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Form 990

Department of the Treasury
Internal Revenue Service

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)

OMB No. 1545-0047

2009

Open to Public
Inspection

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

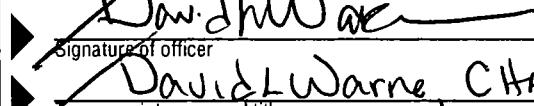
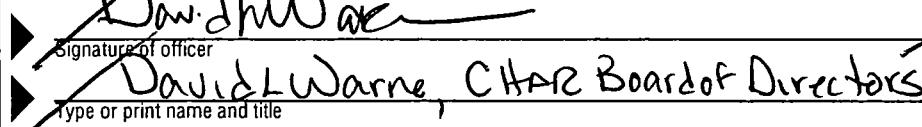
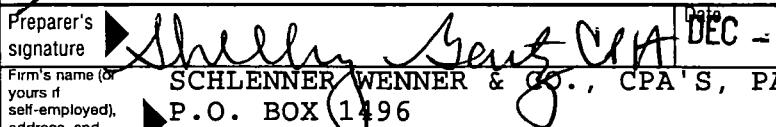
A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010

<input type="checkbox"/> 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	C Name of organization CENTRAL MN TASK FORCE ON BATTERED WOMEN			D Employer identification number 41-1344743	
	Doing Business As			E Telephone number (320) 253-6900	
	Number and street (or P.O. box if mail is not delivered to street address) PO BOX 367			Room/suite	
	City or town, state or country, and ZIP + 4 ST. CLOUD, MN 56302			G Gross receipts \$ 2,965,417.	
	F Name and address of principal officer: DAVID WARNE SAME AS C ABOVE			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
J Website: WWW.ANNAMARIES.ORG			H(c) Group exemption number ►		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►			L Year of formation: 1979 M State of legal domicile: MN		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: CENTRAL MINNESOTA TASK FORCE ON BATTERED WOMEN IS AN ORGANIZATION WHOSE PRIMARY PURPOSE IS TO		
	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	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of employees (Part V, line 2a)	5	107
	6 Total number of volunteers (estimate if necessary)	6	163
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34	7a	0.
	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,595,658.	1,556,208.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	105,559.	87,562.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,929.	<463. >
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	57,694.	79,817.
	1,779,840.	1,723,124.	
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)	1,414,218.	1,390,840.
	16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25)	115,954.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11-24)	393,899.	400,949.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,808,117.	1,791,789.
	19 Revenue less expenses. Subtract line 18 from line 12	<28,277. >	<68,665. >
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	3,454,338.	3,570,822.
	22 Net assets or fund balances. Subtract line 21 from line 20	145,452.	175,362.
		3,308,886.	3,395,460.

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	 <input type="checkbox"/> Signature of officer  <input type="checkbox"/> Type or print name and title DAVID L. WARNE, CHAIR Board of Directors RECEIVED FEB 08 2011 OGDEN, UT		
Paid Preparer's Use Only	Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4 SCHLENNER WENNER & CO., CPA'S, PA P.O. BOX 1496 ST. CLOUD, MN 56302-1496	Check if employed <input type="checkbox"/> DEC - 1209	Preparer's identifying number (see instructions) P00066049
		EIN 41-1656121	Phone no. 320-251-0286

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes No

932001 02-04-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2009)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

