
ᄝ	9 F	Program servi											
Revenue	10	nvestment inc	come (Pa	irt VIII, column (A), lines 3, 4	" Propa JON 3	0 2010	RS-OSC		2	64.		1	508.
۱ "				II, column (A), lines 5, 6d, 8d									<u> </u>
$\overline{}$				nes 8 through 11 (must equal	The state of the s	4), line 12)	F1-		681,1	19.		362,	,835 <u>.</u>
ŀ				ounts paid (Part IX, column (•	-	أستندم				ļ		
	14 E	Benefits paid t	to or for r	members (Part IX, column (A), line 4)								
ø	15 5	Salaries, othei	r compen	isation, employee benefits (F	art IX, column (A),	Iines 5-10)			24,1	71.		36,	307.
~ 월	16a F	Professional fu	undraising	g fees (Part IX, column (A),	ine 11e)			0.			0.		
Expenses	b 7	Total fundraisi	ng expen	nses (Part IX, column (D), lin	e 25) ►		0.						
<u> </u>				X, column (A), lines 11a-11d	-				492,1	54		490	435.
		•	•	nes 13-17 (must equal Part I)		25)			516,3		 		742.
- 1				Subtract line 18 from line 1		-0)			164,7		 		907.
h 8			<u> </u>	S Capital III TO NOTE III C		-		-					
Assets or d Balancos	20 T	Fotal assets (F	Part Y lur	20.16)				Begii	nning of Y		En	d of Ye	
\$ <u>B</u>		rotal liabilities		•				-	291,8	63.	-	12/	956.
2 E			•	,									
Pa		Signatu		nces. Subtract line 21 from I	ine 20				291,8	63.		127,	956.
<u>. a</u>	1 (1)							-					
		Under penalties true, correct, an	of perjury, I d complete	I declare that I have examined this rei Declaration of preparer (other than o	urn, including accompany fficer) is based on all infoi	ing schedules rmation of whi	and staten ch prepare	nents, and er has any	I to the best of knowledge	f my kr	nowledge an	d belief, i	t is
Sig		N 0	omi.	0				1			2010		
Her	ii re	Signature o		Produce				Da			<u> </u>		
				Pierra Via	Cara		4		110				
		1 10	nt name and	title Tirraglia	Corporate	<u> </u>	reta	M					
		1,750 0. 5				Louis		<u> </u>		Te	ronororie id	on!:6::on :	v mbor
Pai	4	1				Date			heck if elf-		reparer's id see instructi	ons)	iumber
Pre		Preparer's signature	>					e	mployed P	X			
	er's			mas Kline Hinkle,	CPA					L			
Üse		Firm's name (or yours if self-		MAS KLINE HINKLE,	CPA								
Onl	ly	employed), l address, and		BOX 22506	·			E	IN ►				
		ZIP + 4		rtanooga		37422-2	506	P	hone no	(42		<u>3-737</u>	0
				ith the preparer shown above							X Y	es [No
BAA	For F	Privacy Act ar	nd Papers	work Reduction Act Notice,	see the separate ins	structions.	· <u></u>		TEEA0101	07/20	0/09 Fo	orm 990	(2009)



Dow III) <u> </u>	' '		rage z
Part III	Statement of Program Service Accomplishments				
	fly describe the organization's mission				
	tro Lifestyle Ministries Inc. is a provider of preventative health,				
	ole training, and orphan/underprivledged spiritual, mental				
and	d emotional support.				
2 Did t	the organization undertake any significant program services during the year which were not listed on the prior				
	n 990 or 990-EZ?	П	Yes	X	No
	es,' describe these new services on Schedule O	ш			
	the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes	X	No
		Ш	165	△	NO
	es,' describe these changes on Schedule O				
4 Desc and	cribe the exempt purpose achievements for each of the organization's three largest program services by expens 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocation	es Secti s to othe	on 50° rs, the	total	
expe	enses, and revenue, if any, for each program service reported				
4a (Coo	de) (Expenses \$496, 905. including grants of \$0.) (Revenue	¢			0 \
•					
	erseas Missions including health seminars in third world countries				
<u>anc</u>	d ongoing seminary training programs and orphanage support in India	·			
				. _	
				-	-
				-	
					- -
4b (Cod	de) (Expenses \$ including grants of \$) (Revenue	Ś)
		· 			
				. – –	
		-			
4c (Cod	de) (Expenses \$ including grants of \$) (Revenue	\$)
				- 	
4d Othe	er program services. (Describe in Schedule O)				
	penses \$ including grants of \$) (Revenue \$			`	
	Il program service expenses ► 496,905.				
c 10td	ii program 300 tico expenses = 420, 200.				

