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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)

▶ 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 \$500,000 and total assets less than \$1,250,000 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

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning _____, and ending _____

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization McKEESPORT DEVELOPMENT CORPORATION		D Employer identification number 25-1488285
		Number and street (or P.O. box, if mail is not delivered to street address)		Room/suite
		502 FIFTH AVE		
		City, town, or country	State	ZIP + 4
		McKEESPORT	PA	15132
				E Telephone number 412-664-7000
				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 Cash Accrual
Other (specify) ▶ MOD ACCRUAL

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ N/A

J Tax-exempt status (check only one)— 501(c)(3) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 91,156

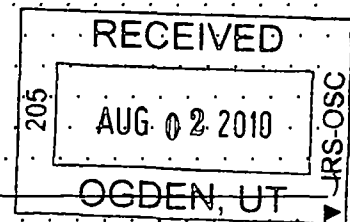
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

		Revenue	
1	Contributions, gifts, grants, and similar amounts received	1	20,000
2	Program service revenue including government fees and contracts	2	4,535
3	Membership dues and assessments	3	
4	Investment income	4	0
5a	Gross amount from sale of assets other than inventory	5a	0
b	Less: cost or other basis and sales expenses	5b	0
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
a	Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	0
b	Less: direct expenses other than fundraising expenses	6b	0
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less: cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
8	Other revenue (describe ▶ See Attached Statement)	8	66,621
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	91,156
		Expenses	
10	Grants and similar amounts paid (attach schedule)	10	0
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	72,786
13	Professional fees and other payments to independent contractors	13	9,049
14	Occupancy, rent, utilities, and maintenance	14	4,164
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe ▶ See Attached Statement)	16	30,987
17	Total expenses. Add lines 10 through 16	17	116,986
		Net Assets	
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-25,830
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)	19	226,973
20	Other changes in net assets or fund balances (attach explanation)	20	0
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	201,143

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

		(A) Beginning of year		(B) End of year	
22	Cash, savings, and investments	65,929	22	50,972	
23	Land and buildings	904	23	331	
24	Other assets (describe ▶ See Attached Statement)	160,693	24	151,603	
25	Total assets	227,526	25	202,906	
26	Total liabilities (describe ▶ See Attached Statement)	553	26	1,763	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	226,973	27	201,143	

SCANNED AUG 23 2010



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

		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? 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 why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to 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?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		X
38 a	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 outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b 0		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9. 39a		
b	Gross receipts, included on line 9, for public use of club facilities. 39b		
40 a	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 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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.		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶		
d	Section 501(c)(3) and 501(c)(4) organizations. 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. ▶ N/A		
42 a	The organization's books are in care of ▶ DEBORAH MOLINARI Telephone no. ▶ (412)664 7000 Located at ▶ 502 FIFTH AVENUE City McKEESPORT ST PA ZIP + 4 ▶ 15132-2501		
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)?		X
	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.		
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 ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
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 and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b 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 a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.
49 a Did the organization make any transfers to an exempt non-charitable related organization?
b If "Yes," was the related organization a section 527 organization?
50 Complete this table for the organization's 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."

Table with 5 columns: (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. All entries are 'None'.

f Total number of other employees paid over \$100,000

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

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000, (b) Type of service, (c) Compensation. All entries are 'None'.

d 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

Signature of officer: DEBORAH MOLINARI, EXECUTIVE DIR. Date: [blank]

Paid Preparer's Use Only

Preparer's signature: William F. Clay, Date: 7/12/2010, Check if self-employed: [X], Preparer's identifying number: P33103550, Firm's name: WILLIAM F CLAY CPA, address: 1020 PORTER STREET, McKEESPORT, PA 15132, EIN: 25-1531576, Phone no.: (412) 673-7456

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization: **McKEESPORT DEVELOPMENT CORPORATION** Employer identification number: **25-1488285**

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.)
 - 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
 - 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
 - 5 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.)
 - 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
 - 7 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.)
 - 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).
 - 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Other
 - e 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 509(a)(2).
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11g(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		X
11g(ii) A family member of a person described in (i) above?		X
11g(iii) A 35% controlled entity of a person described in (i) or (ii) above?		X

h Provide the following information about the supported organization(s).

