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Form **990-EZ**

Department of the Treasury Internal Revenue Service

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

The organization may have to use a copy of this return to Satisfy State reporting requirements

OMB No 1545-1150

Open to Public

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K Check If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required through Form 990-N (e-postariar) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L Add lines 50, 6c, and 70, to line 91 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets (Part II), ince 25, column (8) below) are \$500,000 or more, the Form 990 incised of Form 990-EZ				_	•	
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18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Set assets or fund balances at end of year. Combine lines 18 through 20 22 36,697.	7	16	Other expenses (describe in Schedule 0) SEE SCHEDULE O		16	
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 EHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2010)		17	Total expenses. Add lines 10 through 16	<u> </u>	- 17	
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 36,720. 20 Other changes in net assets or fund balances (explain in Schedule 0) 20 0. 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 36,697. 24 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2010)	5	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			-23.
(must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 EHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2010)	Set	19	Net assets or fund balances at beginning of year (from line 27, column (A))		\$1.5° \$1.5°	
Other changes in net assets or fund balances (explain in Schedule 0) Net assets or fund balances at end of year. Combine lines 18 through 20 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2010)	¥≥		(must agree with end-of-year figure reported on prior year's return)			36,720.
21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 36,697.	ĕ	20	Other changes in net assets or fund balances (explain in Schedule 0)		20	0.
Form 990-EZ (2010) Solution Act Notice, see the separate instructions. Form 990-EZ (2010) Solution 1	Ďή	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	
(S) (M) (M) (M) (M) (M) (M) (M) (M) (M) (M	ĘĦ/	For	Paperwork Reduction Act Notice, see the separate instructions.			Form 990-EZ (2010)
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032171 02-02-11 \	05					1.1
	032 t	71 2-11				14

Form 990-EZ (2010) BLUFFS IOWA		9	3-0	957829	Page
Part II Balance Sheets. (see the instructions for Part II.)					
Check if the organization used Schedule O to respond to any			_		
		(A) Beginning of year	-		End of year
22 Cash, savings, and investments	ļ	36,720.		+	36,697
23 Land and buildings	ļ		23	 	
24 Other assets (describe in Schedule 0)	<u> </u>	36,720.	24		36 605
25 Total assets		36,720.	26		36,697
 Total liabilities (describe in Schedule 0) Net assets or fund balances (line 27 of column (B) must agree with 	(ma 21)	36,720.	+		36,697
27 Net assets or fund balances (line 27 of column (B) mustagree with Part III Statement of Program Service Accompli			121	 	Expenses
Check if the organization used Schedule O to respond to any	· · · · · · · · · · · · · · · · · · ·	_	х	(Require	d for section
What is the organization's primary exempt purpose?SEE SCHEDULE O	question in that are in			501(c)(3	tions and section
Describe what was achieved in carrying out the organization's exe	mpt purposes. In a clear and con	cise manner describ	e		1) trusts; optional
the services provided, the number of persons benefited, and other				for other	s.)
28 THE WOMEN'S CHRISTIAN ASSOCIATION SUPPORTS JEN		<u> </u>			
EDMUNDSON MEMORIAL HOSPITAL'S WORKS IN THE FIE	LD OF			1 1	
HEALTHCARE,			_	1	
(Grants \$) If this amount includes	foreign grants, check here	>		28a	268
29					
				1 1	
(Grants \$) If this amount includes to	foreign grants, check here	▶ L		29a	
30			_		
	·····		_		
			,		
	oreign grants, check here	<u></u>	_4	30a	· · · - · · · · ·
31 Other program services (describe in Schedule O)	•	. г	_,	I	
•	oreign grants, check here	<u> </u>	긕	31a	250
32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and	Key Employees	- , , , , , , ,	<u> </u>	32	268
Check if the organization used Schedule O to respond to any		even if not compensated (see	e tne i	nstructions	TOT PART IV)
Check if the organization used Schedule O to respond to any	(b) Title and average hours	(c) Compensation ((d) Co	ontributions	/a) Evenes
(a) Name and address	per week devoted to	(If not paid enter	to e	mployee	(e) Expense account and
(a) Maine and addless	position	-0)	đe	fit plans & eferred	other allowances
EMMA CHANCE, 933 E. PIERCE STREET,	CHAIRMAN	 	comp	ensation	
COUNCIL BLUFFS IA 51503	0.50	0.		0.	
GWEN BOGARDUS, 933 E. PIERCE STREET,	VICE CHAIRMAN	 			
COUNCIL BLUFFS, IA 51503	0.50	0.		0.	. 0
CAROLYN WASHBURN, 933 E. PIERCE	SECRETARY				
STREET, COUNCIL BLUFFS, IA 51503	0.50	0.		0.	0
MERLE JOHNSON, 933 E. PIERCE STREET,	TREASURER	<u> </u>			
COUNCIL BLUFFS, IA 51503	0.50	0.		0.	ο.
BONNIE BOLTE, 933 E. PIERCE STREET,	DIRECTOR				
COUNCIL BLUFFS, IA 51503	0.50	0.		0.	0.
EDWARD R. LYNN, 933 E. PIERCE	DIRECTOR				
STREET, COUNCIL BLUFFS, IA 51503	0.50	0.		0.	0.
MAUREEN RUSHENBERG, 933 E. PIERCE	DIRECTOR				
STREET, COUNCIL BLUFFS, IA 51503	0.50	0.		0,	0.
CAREN COLLINS, 933 E. PIERCE STREET,	PRESIDENT				
COUNCIL BLUFFS, IA 51503	0.50	0.		0.	0.
TOHN P. NELSON, 933 E. PIERCE	CHAIR, JEMH BOARD OF	DIR.			
TREET, COUNCIL BLUFFS, IA 51503	0.50	0.		0.	0.
				l	
	1 1				
32172					000 E7 (2010)