ra	rtiv	Checklist of Required Schedules			
		_		Yes	No
1	Is the o	organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete the A	1	х	
2	Is the o	rganization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the for pub	organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates lic office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section Schedu	n 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete ile C, Part II	4		Х
5	Section reportin	n 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and an engage requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the provide Part I	organization maintain any donor advised funds or any similar funds or accounts where donors have the right to advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D,	6		x
7	Did the enviror	organization receive or hold a conservation easement, including easements to preserve open space, the ment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the	organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' te Schedule D, Part III	8		х
9	or prov	organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; de credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete le D, Part IV	9		х
10	Did the 'Yes,' o	organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If omplete Schedule D, Part V	10		Х
11	Is the o	rganization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or plicable	11	х	
•	Did the D, Part	organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule VI			
•	Did the assets	organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII			
•	Did the assets	organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII			
•	Did the Part X,	organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in line 16? If 'Yes,' complete Schedule D, Part IX			
•	Did the	organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			į
•	Did the the org	organization's separate or consolidated financial statements for the tax year include a footnote that addresses anizaiton's liability for uncertain tax positions under FIN 48? If'Yes,' complete Schedule D, Part X			
	Schedu		12		X
12/		e organization included in consolidated, independent audited financial statement for the tax Yes No Yes No Yes X			
			13		Х
			14a	Х	
	busines		14ь	Х	
15	Did the or entity	organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization located outside the United States? If 'Yes,' complete Schedule F, Part II	15		<u> </u>
16	Did the individu	organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to als located outside the United States? If 'Yes,' complete Schedule F, Part III	16		X
17	Did the column	organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		_X_
18	Did the lines 1	organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
	comple		19		Х
20	Did the	organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X

Form 990 (2009) Metro Lifestyle Ministries, Inc.

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2 ⁷ If 'Yes,' complete Schedule I, Parts I and III	22		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		х
24 a	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No,'go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	ļ	
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	<u> </u>	<u> </u>
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		x
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		<u>x</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30	_	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		х
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		Х
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		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
BAA		Form	9 90 (2009)

Part 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 0 16 0 **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1 c X (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by За this return? X b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3ь 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 X **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 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Χ 5b Х **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization 6a Х solicit any contributions that were not tax deductible? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 6ъ deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7 a provided to the payor? Х 7Ь **b** If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с Х 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 7e benefit contract Х f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g Х h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Х Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 X 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a **b** Did the organization make any distribution to a donor, donor advisor, or related person? 9ь X 10 Section 501(c)(7) organizations. Enter a 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 10b 11 Section 501(c)(12) organizations. Enter a Gross income from other members or shareholders 11 a **b** Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11_b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b

BAA Form **990** (2009) Section A. Governing Body and Management

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

					Yes	No		
18	Enter the number of voting members of the governing body	1 a	8					
1	Enter the number of voting members that are independent	1b	8					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation business relationship or a business relationship or a business relationship or a business relationship or a business relation business relationship or a business relationship or a business relationship or a business relationship or a business relation business relationship or a business relation business relationship or a business relation business relationship or a business	tions	nip with any other	2		X		
3	Did the organization delegate control over management duties customarily performed by or un of officers, directors or trustees, or key employees to a management company or other person	der th	e direct supervisi	on 3		х		
4	Did the organization make any significant changes to its organizational documents			4		X		
-	since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a material diversion of the organization'	s asse	ets?	5	ĺ	Х		
6	Does the organization have members or stockholders?			6		Х		
78	Does the organization have members, stockholders, or other persons who may elect one or megoverning body?	ore m	embers of the	7a		х		
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?								
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
	The governing body?			8a	Х			
	Each committee with authority to act on behalf of the governing body?			8b	Х			
	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cann	not ha	reached at the					
	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	101 DE		9		_X		
Sec	tion B. Policies (This Section B requests information about policies not	requ	red by the Inte	ernal				
Rev	enue Code.)							
					Yes	No		
10	a Does the organization have local chapters, branches, or affiliates?			10a	<u> </u>	X		
ı	b If 'Yes,' does the organization have written policies and procedures governing the activities of and branches to ensure their operations are consistent with those of the organization?	such	chapters, affiliates	s, 10b				
11	Has the organization provided a copy of this Form 990 to all members of its governing body be	efore f	iling the form?	11	Х	L		
11/	A Describe in Schedule O the process, if any, used by the organization to review this Form 990			<u> </u>				
	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13			12a		X		
ı	b Are officers, directors or trustees, and key employees required to disclose annually interests to conflicts?	nat co	uld give rise	12b	ļ			
•	Does the organization regularly and consistently monitor and enforce compliance with the poli- Schedule O how this is done	cy? If	'Yes,' describe in	12c				
13	Does the organization have a written whistleblower policy?			13		X		
14	Does the organization have a written document retention and destruction policy?			14		X		
15	Did the process for determining compensation of the following persons include a review and a persons, comparability data, and contemporaneous substantiation of the deliberation and deci-	pprova	al by independent					
ź	The organization's CEO, Executive Director, or top management official			15a		<u>X</u>		
!	Other officers of key employees of the organization			15b		<u>X</u>		
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)					,		
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar a entity during the year?	ırrangı	ement with a taxa	ible 16a		X		
ı	o If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to in joint venture arrangements under applicable federal tax law, and taken steps to safeguard to	o eval he org	luate its participat janization's exem	pt				
Sac	status with respect to such arrangements?			16b				
	List the states with which a copy of this Form 990 is required to be filed >							
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an inspection. Indicate how you make these available. Check all that apply.	d 990	T (501(c)(3)s only	y) avaılable	for pu	iplic 		
	Own website Another's website X Upon request							
19	19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and fin statements available to the public.							
20	State the name, physical address, and telephone number of the person who possesses the bo	oks ar	nd records of the	organization	ı			
			36274	(256) 4		2 <u>628</u>		