(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 organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col. (i) organized in the US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
									0
Total									0

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,000	60,500	27,000	0	20,000	112,500
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0				0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0				0
4 Total. Add lines 1 through 3	5,000	60,500	27,000	0	20,000	112,500
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						112,500

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	5,000	60,500	27,000	0	20,000	112,500
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,900	11,957	76,033	44,428	71,156	213,474
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.)						0
11 Total support. Add lines 7 through 10						325,974

12 Gross receipts from related activities, etc. (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	34.51%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	54.10%

16a **33 1/3% support test—2009.** 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% support test—2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0				0
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	0	0				0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0				0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0				0
6 Total. Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0				0
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.00%

- 19a **33 1/3% support tests—2009.** 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 . . . ▶
- b **33 1/3% support tests—2008.** 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 . . . ▶
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . ▶

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Area with horizontal dashed lines for supplemental information.

Part I, Line 8 (990-EZ) - Other Revenue

66,621

Description		Amount
1	BAD DEBT RECOVERY	41,621
2	REDEVELOPMENT AUTH CITY OF McKEESPORT ACT REC PREVIOUSLY WRITTEN OFF	25,000
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

Part I, Line 16 (990-EZ) - Other Expenses

30,987

1	Travel	1	
2	Meals and entertainment	2	
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	522
6	Depreciation	6	573
7	Depletion	7	
8	Equipment rental and maintenance	8	
9	Interest	9	
10	Supplies	10	1,941
11	Telephone	11	2,579
12	Unrelated business income taxes	12	0
13	INSURANCE	13	1,935
14	PAYROLL TAXES	14	4,994
15	BAD DEBT EXPENSE	15	18,042
16	ADVERTISING	16	282
17	MISCELLANEOUS	17	119
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	
27		27	
28		28	
29		29	

Part II, Line 24 (990-EZ) - Other Assets

160,693

151,603

Description		Beginning	End
1	COX DEVELOPMENT-POWELL	4,700	4,700
2	NET LOANS RECEIVABLE	155,993	146,903
3			
4			
5			
6			
7			
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9			
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11			
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18			
19			
20			

Part II, Line 26 (990-EZ) - Liabilities

553

1,763

	Description	Beginning	End
1	ACCRUED PAYROLL TAXES	553	1,726
2	COM DEV BANK ACCT INT TO BE RETURNED TO HUD		37
3			
4			
5			
6			
7			
8			
9			
10			

Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return McKEESPORT DEVELOPMENT CORPORATI	Business or activity to which this form relates 990EZ	Identifying number 25-1488285
--	---	---

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	250,000
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562.	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	0
13 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 ▶	13	0

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2009	17	181
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	392
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	573
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions). 26 Property used more than 50% in a qualified business use: DELL COMPUTER 5/11/2007 100.00% 2,040 2,040 5 200DB - HY 392 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 392 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29 0

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles). 31 Total commuting miles driven during the year. 32 Total other personal (noncommuting) miles driven. 33 Total miles driven during the year. Add lines 30 through 32. 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners. 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year 42 Amortization of costs that begins during your 2009 tax year (see instructions): 43 Amortization of costs that began before your 2009 tax year 43 44 Total. Add amounts in column (f). See the instructions for where to report 44 0

