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Form 990-EZ

Department of the Treasury
Internal Revenue Service

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)

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

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

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning Oct 01 , 2008, and ending Sep 30, 2009

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

Please use IRS label or print or type See Specific Instructions

C Name of organization, number and street, city, town, state, and ZIP code

METRO WOMENS CENTER

6418 BASS LAKE RD
CRYSTAL MN 55428-

D Employer identification number: 41-1665834

E Telephone number: 763-533-8642

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) ▷

I Website: ▷WWW.METROWOMENSCENTER.ORG

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

J Organization type (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 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 or more, file Form 990 instead of Form 990-EZ. ▷ $ 129,016.

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	126,650.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	2,366.
	5a	Gross amount from sale of assets other than inventory — 5a		
	5b	Less cost or other basis and sales expenses — 5b		
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming,** check here ▷ ☐		
	6a	Gross revenue (not including $ _____ of contributions reported on line 1) — 6a		
	6b	Less direct expenses other than fundraising expenses — 6b		
	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a	Gross sales of inventory, less returns and allowances — 7a		
	7b	Less cost of goods sold — 7b		
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ▷)	8	
	9	**Total revenue** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▷	9	129,016.
Expenses	10	Grants and similar amounts paid (attach schedule)	10	462.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	53,389.
	13	Professional fees and other payments to independent contractors	13	475.
	14	Occupancy, rent, utilities, and maintenance	14	13,343.
	15	Printing, publications, postage, and shipping	15	3,840.
	16	Other expenses (describe ▷ adv/fundraising/ins/auto)	16	16,134.
	17	**Total expenses** Add lines 10 through 16 ▷	17	87,643.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	41,373.
	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	141,614.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▷	21	182,987.

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

(See the instructions)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	142,735.	22	183,949.
23 Land and buildings		23	
24 Other assets (describe ▷ deferred charges)	335.	24	374.
25 **Total assets**	143,070.	25	184,323.
26 **Total liabilities** (describe ▷ accounts payable)	1,456.	26	1,336.
27 **Net assets or fund balances** (line 27 of column (B) must agree with line 21)	141,614.	27	182,987.

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SCANNED JUL 15 2010

Part III Statement of Program Service Accomplishments (See the instructions)

What is the organization's primary exempt purpose? Operating Crisis Pregnancy Cntr

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses (Required for 501(c)(3) & (4) organizations and 4947(a)(1) trusts, optional for others)

28 79 ladies received face to face pregnancy counseling
Many more were counseled over the telephone

(Grants $) If this amount includes foreign grants, check here ▷ 28a 68,794.

29 42 mothers received rental assistance

(Grants $) If this amount includes foreign grants, check here ▷ 29a 18,500.

30 Client financial assistance for rent, transportation and free ultrasounds trough Acacia Fund

(Grants $) If this amount includes foreign grants, check here ▷ 30a 462.

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ▷ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▷ 32 87,756.

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated See the instr)

(a) Name and address	(b) Title & average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred comp	(e) Expense account and other allowances
Colleen Tronson 5212 Louis Crystal MN 55428	Center Dir 40	38,750.		
Jim Peet 4260 Cotto Plymouth MN 55441	President 1	0		
Clare Erickson 1045 W Lar Roseville MN 55113	Vice Pres 1	0		
Laura Martin 5145 Larch Plymouth MN 55442	Secretary 1	0		
Diane Eliason 5840 Cavel New Hope MN 55428	Treasurer 2	0		
Dennis Wilkinson 4980 Virgi New Hope MN 55428	Director 1	0		
Lindsay Tuttle 2701 Virgi New Hope MN 55427	Director 1	0		
Jennifer Moreau 670 115th Coon Rapid MN 55448	Director 1	0		
Kathleen Peet 9451 Teakw Maple Grov MN 55369	Director 1	0		
David Levy 3340 Hamsh Crystal MN 55427	Director 1	0		
Dave Sebald 1146 Harri Shakopee MN 55379	Director 1	0		

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

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▷ 37a 0			
b	Did the organization file Form **1120-POL** for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
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			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▷ _____, section 4912 ▷ _____; section 4955 ▷ _____			
b	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▷ _____			
d	Enter amount of tax on line 40c reimbursed by the organization ▷ _____			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ▷ MN			
42a	The books are in care of ▷ COLLEEN TRONSON Telephone no ▷ 763-533-8642 Located at ▷ 6418 BASS LAKE RD MN Crystal ZIP + 4 ▷ 55428-			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▷ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▷ _____	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ▷ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▷ 43			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

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

			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		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization(s) a section 527 organization?	49b		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None "

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

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

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

Diane L. Eliason — 05/17/2010
Signature of officer — Date

~~COLLEEN TRONSON~~ Diane L. Eliason ~~DIRECTOR~~ Treasurer
Type or print name and title.

Paid Preparer's Use Only

Preparer's signature: Benjamin D. Franklin by LRA — Date: 05/13/2010 — Check if self-employed ▷ X — Preparer's Identifying No (See instr): P00064427

Firm's name (or yours if self-employed), address, and ZIP + 4: FRANKLIN FINANCIAL PLANNING, 1606 WILLOW VIEW RD SUITE 2-F, URBANA IL 61802- — EIN ▷37-0989596 — Phone no. ▷217-337-7526

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

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SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▷ **Attach to Form 990 or Form 990-EZ.** ▷ **See separate instructions.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
METRO WOMENS CENTER

Employer identification number
41-1665834

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 (Please check only one organization)

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)** (Attach Schedule H)
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 [X] 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 the Support Schedule in 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).** (see instructions)
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
(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?	11g(i)	
(ii)	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?	11g(iii)	

h Provide the following information about the organizations the organization supports.

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Total									

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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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	99755.	100624.	124898.	128990.	126650.	580917.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1-3	99755.	100624.	124898.	128990.	126650.	580917.
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.						580917.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▷	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	99755.	100624.	124898.	128990.	126650.	580917.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	630.	173.	5382.	4351.	2366.	12902.
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						593819.

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 2008 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 97.83 %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . . 15 96.38 %

16a **33 1/3% support test - 2008.** 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 - 2007.** 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 - 2008.** 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 - 2007.** 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 in line 13, 16a, 16b, 17a or 17b, check this box and see instructions . . . . . ▷ ☐

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Detail Sheet 2008

Name: METRO WOMENS CENTER **ID:** 41-1665834

Description: Grants and similar amounts paid

Type	Amount
Acacia Fund client financial assistance	462.
Total	462.

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