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Form 990 (2009)

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees See instructions for definition of 'key employees'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current officer, director, or trustee											
(A)	(B)	(c)						(D)	(E)	(F)	
Name and Title	Average Position (check all that apply)			Reportable	Reportable	Estimated amount of other					
	per week	admid al frustee or director	anstitutional trustee	Office	key amployee	Highest compensated employee	र्देशसाक्ष	Reportable compensation from the organization (W 2/1099-MISC)	Reportable compensation from related organizations (W 2/1099-MISC)	amount or other compensation from the organization and related organizations	
Herb Poholka											
President	1.00	Х		x				0.	0.	0.	
Jacob Wayd											
Treasurer	40.00	Х		Х				0.	0.	6,950.	
Bill Dull										,	
Chairman	40.00	Х						0.	0.	6,100.	
Don Yohe										<u> </u>	
Director	1.00	Х						0.	0.	0.	
Charles Cleveland											
Director	1.00	Х	_					0.	0.	0.	
Wilber Atwood											
Director	1.00	X						0.	0.	0.	
John Baxter											
Director	1.00	Χ						0.	0.	0.	
Naomi Pirraglia											
Secretary	20.00	Х		Χ				0.	0.	4,000.	
									. ,		
							_				
				_			-				
	-										

TEEA0107 11/10/09

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont.)										
(A)	(8)	(B) (c) Average Position (check all that apply)						(D)	(E)	(F)
Name and Title	l hours	- -		_				Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	Individual trustee or director	Institutional	Officer	Keye	Highest co	Former	the organization (W-2/1099-MISC)	related organizations (W 2/1099-MISC)	compensation from the
		dividual	ğ	Tr.	employee	oyee Oyee	e,			organization and related
	:	trust	al tru		yee	compensa e				organizations
		8	trustee			nsated				
						ă				
						<u></u>	_			
							-,			
							ĺ			
							ĺ			
		_			_	\vdash				
				_						
										
		\vdash				\dashv				
1 b Total							▶	0.	0.	17,050.
2 Total number of individuals (including but not limited	to those	e list	ed a	bov	e) w	vho i	rece	ived more than \$	00,000 in reportabl	e compensation
from the organization									 	lv lu-
										Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such inc.	r truste <i>lividual</i>	e, ke	ey e	mpic	oyee	e, or	high	nest compensated	employee	3 X
4 For any individual listed on line 1a, is the sum of rep	ortable (com	pens	atio	n ai	nd o	ther	compensation fro	ım	
the organization and related organizations greater the individual	an \$150	,000	? If	'Yes	s' cc	mpl	ete	Schedule J for su	ch	4 X
5 Did any person listed on line 1a receive or accrue co	mnanca	tion	fron	1 20		arala	hote	organization for c	00,4000	
rendered to the organization? If 'Yes,' complete Sche	dule J t	or st	uch	pers	on	11 616	iteu	organization for s	ervices	5 X
Section B. Independent Contractors										
 Complete this table for your five highest compensated compensation from the organization 	ınaepe	enae	nt c	ontr	acto	ors ti	nat r	eceived more tha	n \$100,000 of	
(A)	-							(B)		(C)
Name and business address	<u> </u>	_						Description of	f Services	Compensation
							_			
								_		
							- +			
							\dashv	<u> </u>		
							_			
2 Total number of independent contractors (including b	ut not li	mite	d to	thos	se li	sted	abo	ove) who received	more than	
\$100,000 in compensation from the organization >										
BAA	_								TEEA0108 01/30/10	Form 990 (2009)