Assets by Classification - 990EZ

12/31/2009 McKEESPOR DEVELOPMENT CORPORATION 25-1488285

Item No	Description of Property **** indicates SOLD	Date Placed In Service	Asset Code	Bus Use %	Cost or Other Basis	Sec 179 Deduction	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Conv Code	Prior Accum Deprec, 179, Bonus	2009 Deprec.	2009 Accum. Deprec.
5-yr Computers (listed)															
1	COMPUTERS (3)	1/1/2000	F-4	100 00%	8,100	0	0	0	8,100	5	SL/GDS	HY	8,100	0	8,100
2	PRINTER	1/1/2000	F-4	100 00%	870	0	0	0	870	5	SL/GDS	HY	870	0	870
171	DELL COMPUTER	5/11/2007	F-4	100 00%	2,040	0	0	0	2,040	5	200DB	HY	1,061	392	1,453
Total: 5-yr Computers and peripherals (listed property)													10,031	392	10,423
5-yr Computers (not listed)															
170	(2) DELL COMPUTERS	9/27/2004	F-5	100 00%	2,561	0	0	0	2,561	5	200DB	MQ3	1,828	181	2,009
Total: 5-yr Computers and peripherals (not listed property)													1,828	181	2,009
5-yr Office mach (data handling)															
3	PANASONIC FAX	1/1/2000	F-6	100 00%	145	0	0	0	145	5	SL/GDS	HY	145	0	145
4	KONICA COPY MACH	1/1/2000	F-6	100 00%	10,329	0	0	0	10,329	5	SL/GDS	HY	10,329	0	10,329
5	IBM TELEPHONES (3	1/1/2000	F-6	100 00%	720	0	0	0	720	5	SL/GDS	HY	720	0	720
6	IBM TYPEWRITERS (	1/1/2000	F-6	100 00%	1,000	0	0	0	1,000	5	SL/GDS	HY	1,000	0	1,000
7	SLIDE PROJECTOR	1/1/2000	F-6	100 00%	447	0	0	0	447	5	SL/GDS	HY	446	0	446
8	PROJECTOR LENS	1/1/2000	F-6	100 00%	78	0	0	0	78	5	SL/GDS	HY	78	0	78
9	VCR	1/1/2000	F-6	100 00%	179	0	0	0	179	5	SL/GDS	HY	179	0	179
10	OVERHEAD PROJEC	1/1/2000	F-6	100 00%	275	0	0	0	275	5	SL/GDS	HY	275	0	275
11	REFRIGERATOR	1/1/2000	F-6	100 00%	100	0	0	0	100	5	SL/GDS	HY	80	0	80
12	MICROWAVE OVEN	1/1/2000	F-6	100 00%	190	0	0	0	190	5	SL/GDS	HY	152	0	152
20	19" COLOR TV	1/1/2000	F-6	100 00%	179	0	0	0	179	5	SL/GDS	HY	144	0	144
21	MEDIA CENTER	1/1/2000	F-6	100 00%	485	0	0	0	485	5	SL/GDS	HY	389	0	389
24	DRAFTING TABLE	1/1/2000	F-6	100 00%	115	0	0	0	115	5	SL/GDS	HY	93	0	93
25	FANS (2)	1/1/2000	F-6	100 00%	50	0	0	0	50	5	SL/GDS	HY	40	0	40
30	CALCULATORS	1/1/2000	F-6	100 00%	169	0	0	0	169	5	SL/GDS	HY	136	0	136
35	MESSAGE BOARD	1/1/2000	F-6	100 00%	78	0	0	0	78	5	SL/GDS	HY	64	0	64
Total: 5-yr Office machinery (data-handling equipment, e													14,539	0	14,539
7-yr Office furn, fixtures, equip															
13	30X96 FOLDING TABL	1/1/2000	F-11	100 00%	65	0	0	0	65	7	SL/GDS	HY	55	0	55
14	36X72 WALNUT DESK	1/1/2000	F-11	100 00%	426	0	0	0	426	7	SL/GDS	HY	365	0	365
15	WALNUT DESK	1/1/2000	F-11	100 00%	339	0	0	0	339	7	SL/GDS	HY	288	0	288
16	WORK TABLES (2)	1/1/2000	F-11	100 00%	240	0	0	0	240	7	SL/GDS	HY	204	0	204
17	CONFERENCE ROOM	1/1/2000	F-11	100 00%	398	0	0	0	398	7	SL/GDS	HY	341	0	341
18	STACKABLE CHAIRS	1/1/2000	F-11	100 00%	280	0	0	0	280	7	SL/GDS	HY	240	0	240
19	DECK CHAIRS (2)	1/1/2000	F-11	100 00%	189	0	0	0	189	7	SL/GDS	HY	163	0	163
22	GREY UTILITY CABIN	1/1/2000	F-11	100 00%	230	0	0	0	230	7	SL/GDS	HY	197	0	197
23	STORAGE CABINET	1/1/2000	F-11	100 00%	132	0	0	0	132	7	SL/GDS	HY	113	0	113
26	BLACK TOP	1/1/2000	F-11	100 00%	139	0	0	0	139	7	SL/GDS	HY	120	0	120
27	CREDENZA	1/1/2000	F-11	100 00%	405	0	0	0	405	7	SL/GDS	HY	348	0	348
28	WOOD SIDE CHAIR	1/1/2000	F-11	100 00%	206	0	0	0	206	7	SL/GDS	HY	175	0	175
29	WASTE BASKETS	1/1/2000	F-11	100 00%	17	0	0	0	17	7	SL/GDS	HY	12	0	12
31	36" BLACK LATERAL	1/1/2000	F-11	100 00%	676	0	0	0	676	7	SL/GDS	HY	581	0	581
32	LEGAL FILE CABINET	1/1/2000	F-11	100 00%	984	0	0	0	984	7	SL/GDS	HY	845	0	845
33	LAMP	1/1/2000	F-11	100 00%	10	0	0	0	10	7	SL/GDS	HY	7	0	7
34	END TABLE	1/1/2000	F-11	100 00%	108	0	0	0	108	7	SL/GDS	HY	91	0	91
Total: 7-yr Office furniture, fixtures and equipment													4,844	0	4,844
SubTotals													30,274	573	30,847