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BLUFFS IOWA

	Other Information (Note the statement requirements in the instructions for Part V) Check if the organization used Schedule 0 to respond to any question in this Part V			x
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in	,,		٠,
	Schedule 0	33	 	Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	34	1	х
25	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not	- 34	2 7.00	
35	reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.	1.00	1 3	1
9	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or	, `	```	
a	501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		x
h	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
•	complete applicable parts of Schedule N	36		x
37 a	· · · · · · · · · · · · · · · · · · ·). [3]	1,2-53	
	Did the organization file Form 1120-POL for this year?	37b	1	x
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	100	40	37,
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		х
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	* 1.0	\$,	
39	Section 501(c)(7) organizations. Enter:	1 2	12.7	ľ
a	Initiation fees and capital contributions included on line 9 39a N/A		35	٠, ٠
b	Gross receipts, included on line 9, for public use of club facilities		k Mi	`\$ \}
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.	1 2 2	, '3	^ 2 ₂
þ	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the	3		7 m
	year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ?	ľ	İ	1
	If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers		3.0	***, 1
	or disqualified persons during the year under sections 4912, 4955, and 4958	1,4		· • •
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the		. 35	
	organization	2 1 2 2 1	net f	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	400	13,884.5	
	transaction? If "Yes," complete Form 8886-T	40e	L	
41 42 -	List the states with which a copy of this return is filed. ► NONE The organization's books are in care of ► WOMEN'S CHRISTIAN ASSOC. Telephone no. ► 402-354-	4840		
42 a		51503		
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
ע	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		x
	If "Yes," enter the name of the foreign country:	\$\text{\ti}\text{\texi{\text{\texi}\text{\texi}\text{\text{\text{\texi\tin\text{\texi}\tint{\text{\texi}\til\titt{\text{\text{\text{\ti}\tinttit{\text{\texi}\til\tittt{\text{\texi}\til\text{\		Ç> (,
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		1	3560 1015
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		x
•	If "Yes," enter the name of the foreign country:	<u> </u>		
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		>	
43				
43	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
43	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
43	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	Yes	No
	and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of	N/A	Yes	
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	1. W.	*گرن) X
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of		Yes	*گُوْدُ } X
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	1. W.	X X X
44a b c	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year?	44a 44b 44c	1. W.	x x x x
44a b c	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a 44b	1. W.	x x x