20P

Part III Statement of Program Service Accomplishments

1	Briefly describe the organization's mission	SEE SCHEDULE O FOR CONTINUATION <u>CENTRAL MINNESOTA TASK FORCE ON BATTERED WOMEN IS AN ORGANIZATION WHOSE PRIMARY PURPOSE IS TO PROVIDE SAFE SHELTER AND SUPPORTIVE SERVICES FOR WOMEN AND THEIR CHILDREN WHO ARE CURRENTLY INVOLVED OR HAVE BEEN INVOLVED IN AN EMOTIONALLY OR PHYSICALLY ABUSIVE</u>		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported	SEE SCHEDULE O FOR CONTINUATION(S)		
4a	(Code: <u>ANNA MARIE'S SHELTER</u>) (Expenses \$ <u>819,969</u> . including grants of \$) (Revenue \$)			
<u>ANNA MARIE'S SHELTER PROVIDES 24 HOUR SAFE EMERGENCY SHELTER FOR WOMEN AND THEIR CHILDREN WHO ARE EXPERIENCING DOMESTIC VIOLENCE. LOCATED IN ST. CLOUD, MN, ANNA MARIE'S IS A SAFE PLACE WHERE VICTIMS RECEIVE INFORMATION, REFERRAL, AND ADVOCACY SERVICES. THIS 36-BED FACILITY SERVES A NINE-COUNTY REGION IN CENTRAL MINNESOTA. DURING THE 2009-2010 FISCAL YEAR, 1,787 UNDUPPLICATED ADULT AND CHILD VICTIMS WERE SERVED BY ADVOCATES OF ANNA MARIE'S. 192 WOMEN AND 183 CHILDREN RESIDED AT THE SHELTER. SERVICE IMPACT: 90% OF WOMEN RESIDING AT THE SHELTER INDICATED ON A SURVEY THAT THEY KNEW MORE ABOUT COMMUNITY RESOURCES BECAUSE OF THE ADVOCACY/SUPPORT SERVICES RECEIVED WHILE AT ANNA MARIE'S.</u>				
4b	(Code: <u>ANNA MARIE'S CHILDREN AND YOUTH SERVICES</u>) (Expenses \$ <u>394,481</u> . including grants of \$) (Revenue \$)			
<u>CHILD ADVOCATES LOCATED AT THE SHELTER WORK TO PROVIDE A SENSE OF NORMALCY AND STABILITY WITH CHILDREN WHO HAVE WITNESSED DOMESTIC VIOLENCE IN THE HOME. ADVOCATES ALSO SUPPORT PARENTS WHOSE CHILDREN HAVE BEEN TRAUMATIZED BY WITNESSING OR EXPERIENCING ABUSE. SERVICES OFFERED INCLUDE PHYSICAL AND MENTAL HEALTH ASSESSMENTS, REFERRALS TO ADDRESS IDENTIFIED NEEDS, CHILDCARE, RECREATIONAL ACTIVITIES, PARENT EDUCATION AND SUPPORT, AND CHILD SUPPORT GROUPS. DURING THE 2009-2010 FISCAL YEAR, 183 RESIDENT CHILDREN RECEIVED CHILD ADVOCACY SERVICES. SERVICE IMPACT: 88% OF CHILDREN STAYING TWO OR MORE WEEKS AT THE SHELTER COMPLETED AN INITIAL MENTAL HEALTH SCREENING; 43% OF THESE</u>				
4c	(Code: <u>COMMUNITY EDUCATION</u>) (Expenses \$ <u>70,056</u> . including grants of \$) (Revenue \$)			
<u>THE COMMUNITY EDUCATION PROGRAM FOCUSES ON BUILDING INDIVIDUAL AND COMMUNITY AWARENESS ABOUT DOMESTIC ABUSE IN ORDER TO GROW A HEALTHY RELATIONSHIP COMMUNITY WHERE DOMESTIC VIOLENCE IS NOT TOLERATED AND HEALTHY RELATIONSHIPS ARE THE NORM. COMMUNITY EDUCATION AND PROFESSIONAL TRAINING IS PROVIDED TO AREA BUSINESSES, FAITH, HUMAN SERVICES, CIVIC ORGANIZATIONS, EDUCATION COMMUNITY AND TO THE PUBLIC AT LARGE. DURING THE 2009-2010 FISCAL YEAR, 78 EDUCATIONAL PRESENTATIONS WERE MADE TO 1,988 INDIVIDUALS AND 58 PROFESSIONAL TRAININGS WERE MADE TO 936 PARTICIPANTS.</u>				
4d	Other program services. (Describe in Schedule O.) (Expenses \$ <u>179,486</u> . including grants of \$) (Revenue \$)			
4e	Total program service expenses ► \$ <u>1,463,992</u>.			