Га	rt VIII Statement of Revenue				
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S .	1a Federated campaigns 1a				
ξĚ	b Membership dues 1 b				
g g	c Fundraising events 1c				
Z,Š	d Poloted experience				
ฮิรี	d Related organizations 1 d				
žŠ.	e Government grants (contributions)				
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1f 361, 327.				
ξě	g Noncash contribns included in lns 1a-1f \$				
용조	h Total. Add lines 1a-1f	361,327.			
H	Business Code				
ŒN.	2a				
يَ	b				
ä	c	· · · ·			
₹					
SE	d				
¥	e				
ğ	f All other program service revenue				
Ě	g Total. Add lines 2a-2f ▶				
	3 Investment income (including dividends, interest and				
	other similar amounts)	1,508.	0.	0.	1,508.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	(i) Real (ii) Personal				
	6a Gross Rents				
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) ▶				
	7a Gross amount from sales of assets other than inventory				
	b Less. cost or other basis and sales expenses				!
	c Gain or (loss)			•	1
	d Net gain or (loss)				
Æ	8a Gross income from fundraising events (not including \$				
ĘN	of contributions reported on line 1c)				
REVENUE	· · · · · · · · · · · · · · · · · · ·				
~	See Part IV, line 18				,
ОТНЕ	b Less direct expenses b				
•	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities. See Part IV, line 19				
	b Less direct expenses b				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances				
	b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code				
					····
	11a				
	D				
	C				
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	362,835.	0.	0.	1,508.

Form 990 (2009) Metro Lifestyle Ministries, Inc.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Do 1 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				· · · · · · · · · · · · · · · · · · ·
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	17,050.	11,311.	5,739.	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	19,257.	19,257.	0.	0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits			•	
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	728.	0.	728.	0
C	Accounting	2,085.	0.	2,085.	0
d	Lobbying				
	Prof fundraising svcs See Part IV, In 17 Investment management fees	0.			0
g	Other				
12	Advertising and promotion				
13	Office expenses	17,366.	9,076.	8,290.	0
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	34,982.	27,986.	6,996.	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,688.	1,844.	1,844.	0
20	Interest	67.	60.	7.	0
21	Payments to affiliates	0.	0.	0.	0
22	Depreciation, depletion, and amortization	3,471.	3,471.	0.	0
	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)	15,610.	12,488.	3,122.	0
2	India Orphanage	222,316.	222,316.	0.	0
	India_Orphanage	108,094.	108,094.	0.	0
	India Missions	55,076.	55,076.	0.	0
	Pol/Mold Missions	3,250.	3,250.	0.	0
	Missions Admin	1,806.	1,806.	0.	0
	All other expenses	21,896.	20,870.	1,026.	0
25	Total functional expenses Add lines 1 through 24f	526,742.	496,905.	29,837.	0
26	Joint costs. Check here ►				

Part X Balance Sheet (A) Beginning of year (**B**) End of year 10,293. 60,262 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 223,530 2 110,384. 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 6 7 7 Notes and loans receivable, net Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis. 10a 17,043. Complete Part VI of Schedule D b Less accumulated depreciation 10b 9,764 8,071 10 c 7,279. 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) 291,863. 16 127,956. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 22 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 25 Other liabilities Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 0. 0. 26 Organizations that follow SFAS 117, check here X and complete lines 27 through 29 and lines 33 and 34. 291,218 27 Unrestricted net assets 127,736. 27 28 Temporarily restricted net assets 645 28 220. 29 Permanently restricted net assets 29 g Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, and equipment fund Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 33 127,956. 291,863. 127,956. 34 Total liabilities and net assets/fund balances 291,863. 34

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Form **990** (2009)

Form 990 (2009) Metro Lifestyle Ministries, Inc.	13-3301177_	Pa	age 12
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990 🔲 Cash X Accrual 🔲 Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Х	
b Were the organization's financial statements audited by an independent accountant?	2b		Х
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigl review, or compilation of its financial statements and selection of an independent accountant?	ht of the audit,	х	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	1		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were consolidated basis, separate basis, or both	e issued on a		
X Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	n the Single		Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	e required audit	i	

