

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)

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

Open to Public Inspection

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

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C Name of organization: **CAPACITY DEVELOPERS, INC**
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
155 FORT DEARBORN ST
 City or town, state or country, and ZIP + 4
DEARBORN MI 48124-1030

D Employer identification number: **20-4099386**

E Telephone number: _____

G Gross receipts \$: **391,230**

F Name and address of principal officer:
ERIN MARTINEZ
155 FORT DEARBORN ST
DEARBORN MI 48124-1030

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c) (**3**) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **N/A**

K Type of organization: Corporation Trust Association Other ▶

L Year of formation: **2006** **M** State of legal domicile: **MI**

H(c) Group exemption number ▶ _____

Part I Summary

		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ASSISTING TAX EMEMPT ORGANIZATIONS		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	
	5 Total number of employees (Part V, line 2a)	5	
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	175,228	391,230
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	175,228	391,230
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	70,492	153,772
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,512	297
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 297		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	68,649	178,823
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	140,653	332,892	
19 Revenue less expenses. Subtract line 18 from line 12	34,575	58,338	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 43,052	End of Year 99,106
	21 Total liabilities (Part X, line 26)		33,428
	22 Net assets or fund balances. Subtract line 21 from line 20	43,052	65,678

Part II Signature Block

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: *Erin Martinez* Date: **6/9/10**
ERIN MARTINEZ **PRESIDENT**
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature: GENE CHAVIS, EA/ABA	Date: 06/09/10	Check if self-employed: <input type="checkbox"/>	Preparer's identifying number (see instructions): P00063924
Firm's name (or yours if self-employed), address, and ZIP + 4: CHAVIS TAX & ACCOUNTING 24500 GODDARD TAYLOR, MI 48180	EIN: 38-2791765	Phone no.: 313-292-5628	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No