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 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	3 X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4 X	
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 X	
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9 X	
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 X	
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11 X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, 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		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12 X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16 X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 X	
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20 X	

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	X
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? If "Yes," complete Schedule I, Parts I and III	22	X
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? If "Yes," complete Schedule J	23	X
24a	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, 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	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	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	
25a	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	X
b	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	X
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	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee 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 transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a	X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	X
c	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	29	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33	X
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	34	X
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	35	X
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	36	X
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	37	X
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	38	X
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		

Form 990 (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	1a	15
1b		1b	0
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
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	2a	107
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X
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	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
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?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).	7a	X
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	N/A
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	N/A
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	N/A
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	N/A
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7h	N/A
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	8	N/A
8	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?	9a	N/A
9	Sponsoring organizations maintaining donor advised funds.	9b	N/A
a	Did the organization make any taxable distributions under section 4966?	10a	N/A
b	Did the organization make a distribution to a donor, donor advisor, or related person?	10b	N/A
10	Section 501(c)(7) organizations. Enter	11a	N/A
a	Initiation fees and capital contributions included on Part VIII, line 12	11b	N/A
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	12a	N/A
11	Section 501(c)(12) organizations. Enter:	12b	N/A
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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.

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body **17**
 1a **17**
 1b **16**

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? **X**
 2 **X**

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? **X**
 3 **X**

4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? **X**
 4 **X**

5 Did the organization become aware during the year of a material diversion of the organization's assets? **X**
 5 **X**

6 Does the organization have members or stockholders? **X**
 6 **X**

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? **X**
 7a **X**

b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? **X**
 7b **X**

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following **X**
 8a **X**
 8b **X**

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O **X**
 9 **X**

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Does the organization have local chapters, branches, or affiliates? **X**
 10a **X**

b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? **X**
 10b **X**

11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? **X**
 11 **X**

11A Describe in Schedule O the process, if any, used by the organization to review this Form 990. **X**
 11A **X**

12a Does the organization have a written conflict of interest policy? If "No," go to line 13 **X**
 12a **X**

b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? **X**
 12b **X**

c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done **X**
 12c **X**

13 Does the organization have a written whistleblower policy? **X**
 13 **X**

14 Does the organization have a written document retention and destruction policy? **X**
 14 **X**

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? **X**
 15a **X**
 15b **X**

a The organization's CEO, Executive Director, or top management official
 b Other officers or key employees of the organization
 If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? **X**
 16a **X**

b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? **X**
 16b **X**

~1A

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **MN**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ► **LANA RAUPP - 320-251-7203**
44 N 28TH AVE, SUITE E, ST CLOUD, MN 56303

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization'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 employee."

- 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) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
JEANNETTE BINEHAM PAST CHAIR/GAMBLING MGR	1.00	X		X			3,000.	0.	0.
DAVID WARNE CHAIR/ PAST VICE CHAIR	0.60	X		X			0.	0.	0.
GLADYS ZIEMER PAST SECRETARY	0.60	X		X			0.	0.	0.
RUTH WIPPER TREASURER	0.80	X		X			0.	0.	0.
CAROL BRINK DIRECTOR	0.60	X					0.	0.	0.
JASON HALLONQUIST DIRECTOR	0.60	X					0.	0.	0.
TRACY HARRIS DIRECTOR	0.50	X					0.	0.	0.
FARTUN HUSSEIN DIRECTOR	0.50	X					0.	0.	0.
JEFF JANSSEN DIRECTOR	0.50	X					0.	0.	0.
TIMOTHY LINDHORST SECRETARY	0.60	X		X			0.	0.	0.
SHARON LONG DIRECTOR	0.50	X					0.	0.	0.
BABA O'DUKALE DIRECTOR	0.50	X					0.	0.	0.
JAMIE RAMIREZ DIRECTOR	0.50	X					0.	0.	0.
SARAH RILEY DIRECTOR	0.50	X					0.	0.	0.
JENNIFER THIENES DIRECTOR	0.50	X					0.	0.	0.
DAWN ZIMMERMAN DIRECTOR	0.50	X					0.	0.	0.
MAYULI BALES DIRECTOR	0.50	X					0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

1b Total

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

Yes	No
	X
	X
	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization **NONE**