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Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization Employer identification number Metro Lifestyle Ministries, 13-3301177 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section** 170(b)(1)(A)(iv). (Complete Part II) 5 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(VI). (Complete Part II) Х 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h. 11 **b** | Type II c | Type III - Functionally integrated d | Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? 11 g (i) a family member of a person described in (i) above? 11g (ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (ui) Provide the following information about the supported organizations (i) Name of Supported Organization (ii) EIN (iii) Type of organization (described on lines 1 9 above or IRC section (see instructions)) (iv) is the inization in collisted in your (v) Did you notify the organization in col (i) of (vi) Is the organization in col (i) organized in the US? (vii) Amount of Support your support? governing document? Yes No Yes Yes No No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 Metro Lifestyle Ministries, Inc. 13-3301177

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

Sec	tion A. Public Support			· · · · · · · · · · · · · · · · · · ·				
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ')	389,630.	491,424.	467,042.	678,919.	361,327	2,388,342.	
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge							
4	Total. Add lines 1-through 3	389,630.	491,424.	467,042.	678,919.	361,327.	2,388,342.	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						357,542.	
6	Public support. Subtract line 5 from line 4						2,030,800.	
Sec	tion B. Total Support							
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
7	Amounts from line 4	389,630.	491,424.	467,042.	678,919.	361,327.	2,388,342.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	458.	1,276.	967.	264.	1,508.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10						2,392,815.	
12	Gross receipts from related activi	ties, etc (see inst	ructions)			12		
	First five years. If the Form 990 is organization, check this box and	stop here_		, third, fourth, or	fifth tax year as a	section 501(c)(3	3) ▶ □	
	tion C. Computation of Pub							
	Public support percentage for 200 Public support percentage from 2			11, column (f)		14	84.87 % 81.99 %	
	33-1/3 support test — 2009. If the and stop here. The organization of	organization did r	not check the box	on line 13, and the	he line 14 is 33-1/	<u> </u>		
b	33-1/3 support test — 2008. If the and stop here. The organization of	organization did r	not check a box or	line 13, or 16a,	and line 15 is 33-	1/3% or more, ch		
17a	10%-facts-and-circumstances teror more, and if the organization in the organization meets the 'facts-	neets the 'facts-an	d-circumstances' i	test, check this bo	ox and ston here	Explain in Part I	V bow	
	10%-facts-and-circumstances tes or more, and if the organization no organization meets the 'facts-and	neets the 'facts-an -circumstances' to	d-circumstances' l est The organiza	test, check this bo tion qualifies as a	ox and stop here. a publicly supporte	Explain in Part I' d organization	V how the ►	
18 RAA	Private foundation. If the organiz	ation did not checl	k a box on line, 13	3, 16a, 16b, 17a,	or 17b, check this		tructions >	

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

	(Complete only if you ched	ked the box on lii	ne 9 of Part I.)					
Sec	tion A. Public Support							
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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							
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of							
c	the amount on line 13 for the year Add lines 7a and 7b				<u> </u>		<u>-</u>	
	Public support (Subtract line				 	-		· · · · ·
•	7c from line 6)							
Sec	tion B. Total Support	<u> </u>			'	1	-	1
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources				.,	χ,,,,,		, ,
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b Net income from unrelated business activities not included inline 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)							
	Total support. (add hs 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	s for the organiza	tion's first, second	l, third, fourth, oi	fifth tax year as a	section 501	l(c)(3) ▶□
	tion C. Computation of Pul							
	Public support percentage for 200			13, column (f))			15	%
16	Public support percentage from 2	008 Schedule A, I	Part III, line 15	_			16	%
Sec	tion D. Computation of Inv	estment Incor	ne Percentage	:				-
	Investment income percentage for			-	nn (f))		17	%
	Investment income percentage from					[18	%
	33-1/3 support tests – 2009. If the more than 33-1/3%, check this bo	ox and stop here.	The organization of	qualifies as a pub	licly supported or	ganızatıon		▶ 📋
	33-1/3 support tests — 2008. If this not more than 33-1/3%, check	this box and stop	here. The organiz	ation qualifies as	a publicly support	ted organiza	tion	and line 18 ► □
20	Private foundation. If the organiz							•∏

Part IV	Supplemental Info Part II, line 17a or	rmation. Complete 17b: and Part III, lir	this part to provide ne 12. Provide any	e the explanations require other additional informa	ed by Part II, line 10; tion. See instructions.
	-				
	- -				
			- 		
					
		·			
	· 				
	· 				
-					
	- -				
-					
	· 				
					
	·				
	·				

Schedule A (Form 990 or 990-EZ) 2009 Metro Lifestyle Ministries, Inc. 13-3301177 Page 4

Additional Information

<u>DepreciationMethod</u>

The charity uses generally the straight-line method of depreciation of its fixed asset categories including operating equipment-5 to 7 years; and data processing equipment-5 years.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Open to Public Inspection Employer Identification number

