

Return of Organization Exempt From Income Tax

2010

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

Department of the Treasury
Internal Revenue Service

A For the 2010 calendar year, or tax year beginning , and ending

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

C Name of organization **Meta House, Inc**
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2625 N. Weil Street
 City or town, state or country, and ZIP + 4
Milwaukee WI 53212

D Employer identification number
39-1017822

E Telephone number
(414) 962-1200

F Name and address of principal officer:
Francine Feinberg 2625 N. Weil Street, Milwaukee, WI 53212

G Gross receipts \$ **5,740,484**

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

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

J Website: ▶ **www.metahouse.org**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1962** **M** State of legal domicile: **WI**

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>Meta House helps women struggling with drug and alcohol addiction, reclaim their lives and rebuild their families. It's model program meets the unique needs of women and their children, ending the generational cycle of substance abuse.</u>		
	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	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	109
	6 Total number of volunteers (estimate if necessary)	6	268
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 5,130,331	Current Year 5,550,191
	9 Program service revenue (Part VIII, line 2g)	45,715	20,217
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	21,323	18,203
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	133,153	123,552
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,330,522	5,712,163
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,806,369	4,034,524
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 107,320		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,442,222	1,585,877
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	5,248,591	5,620,401	
19 Revenue less expenses. Subtract line 18 from line 12	81,931	91,762	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 6,013,925	End of Year 6,091,879
	21 Total liabilities (Part X, line 26)	2,109,597	2,017,880
	22 Net assets or fund balances. Subtract line 21 from line 20	3,904,328	4,073,999

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: Kristin Beres Date: 5-10-11
 Type or print name and title: Kristin Beres Treasurer

Paid Preparer's Use Only

Print/Type preparer's name: Paul Provo, CPA Preparer's signature: Paul Provo, CPA Date: 5-20-11 Check if self-employed
 Firm's name: Anick & Associates Firm's EIN: 39-1977004
 Firm's address: 11933 W. Burleigh Street Wauwatosa, WI 53222-3100 Phone no.: (414) 774-0300

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

For Paperwork Reduction Act Notice, see the separate instructions.