Part VIII Statement of Revenue

Contributions, gifts, grants and other similar amounts		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1 a Federated campaigns	1a 101,188.				
b Membership dues	1b				
c Fundraising events	1c				
d Related organizations	1d				
e Government grants (contributions)	1e 1,217,179.				
f All other contributions, gifts, grants, and similar amounts not included above	1f 237,841.				
g Noncash contributions included in lines 1a-1f \$	38,226.				
h Total. Add lines 1a-1f		1,556,208.			
►					
Program Service Revenue	Business Code				
2 a PROGRAM SERVICE FEES &	541900	86,942.	86,942.		
b SPEAKING ENGAGEMENTS	812900	620.	620.		
c					
d					
e					
f All other program service revenue					
g Total. Add lines 2a-2f		87,562.			
►					
3 Investment income (including dividends, interest, and other similar amounts)		32,519.			32,519.
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6 a Gross Rents	(i) Real 3,374.	(ii) Personal			
b Less: rental expenses					
c Rental income or (loss)	3,374.				
d Net rental income or (loss)			3,374.		3,374.
7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other 675.			
b Less: cost or other basis and sales expenses	33,061.	596.			
c Gain or (loss)	<33,061.	79.			
d Net gain or (loss)			<32,982.		<32,982.
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a 8,609.				
b Less: direct expenses	b				
c Net income or (loss) from fundraising events		8,609.			8,609.
9 a Gross income from gaming activities See Part IV, line 19	a 1272679.				
b Less: direct expenses	b 1208636.				
c Net income or (loss) from gaming activities		64,043.	0.	42,487.	21,556.
10 a Gross sales of inventory, less returns and allowances	a 1,621.				
b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory		1,621.			1,621.
Miscellaneous Revenue	Business Code				
11 a POP MACHINE & MISC	900099	2,170.	2,170.		
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		2,170.			
12 Total revenue. See instructions.		1,723,124.	89,732.	42,487.	34,697.
►					

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 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				
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	1,049,396.	859,776.	124,826.	64,794.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	263,243.	215,677.	31,313.	16,253.
10 Payroll taxes	78,201.	64,071.	9,302.	4,828.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	14,188.	991.	13,191.	6.
f Investment management fees				
g Other	38,042.	35,658.	2,000.	384.
12 Advertising and promotion				
13 Office expenses	36,916.	14,041.	13,977.	8,898.
14 Information technology				
15 Royalties				
16 Occupancy	108,051.	92,522.	7,983.	7,546.
17 Travel	17,098.	16,316.	440.	342.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	15,570.	6,885.	1,532.	7,153.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	79,965.	75,776.	3,278.	911.
23 Insurance	17,174.	14,952.	1,653.	569.
24 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.)				
a GROCERIES	37,290.	37,290.		
b PROGRAM SUPPLIES AND FE	19,508.	14,045.	1,760.	3,703.
c ASSISTANCE TO WOMEN	11,627.	11,627.		
d MEMBERSHIPS	3,282.	2,877.	331.	74.
e PUBLICATIONS	2,238.	1,488.	257.	493.
f All other expenses				
25 Total functional expenses Add lines 1 through 24f	1,791,789.	1,463,992.	211,843.	115,954.
26 Joint costs Check here ► <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	4,500.	1	45,110.
	2 Savings and temporary cash investments	367,616.	2	325,609.
	3 Pledges and grants receivable, net	218,521.	3	186,083.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 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 Notes and loans receivable, net		7	
	8 Inventories for sale or use	3,148.	8	2,246.
	9 Prepaid expenses and deferred charges	32,542.	9	32,342.
	10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a 2,540,300.		
	b Less accumulated depreciation	10b 883,484.	10c 1,663,268.	1,656,816.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	1,123,450.	12	1,263,765.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	41,293.	15	58,851.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	3,454,338.	16	3,570,822.
Liabilities	17 Accounts payable and accrued expenses	125,699.	17	127,570.
	18 Grants payable		18	
	19 Deferred revenue	19,753.	19	47,792.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	145,452.	26	175,362.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,213,976.	27	3,288,350.
	28 Temporarily restricted net assets	94,910.	28	107,110.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	3,308,886.	33	3,395,460.
	34 Total liabilities and net assets/fund balances	3,454,338.	34	3,570,822.

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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 <input type="checkbox"/>	<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant?	2b <input checked="" type="checkbox"/>	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c <input checked="" type="checkbox"/>	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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 the Single Audit Act and OMB Circular A-133?	3a <input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b <i>n/a</i>	

Form 990 (2009)

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

Employer identification number

CENTRAL MN TASK FORCE ON BATTERED WOMEN

41-1344743

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?