Me	tro Lifestyle Ministries, Inc		13-3301177
Pa		r Advised Funds or Other Similar	
	the organization answered 'Yes' t	o Form 990, Part IV, line 6.	
		(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 don funds are the organization's property, subject t	or advisors in writing that the assets held in the organization's exclusive legal control	donor advised Yes No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for the purpose conferring impermissible private bene	ne benefit of the donor or donor advisor or t	for any other
Da	rt II Conservation Easements Comple		Yes No
	Purpose(s) of conservation easements held by		es to Form 990, Part IV, line 7.
'	Preservation of land for public use (e g , re		van af an historiaetti. Isaad aas
	Protection of natural habitat	·	ion of an historically important land area
	Preservation of open space	Preservat	ion of certified historic structure
2		n held a qualified conservation contribution	in the form of a conservation easement on the
_	last day of the tax year		The form of a conservation easement on the
			Held at the End of the Year
1	Total number of conservation easements		2a
(Total acreage restricted by conservation easen	nents	2b
•	Number of conservation easements on a certifi	ed historic structure included in (a)	2c
	Number of conservation easements included in	• • •	2d
3	Number of conservation easements modified, t	ransferred, released, extinguished, or termi	nated by the organization during the tax
	year ▶		
4	Number of states where property subject to cor	servation easement is located >	<u>.</u>
5	Does the organization have a written policy reg and enforcement of the conservation easement	arding the periodic monitoring, inspection, it holds?	handling of violations,
	Staff and volunteer hours devoted to monitoring during the year •		
7	Amount of expenses incurred in monitoring, insiduring the year ▶	specting, and enforcing conservation easem	ents \$
8	Does each conservation easement reported on $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)^2$	line 2(d) above satisfy the requirements of	section Yes No
9	In Part XIV, describe how the organization repoinclude, if applicable, the text of the footnote to conservation easements	orts conservation easements in its revenue the organization's financial statements that	and expense statement, and balance sheet, and t describes the organization's accounting for
Pai	Complete if the organization answers	ctions of Art, Historical Treasures vered 'Yes' to Form 990, Part IV, I	, or Other Similar Assets ine 8.
1 a	If the organization elected, as permitted under treasures, or other similar assets held for publi- the text of the footnote to its financial statemen	c exhibition, education, or research in furth	ement and balance sheet works of art, historical erance of public service, provide, in Part XIV,
ŀ	If the organization elected, as permitted under treasures, or other similar assets held for publi- amounts relating to these items.	SFAS 116, to report in its revenue statemed exhibition, education, or research in furth	nt and balance sheet works of art, historical erance of public service, provide the following
	(i) Revenues included in Form 990, Part VIII,	ine 1	► \$
	(ii) Assets included in Form 990, Part X		►\$ ►\$
2	If the organization received or held works of art amounts required to be reported under SFAS 1	, historical treasures, or other similar asset 16 relating to these items:	s for financial gain, provide the following
a	Revenues included in Form 990, Part VIII, line		► \$
Ł	Assets included in Form 990, Part X		►S