Less: Assets Sold
Ending Totals

(0)	(0)	(0)	(0)	(0)
<u>32,954</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>32,954</u>	

(0)	(0)	(0)	(0)
<u>30,274</u>	<u>573</u>	<u>30,847</u>					

Data Sheet (8868)

Signature Method

Option (1) Using Practitioner PIN. Use Section (A) below.

Date return prepared

07/12/2010

Option (2) - Scanned 8453-EO.

PIN Information (Enter information below)

(A) Practitioner PIN:

	PIN (5 Digits)	TP entered	ERO entered
Taxpayer PIN:	33103	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ERO PIN:			

EFIN

Enter your 6-digit EFIN number. You can enter EFINs in the Paid Preparer Table (press F3 to open)

EFIN: _____

Name Control

(See instructions on the 'Name Control' tab.)

McKEE Name Control (Sent To The IRS)

Organization Information

Name McKEESPORT DEVELOPMENT CORPORATION		Employer identification no. 25-1488285	
Address 502 FIFTH AVE			
Care of addressee or address continuation		In care of name	
City, Town, or Post Office McKEESPORT	State PA	Zip Code 15132	Daytime Phone (412) 664-7000
Email address	Foreign country, enter the country's name		Foreign Phone Number
Officer Name DEBORAH MOLINARI	Title EXECUTIVE DIRECTOR		Phone (412) 664-7000
Email Address	Authorize Third Party Check ("X") here: <input type="checkbox"/>		Date return signed

ERO

ERO's Name	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	If non-paid preparer, enter type
Firm's name	Email address		ERO's SSN or PTIN
Address			ERO's EIN
City	State	ZIP code	Phone

Paid Preparer

Paid Preparer's name WILLIAM F CLAY		Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN P33103550
Firm's name WILLIAM F CLAY CPA			EIN 25-1531576
Address 1020 PORTER STREET			Phone (412) 673-7456
City McKEESPORT	State PA	ZIP code 15132	Email address