(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?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

LHA 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

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")	1901186.	1512337.	1510827.	1598216.	1564817.	8087383.
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 through 3	1901186.	1512337.	1510827.	1598216.	1564817.	8087383.
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						8087383.

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	1901186.	1512337.	1510827.	1598216.	1564817.	8087383.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	82,608.	81,011.	82,503.	29,091.	35,893.	311,106.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	113,564.	655.	18,336.	4,728.	42,487.	179,770.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	7,104.	118,515.	19,616.	45,927.	23,726.	214,888.
11 Total support. Add lines 7 through 10						8793147.
12 Gross receipts from related activities, etc. (see instructions)					12	356,393.

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	91.97	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	91.02	%
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	► <input checked="" type="checkbox"/>		
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	► <input type="checkbox"/>		
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	► <input type="checkbox"/>		
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	► <input type="checkbox"/>		
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	► <input type="checkbox"/>		

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.")						
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						
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						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

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						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 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)						
13 Total support (Add lines 9, 10c, 11, and 12)						

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 ►

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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 ►

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

CENTRAL MN TASK FORCE ON BATTERED WOMEN

Employer identification number

41-1344743

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to 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 donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conforming to impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

	Held at the End of the Tax Year
2a Total number of conservation easements	
2b Total acreage restricted by conservation easements	
2c Number of conservation easements on a certified historic structure included in (a)	
2d Number of conservation easements included in (c) acquired after 8/17/06	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____	
4 Number of states where property subject to conservation easement is located ► _____	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
1b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
(i) Revenues included in Form 990, Part VIII, line 1	► \$ _____
(ii) Assets included in Form 990, Part X	► \$ _____
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a Revenues included in Form 990, Part VIII, line 1	► \$ _____
b Assets included in Form 990, Part X	► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other _____
c <input type="checkbox"/> Preservation for future generations	

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

	Amount
1c	
1d	
1e	
1f	

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	383,378.	477,986.			
b Contributions					
c Net investment earnings, gains, and losses	42,735.	<94,608.>			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	426,113.	383,378.			

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► 100.00 %
b Permanent endowment ► _____ %
c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization

by:

(i) unrelated organizations
(ii) related organizations
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? *N/A*

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		117,937.		117,937.
b Buildings		1,810,343.	439,633.	1,370,710.
c Leasehold improvements		101,805.	35,172.	66,633.
d Equipment		473,207.	387,189.	86,018.
e Other		37,008.	21,490.	15,518.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)			►	1,656,816.

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
FUNDS HELD AT COMMUNITY		
FOUNDATION	426,113.	END-OF-YEAR MARKET VALUE
INVESTMENTS	837,652.	END-OF-YEAR MARKET VALUE
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ►	1,263,765.	

Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ► 1,263,765.

Part VIII Investments - Program Related. See Form 990, Part X, line 13

Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►

Part IX **Other Assets.** See Form 990, Part X, line 15.

Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)

Part X. Other Liabilities. See Form 990, Part X, line 25

1	(a) Description of liability	(b) Amount
	Federal income taxes	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI: Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	1,723,124.
2	1,791,789.
3	<68,665. >
4	155,239.
5	
6	
7	
8	
9	155,239.
10	86,574.

Part XII: Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	2,103,001.
2	
2a	155,239.
2b	224,796.
2c	
2d	
2e	380,035.
3	1,722,966.
4	
4a	
4b	158.
4c	
5	1,723,124.

Part XIII: Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	2,016,427.
2	
2a	224,796.
2b	
2c	
2d	
2e	224,796.
3	1,791,631.
4	
4a	
4b	158.
4c	
5	1,791,789.

Part XIV: Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: THE PURPOSE OF THE FUND HELD BY THE CENTRAL MINNESOTA

COMMUNITY FOUNDATION IS TO GENERATE INCOME AND CAPITAL APPRECIATION FOR THE FINANCIAL SUPPORT OF THE ORGANIZATION.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RECLASSIFICATION: 158.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

RECLASSIFICATION: 158.