Schedule D (Form 990) 2009 Metr							301177		Page 2
Part III Organizations Mainta	ining Colle	ctions	of Art, Histo	rica	Treasures, o	r Other Similar A	ssets (d	<u>continu</u>	ıed)
3 Using the organization's acquisititems (check all that apply)	ion accession	and othe				at are a significant us	se of its co	ollection	ı
a Public exhibition				or exc	hange programs				
b Scholarly research c Preservation for future gener	rations		e [] Other						
Provide a description of the orgal Part XIV		ections a	nd explain how	they f	urther the organiz	ation's exempt purpo	se in		
5 During the year, did the organiza assets to be sold to raise funds r	tion solicit or i	receive d be mainta	lonations of art, ained as part of	histor	rical treasures, or rganization's colle	other similar	Yes	; [No
Part IV Escrow and Custodia 9, or reported an amount	al Arrangen ount on Forr	n ents (n 990,	Complete if o Part X, line	rgan 21.	ızatıon answei	red 'Yes' to Form	990, Pa	art IV,	line
1a Is the organization an agent, trus included on Form 990, Part X?						r assets not	Yes	; [No
b If 'Yes,' explain the arrangement	ın Part XIV ar	id compl	ete the following	g table	Э.				<u>. </u>
							Amour	ıt	
c Beginning balance						1c			
d Additions during the year						1 d			
e Distributions during the year						1e			
f Ending balance2a Did the organization include an a	mount on Form	~ 000 B	and V lune 212			1f			٦
b If 'Yes,' explain the arrangement		11 990, F	art A, line Zir				∐ Yes	· L	No
Part V Endowment Funds Co		กลกเรล	tion answere	-d 'Y	es' to Form 90	0 Part IV line 1	$\overline{}$		
Tare Tarias Williams	(a) Current		(b) Prior year	1	(c) Two years back			Four year	e hack
1 a Beginning of year balance	(0) 00	, our	(3) 1 1101 your		(c) two years back	(u) Finee years bar	<u> </u>	Tour year	3 Dack
b Contributions			*						
c Net Investment earnings, gains, and losses									
d Grants or scholarships							-		
e Other expenditures for facilities and programs					····				
f Administrative expenses									
g End of year balance									
2 Provide the estimated percentage	-	nd balan	ce held as						
a Board designated or quasi-endow	rment 🟲								
b Permanent endowment ►	······································								
c Term endowment									
3a Are there endowment funds not in organization by:	n the possessi	on of the	organization th	nat are	held and adminis	stered for the	[Yes	No
(i) unrelated organizations							3a(i)		
(ii) related organizations							3a(ii)		
b If 'Yes' to 3a(II), are the related o							3b		
4 Describe in Part XIV the intended									
Part VI Investments—Land, B				For	<u>n 990, Part X,</u>	line 10.			
Description of investment			or other basis restment)		Cost or other asis (other)	(c) Accumulated Depreciation	(d)	Book Va	alue
1a Land]								
b Buildings							 		
c Leasehold improvements	}		-						
d Equipment	}				17,043.	9,764		7,	<u>,279.</u>
e Other	- (d)	-1.5.	000 Daily		/D) 1				
Total. Add lines 1a through 1e (Column BAA	ı (a) must <u>eq</u> u	ai rorm :	990, Part X, col	umn (в), iine 10(c))		redule D (f		,279.
						Scr		- nrm 40	/11114

Schedule D (For	rm 990) <u>2009</u>	Metro Lifestyle M	inıstrıes, Inc.	13-33	01177 Page 3
		-Other Securities See Fo		e 12.	
(a) [Description of (including na	security or category me of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	ation rket value
Financial deriva					
Closely-held equ	uity interests				
Other					
	-				<u></u> -
	 -				
					<u></u>
				· · · · · · · · · · · · · · · · · · ·	
				· · · · · · · · · · · · · · · · · · ·	
 				· · · · · · · · · · · · · · · · · · ·	
_ _				·	
Tabel (Column (b)		990 Part X, col (B) line 12.)			
		-Program Related (See F	orm 990 Part X Ju	ne 13)	
		of investment type	(b) Book value	(c) Method of valu	ation
	, Description C		(b) Book Value	Cost or end-of-year ma	rket value
					
				· · · · · · · · · · · · · · · · · · ·	
					
					
Total (Column (b)	muet paual Form	990, Part X, Col (B) line 13)			
		(See Form 990, Part X,	line 15)		
11 40 10 10 10 10 10 10 10 10 10 10 10 10 10			scription		(b) Book value
	<u></u>				<u> </u>
					ļ
				· · · · · · · · · · · · · · · · · · ·	
					
		-1.5. 000 D. 1.V. 1.0. 1	15)		
		al Form 990, Part X, col (B), lin i es (See Form 990, Part		<u> </u>	
rait X Ou		otion of Liability	(b) Amount	1	
Federal Income		Stiori of Elability	(b) Amount	 	Ī
T Cadrat Injoints					ŗ
	· · · · ·				
					1
					, , ,
					J
				\dashv	,
		990, Part X, col (B) line 25)			
2. FIN 48 Footnoter for uncertain tax	ote In Part XI x positions un	v, provide the text of the footho der FIN 48	ote to the organization's	financial statements that reports the o	organization's liability

