



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



**Short Form
Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$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

**Open to Public
Inspection**

A For 2009 calendar year, or tax year beginning JULY 01, 2009, **and ending** JUNE 30, 2010

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 METRO BUILDING INSPECTORS ASSOC. Number & street (or P O box, if mail is not delivered to street addr) 3097 PINEDALE DR SW City or town, state or country, and ZIP + 4 GRANDVILLE MI 49418	D Employer identification number 38-3378772 E Telephone number (616) 249-3960 F Group Exemption Number <input checked="" type="checkbox"/>
---	---	---	--

● **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

I Website: ▶ N/A

J Tax-exempt status (check only one) -- 501(c)(6) (insert no) | 4947(a)(1) or | 527

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

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. ▶ \$ 13,934

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

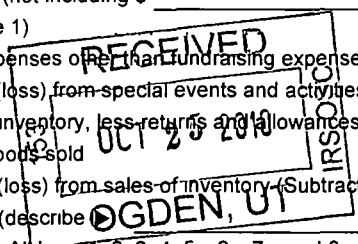
		1 Contributions, gifts, grants, and similar amounts received		
		2 Program service revenue including government fees and contracts		
		3 Membership dues and assessments		7,450
		4 Investment income		59
		5a Gross amount from sale of assets other than inventory		
		5b Less cost or other basis and sales expenses		
		5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
		6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
		6a Gross revenue (not including \$ _____ of contributions reported on line 1)		6,425
		6b Less direct expenses other than fundraising expenses		16,769
		6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		-10,344
		7a Gross sales of inventory, less returns and allowances		
		7b Less cost of goods sold		
		7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
		8 Other revenue (describe _____)		
		9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		-2,835
		10 Grants and similar amounts paid (attach schedule)		
		11 Benefits paid to or for members		
		12 Salaries, other compensation, and employee benefits		
		13 Professional fees and other payments to independent contractors		600
		14 Occupancy, rent, utilities, and maintenance		
		15 Printing, publications, postage, and shipping		497
		16 Other expenses (describe _____)		
		17 Total expenses. Add lines 10 through 16		1,097
		18 Excess or (deficit) for the year (Subtract line 17 from line 9)		-3,932
		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)		17,989
		20 Other changes in net assets or fund balances (attach explanation)		
		21 Net assets or fund balances at end of year. Combine lines 18 through 20		14,057

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

		(See the instructions for Part II)		(A) Beginning of year	(B) End of year
		22 Cash, savings, and investments		17,989	10,559
		23 Land and buildings			
		24 Other assets (describe _____)			
		25 Total assets		17,989	10,559
		26 Total liabilities (describe _____)		0	0
		27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		17,989	10,559

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

SCANNED DEC 29 2010



12

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?		X
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
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still 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		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9		
b	Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b	Section 501(c)(3) and 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	NONE	
42a	The organization's books are in care of	See attachment #2	
	Located at	Telephone no	
		ZIP + 4	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	No
	If "Yes," enter the name of the foreign country		X
	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 ?		X
	If "Yes," enter the name of the foreign country		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year		
		43	
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

- | | | Yes | No |
|---|-----|--------------------------|-------------------------------------|
| 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 | 46 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes," was the related organization a section 527 organization? | 49b | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 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"

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

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"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

Sign Here

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.

Signature of officer: Robert Bush Date: 10/09/10

Type or print name and title: ROBERT BUSH TREASURER

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 10.6.10 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: H & R Block
410 S State St
Sparta, MI 49345

EIN: Phone no: 616-887-1501

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

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

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

Open to Public Inspection	For calendar year 2009 or tax period beginning 07-01-2009 , and ending 06-30-2010 .
Name of Organization METRO BUILDING INSPECTORS ASSOC.	
Employer Identification Number 38-3378772	

(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (If not paid, enter 0)	(D) Cont to Employee Ben Plans & Def Comp	(E) Expense Account & Other Allowances
STEVEN SHELDON 4814 HENRY ST Norton Shores, MI 49441	PRESIDENT	0	0	0
EDWARD GORDON 353 N 120TH AVE HOLLAND, MI 49422	VICE PRESIDENT	0	0	0
LARRY HARVEY PO BOX 496 Ionia, MI 48846	SECRETARY	0	0	0
ROBERT BUSH 3097 PINEDALE DR SW GRANDVILLE, MI 49418	TREASURER	0	0	0

BOOKS ARE IN CARE OF

Attachment 2 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2009 or tax period beginning 07-01, and ending 06-30-2010.
Name of Organization METRO BUILDING INSPECTORS ASSOC.	Employer Identification Number 38-3378772
Part V - Line 42a	

Individual Name _____
or
Business Name
CODE SOURCE, PC

Street Address 3097 PINEDALE DR SW

U S Address
Zip code 49418 City GRANDVILLE State MI

Foreign Address
City _____
Province or State _____
Country _____
Postal code _____
Phone Number (616) 249-3960
Fax Number (616) 249-3961