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

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

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

Name of the organization

Employer identification number

CENTRAL MN TASK FORCE ON BATTERED WOMEN

41-1344743

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Total

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

on Form 990-EZ, line 6a List events with gross receipts greater than \$5,000

Revenue	(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
1 Gross receipts				
2 Less: Charitable contributions				
3 Gross income (line 1 minus line 2)				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses				
10 Direct expense summary. Add lines 4 through 9 in column (d)				► ()
11 Net income summary. Combine line 3, column (d), and line 10				► ()

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than

\$15,000 on Form 990-EZ, line 6a

Revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1 Gross revenue	633,502.	639,176.		1,272,678.
2 Cash prizes	443,528.	479,922.		923,450.
3 Noncash prizes				
4 Rent/facility costs	18,511.	2,057.		20,568.
5 Other direct expenses	148,350.	111,640.		259,990.
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				► (1,204,008.)
8 Net gaming income summary. Combine line 1, column (d), and line 7				► 68,670.

9 Enter the state(s) in which the organization operates gaming activities MN**a** Is the organization licensed to operate gaming activities in each of these states?**b** If "No," explain

	Yes	No
9a	<input checked="" type="checkbox"/> X	
10a		<input checked="" type="checkbox"/> X
11	<input checked="" type="checkbox"/> X	
12		<input checked="" type="checkbox"/> X

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?**b** If "Yes," explain**11** Does the organization operate gaming activities with nonmembers?**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

13 Indicate the percentage of gaming activity operated in.

	Yes	No
13a	.00 %	
13b	100.00 %	

a The organization's facility
 b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► JEANNETTE BINEHAMAddress ► PO BOX 367 - ST. CLOUD, MN 56302

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party

Name ► _____

Address ► _____

16 Gaming manager information

Name ► JEANNETTE BINEHAMGaming manager compensation ► \$ 3,000.Description of services provided ► GENERAL GAMBLING MANAGER. Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

17a	X

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2009

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

CENTRAL MN TASK FORCE ON BATTERED WOMEN

Employer identification number
41-1344743

► Complete if the organizations answered "Yes" on Form
990, Part IV, lines 29 or 30.
► Attach to Form 990.

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (_____)				
26 Other ► (_____)				
27 Other ► (_____)				
28 Other ► (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part IV, Donee Acknowledgment

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

CENTRAL MN TASK FORCE ON BATTERED WOMEN

Employer identification number
41-1344743

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROVIDE SAFE SHELTER AND SUPPORTIVE SERVICES FOR WOMEN AND THEIR
CHILDREN WHO ARE CURRENTLY INVOLVED OR HAVE BEEN INVOLVED IN AN
EMOTIONALLY OR PHYSICALLY ABUSIVE RELATIONSHIP.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RELATIONSHIP.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ADDITIONALLY, 94% INDICATED THAT THEY KNEW MORE WAYS TO PLAN FOR THEIR
SAFETY AND 88% INDICATED THEY WERE MORE CONFIDENT IN THEIR DECISION
MAKING BECAUSE OF THE SERVICES THEY RECEIVED.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

CHILDREN WERE IDENTIFIED AS IN NEED OF CRISIS DIAGNOSTIC ASSESSMENT AND
REFERRED FOR FURTHER PSYCHIATRIC/PSYCHOLOGICAL ASSESSMENT.

SCHOOL YOUTH PROGRAM ADVOCATES PROVIDE EARLY INTERVENTION AT AREA
SCHOOLS TO PREVENT OR REDUCE VIOLENCE IN RELATIONSHIPS. THE FOCUS IS ON
TEACHING HEALTHY RELATIONSHIP SKILLS THROUGH EDUCATIONAL SUPPORT
GROUPS, INDIVIDUAL SUPPORT, AND CLASSROOM PRESENTATIONS. SCHOOL
COUNSELORS REFER STUDENTS IDENTIFIED AS BEING AT RISK OF BEING IN AN
ABUSIVE RELATIONSHIP. DURING THE 2009-2010 FISCAL YEAR, 3,944
ELEMENTARY STUDENTS ATTENDED PRESENTATIONS AND 480 YOUTH (AGES 6 - 18)
PARTICIPATED IN LIFE CHOICES/HEALTHY RELATIONSHIP SKILL BUILDING
GROUPS. SERVICE IMPACT: 83% OF 7TH-12TH GRADE PARTICIPANTS INDICATED