_	dule D (Form 990) 2009 Metro Lifestyle Ministries, Ir		3-3301	177 Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 99	0 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		<u> </u>	
2	Total expenses (Form 990, Part IX, column (A), line 25)		⊢	
3	Excess or (deficit) for the year Subtract line 2 from line 1		<u> </u>	
4	Net unrealized gains (losses) on investments		<u></u>	
5	Donated services and use of facilities		L	
6	Investment expenses		L	
7	Prior period adjustments			
8	Other (Describe in Part XIV)			
9	Total adjustments (net) Add lines 4 through 8			
10	Excess or (deficit) for the year per audited financial statements. Combine li	ines 3 and 9		
	t XII Reconciliation of Revenue per Audited Financial Stat		eturn	
	Total revenue, gains, and other support per audited financial statements		11	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	Net unrealized gains on investments	2a	1 1	
	Donated services and use of facilities	2b	1	
			-	
	Recoveries of prior year grants	2c 2d	-	
	Other (Describe in Part XIV)		 	
	Add lines 2a through 2d		2e	
-	Subtract line 2e from line 1	1 1	3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
	Investments expenses not included on Form 990, Part VIII, line 7b		_	
	Other (Describe in Part XIV)	4b	-	
	Add lines 4a and 4b		4c	
_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
Pai	t XIII Reconciliation of Expenses per Audited Financial Sta	<u>atements With Expenses per</u>	<u>r Returi</u>	<u>1</u>
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
ā	Donated services and use of facilities	_2a]	
ŧ	Prior year adjustments	2b	1 1	
•	Other losses	2c	1 1	
•	Other (Describe in Part XIV)	2d	7	
•	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	[]		
	Investments expenses not included on Form 990, Part VIII, line 7b	4a	1 1	
	Other (Describe in Part XIV)	4b	-	
	Add lines 4a and 4b	40]	4.0	
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line	. 10 \	4c 5	
	t XIV Supplemental Information	: 16.)	1 3 1	
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines nation.	9; Part III, lines 1a and 4, Part IV, I s 2d and 4b Also complete this part	ines 1b a	nd 2b, Part V, le any additional
 -				
	·		 	

Schedule D (Form 990) 2009 Metro Lifestyle Ministries, Inc. Part XIV Supplemental Information (continued)	13-3301177 Page 5
Part XIV Supplemental Information (continued)	

Schedule F (Form 990)

Totals

Statement of Activities Outside the United States

OMB No 1545 0047 2009

Department of the Treasury Internal Revenue Service

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization				Employer identif	ication number							
Metro Lifestyle Min	' -	13-3301177										
Part I General Information on Activities Outside the United States. Complete if the organization to Form 990, Part IV, line 14b.												
For grantmakers. Does the grantees' eligibility for the	e organization mail grants or assistant	ce, and the select	ubstantiate the amount of the gion criteria used to award the g	rants or assistance?	X Yes No							
			dures for monitoring the use of	grant funds outside the l	United States							
3 Activities per Region (Use	Schedule F-1 (For	m 990) if addition	nal space is needed)									
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e, fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region							
South Asia	4	70	Program Service	Hlth/Trng	496,905.							
					·							
	<u> </u>											
<u> </u>					- 							
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
	 											

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

Schedule F (Form 990) (2009)

496,905.

Page 2

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Use Schedule F-1 (Form 990) if additional space is needed	Schedule F (Form 990) 2009 Metro Lifestyle Min	Metro Lifestyle Minıstries, Inc.	13-3301177	Page
Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more Use Schedule F-1 (Form 990) if additional space is needed	Part II Grants and Other	Assistance to Organizations or Entities Outside the United States. Complete of the organizations	nanization answered 'Yes' to	,
Use Schedule F-1 (Form 990) if additional space is needed	Form 990, Part IV,	line 15, for any recipient who received more than \$5,000. Check this box if no one rec	pient received more than \$5.000	_
	Use Schedule F-1	(Form 990) if additional space is needed.		J

(i) Method of valuation (book, FMV, appraisal, other)										
(h) Description of non-cash assistance										
(g) Amount of non-cash assistance			:							
(f) Manner of cash disbursement										
(e) Amount of cash grant					i i					
(d) Purpose of grant										
(c) Region										
(b) IRS code section and EIN (if applicable)										
(a) Name of organization										
-						 		 	 	

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 3 Enter total number of other organizations or entities

BAA

Schedule F (Form 990) 2009

Page 3

13-3301177

Schedule F (Form 990) 2009 Metro Lifestyle Ministries, Inc.

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance Part III | Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance

BAA

Schedule F (Form 990) 2009

Part IV Supplemental Information Complete this part to provide the information required in Part I, line 2, and any additional information	
Complete this part to provide the information required in Part I, line 2, and any additional information	
Pt I Line 2 The Ministry has officers and other volunteers in	
all_foreign_locations_where_ministry_funds_are_disbursed	
These individuals work closely with and monitor the	
charitable activities of the grantee organizations	
and therefore have direct and "first-hand" knowledge	
of their operations. This information is provided	
to the Ministry's board of directors at their annual	
and interim meetings.	
	

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990. Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization 13-3301177 Metro Lifestyle Ministries, Inc Pt VI-B, Line 11A A copy of the annual form 990 is provided to and reveiwed _by the Ministry's executive committee prior to its_____ mailing to the Internal Revenue Service. The executive committee consists of all officers, chairman of the board, and any available directors are also welcome to vote and take part in executive committe meetings. Pt_VI-C, Line 19 The Ministry makes available its governing documents, financial statements, etc. to interested parties upon written request of the Ministry.