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**

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

OMB No 1545-0047

2009Open to Public
Inspection

Name of the organization

CENTRAL MN TASK FORCE ON BATTERED WOMEN

Employer identification number
41-1344743

IMPROVEMENT IN 3 OR MORE AREAS (SELF ESTEEM, EXPRESSING FEELINGS, SELF RESPECT, RESPECT FOR OTHERS, LISTENING SKILLS, AND PROBLEM SOLVING SKILLS.) 75% OF THOSE STATING THEY HAD USED VIOLENCE INDICATED THEIR USE OF VIOLENCE HAS DECREASED. 86% OF 4TH-6TH GRADE STUDENTS INDICATED THEIR SELF ESTEEM IS BETTER/MUCH BETTER. 96% OF 1ST-3RD GRADE STUDENTS INDICATED THEY LEARNED SAFE WAYS TO HANDLE THEIR ANGRY FEELINGS IN GROUP.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

CRIMINAL JUSTICE INTERVENTION PROGRAM:

CRIMINAL JUSTICE INTERVENTION PROGRAM ADVOCATES PROVIDE LEGAL ADVOCACY FOR VICTIMS OF DOMESTIC ABUSE WHO HAVE AN ACTIVE CASE IN THE CRIMINAL SYSTEM AND MONITOR THE SYSTEM'S RESPONSE TO DOMESTIC ABUSE. VICTIMS ARE INFORMED ABOUT THEIR RIGHTS, EMERGENCY SAFETY SERVICES, AND THE COURT PROCESS. ADVOCATES ALSO WORK WITH AGENCIES THROUGH OUT THE CRIMINAL JUSTICE SYSTEM TO DEVELOP AND IMPLEMENT POLICIES THAT MAXIMIZE THE INTERVENTION STRATEGIES. DURING THE 2009-2010 FISCAL YEAR, 1,217 UNDUPPLICATED VICTIMS WERE SERVED BY CRIMINAL JUSTICE INTERVENTION ADVOCATES AND 641 NEW DOMESTIC ASSAULT INCIDENTS WERE MONITORED THROUGH THE COURTS. SERVICE IMPACT: 94% OF VICTIMS SURVEYED INDICATED THAT THE CJI ADVOCACY SERVICES MADE A POSITIVE DIFFERENCE FOR THEM. 97% INDICATED THEIR KNOWLEDGE OF THEIR OPTIONS AND RIGHTS INCREASED AFTER WORKING WITH A CJI ADVOCATE. 73% WERE SATISFIED WITH THE CRIMINAL JUSTICE SYSTEMS (LAW ENFORCEMENT, PROSECUTION, JUDICIAL) RESPONSE TO THEIR ASSAULT.

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

CENTRAL MN TASK FORCE ON BATTERED WOMEN

Employer identification number
41-1344743

OTHER PROGRAM SERVICES:

THE JILL ECKHOFF TRANSITIONAL HOUSE PROVIDED SAFE, SUPPORTIVE HOUSING
TO FOUR WOMEN WITH FIVE CHILDREN AND FOUR SINGLE WOMEN NEEDING TO
STABILIZE THEIR LIVES AND DEVELOP SELF SUFFICIENCY SKILLS DURING THE
2009-2010 FISCAL YEAR.

THE HEALTHCARE SYSTEMS/HOSPITAL BASED ADVOCACY PROGRAM PROVIDED
ADVOCACY SERVICES ON-SITE AT THE ST. CLOUD HOSPITAL TO 84 UNDUPPLICATED
VICTIMS OF DOMESTIC ABUSE DURING THE 2009-2010 FISCAL YEAR.
ADDITIONALLY, 52 EDUCATION GROUPS WERE FACILITATED AND ATTENDED BY 674
ADULTS AND YOUTH IN VARIOUS DEPARTMENTS/UNITS OF THE CENTRA CARE HEALTH
SYSTEM. SERVICE IMPACT: 92% OF THE GROUP SESSION PARTICIPANTS FELT THE
INFORMATION PRESENTED WAS USEFUL TO THEM AS A PARTICIPANT. 87% PLANNED
TO USE THE INFORMATION LEARNED IN THEIR PERSONAL LIVES. THE HEALTHCARE
SYSTEMS/HOSPITAL BASED ADVOCACY PROGRAM CLOSED IN APRIL 2010.

VOLUNTEER SERVICES ENCOURAGES AND COORDINATES OPPORTUNITIES FOR WOMEN,
MEN, YOUNG ADULTS AND CHILDREN TO CONTRIBUTE TIME, TALENT, AND TREASURE
TO THE NEEDS OF BATTERED WOMEN AND THEIR CHILDREN. DURING THE 2009-2010
FISCAL YEAR, 163 INDIVIDUAL AND GROUP VOLUNTEERS CONTRIBUTED 9,060
VOLUNTEER HOURS.

EXPENSES \$ 179486. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE TAX RETURN FORM 990

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
932211
02-03-10

Schedule O (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

CENTRAL MN TASK FORCE ON BATTERED WOMEN

Employer identification number
41-1344743

IS PRESENTED TO THE BOARD OF DIRECTORS FOR APPROVAL PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: EACH YEAR THE POLICY IS REVIEWED
AND THE BOARD MEMBERS ARE REQUIRED TO COMPLETE THE CONFLICT OF INTEREST
FORM.

FORM 990, PART VI, SECTION B, LINE 15: THE PERSONNEL COMMITTEE REVIEWS,
DURING THE BUDGET PROCESS, THE SALARIES OF ALL POSITIONS COMPARED TO THE MN
NONPROFIT SALARY AND BENEFITS SURVEY. THE COMMITTEE MAKES A RECOMMENDATION
FOR SALARY INCREASES TO THE FULL BOARD. DUE TO THE ECONOMIC TIMES A 1.0%
SALARY INCREASE WAS APPROVED, WHICH WAS WELL BELOW THE AVERAGE.

FORM 990, PART VI, SECTION C, LINE 19: THE AGENCY HAS AN ANNUAL RETURN AND
THE INDEPENDENT AUDIT AVAILABLE ON THE WEBSITE. ALSO, THE STATE OF
MINNESOTA RECEIVES A COPY OF THE AUDIT AND THE PUBLIC MAY ACCESS THE
INFORMATION THROUGH THE STATE SITE.

Form 4562

Depreciation and Amortization 990
(Including Information on Listed Property)

OMB No. 1545-0172

2009

Attachment
Sequence No 67Department of the Treasury
Internal Revenue Service (98)

Name(s) shown on return

Business or activity to which this form relates

Identifying number

CENTRAL MN TASK FORCE ON BATTERED WOMEN FORM 990 PAGE 10 41-1344743

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	3	800,000.
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
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	

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	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
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	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 ► 13	13	

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)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	74,763.

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	
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 use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		50,985.	5.0	MM	SL	4,691.
c 7-year property		9,360.	7.0	MM	SL	265.
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	10/09	7,765.	27 5 yrs	MM	S/L	204.
	04/10	6,000.	27 5 yrs	MM	S/L	42.
i Nonresidential real property	/		39 yrs	MM	S/L	
	/			MM	S/L	

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

20a 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	
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 instr	22	79,965.
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)								
<i>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</i>									

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	24b If "Yes," is the evidence written?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------	--	------------------------------	-----------------------------

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

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	25
--	----

26 Property used more than 50% in a qualified business use.	%	%	%	%	%	%	%
---	---	---	---	---	---	---	---

27 Property used 50% or less in a qualified business use:	%	%	%	S/L			
---	---	---	---	-----	--	--	--

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1	28
--	----

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1	29
---	----

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)	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle				
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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?		

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:					

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

Application for Extension of Time To File an
Exempt Organization Return

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete **only Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete **only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for *Charities & Nonprofits*.

Type or print	Name of Exempt Organization CENTRAL MN TASK FORCE ON BATTERED WOMEN	Employer identification number 41-1344743
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions. PO BOX 367	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ST. CLOUD, MN 56302	

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

LANA RAUPP

- The books are in the care of ► 44 N 28TH AVE, SUITE E - ST CLOUD, MN 56303
Telephone No ► 320-251-7203 FAX No ►

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ► If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for.

► calendar year or
► tax year beginning JUL 1, 2009, and ending JUN 30, 2010.

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$
		N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)