Page 4

	(10 to) BEGILD COM		 				Yes	No
45 Is any re	elated organization a controlled entity of the org	anization within the meaning of	section 512(b)(13)?		45		х
a Did the	organization receive any payment from or engag	e in any transaction with a controlled	d entity within th	ne meaning of section	512(b)(13)?	Ĩ.	, >	· - 2 ;
	Form 990 and Schedule R may need to be comp					45a		X
	organization engage, directly or indirectly, in poli	itical campaign activities on behalf of	or in oppositio	n to candidates for pi	TOUC OTTICE?	46	- 3-1	. ; ,
Part VI	complete Schedule C, Part I Section 501(c)(3) organizations	and section 4947(a)(1) n	onevemnt	charitable tru	sts only. Al		n 5016	
	organizations and section 4947(a)(1) nonexem							
	Check if the organization used Schedule O to re			, ,				
							Yes	No
	organization engage in lobbying activities? If "Ye					47		X
	ganization a school as described in section 170(chedule E			48	ļ	X
49a Did the organization make any transfers to an exempt non-charitable related organization?								X
	was the related organization a section 527 organ		fficare director	r tructons and key or	nnloveec) who i	49b		more
	te this table for the organization's five highest coince. 70,000 of compensation from the organization.		incers, unector	s, ii usiees anu key ei	iipioyees) wiio t	aciiie	reiven	111076
trian wit	10,000 or compensation from the organization in		average hours	(c) Compensation	(d) Contribution	s (e) Expe	ense
	(a) Name and address of each employee paid	more per week	devoted to	(0,000,000	to employee benefit plans &	a	ccount	t and
	than \$100,000 NONE	po	sition		deferred compensation	oth	er allov	wances
			,					
				-				
								
				 		+		
								
						1		
	mber of other employees paid over \$100,000		-	-				
	e this table for the organization's five highest cor	mpensated independent contractors	who each recei	ved more than \$100,0	000 of compens	ation fi	om the	9
organiza	tion. If there is none, enter "None." NONE	national many than \$100,000	 	(b) Type of sen	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	c) Com		t.o.p.
	(a) Name and address of each independent co	untractor paid more than \$100,000		(b) Type of Serv	vice (C) COIII	perisa	1011
		- · · · · · · · · · · · · · · · · · · ·			İ			
								
·								
								<u></u>
								
d Total nun	nber of other independent contractors each rece	iving over \$100 000		•				
	rganization complete Schedule A? Note: All secti	•	7(a)(1) nonexe	mpt			-	
charitable	trusts must attach a completed Schedule A	. , , , -				X Ye	s 🗀	□ No
a	moer penames or perjury, receare man Thave examined to orect, and complete. Declaration of preparer (other than to	mis return, including accompanying schedu officer) is based on all information of which	preparer has any	ts, and to the best of my knowledge	knowledge and be	ner, n is	true,	
Sign	Eller				10-50.	1		
Here	Signature of officer				Vale			
	EMMA CHANCE, PRESIDENT Type or print name and title	,						
	•	Preparer's signature	Date	I Check	if IPTIN			
Paid	Third Type propares 3 mains	Toparor o orginaturo	50.0	self- employ	, ,			
Preparer								
Use Only	Firm's name			Firm's EIN	>			
-	Firm's address >			Phone no.	•			
May the IRS dis	scuss this return with the preparer shown above	? See instructions			▶ _	Ye		No
UK 117						arm Di	10 E7 /	ሳ ተለነ

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

WOMENS CHRISTIAN ASSOCIATION OF COUNCIL

BLUFFS IOWA

Employer identification number

93-0957829 Reason for Public Charity Status (All organizations must complete this part) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) 1 L 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) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 d X Type III - Other c Type III - Functionally integrated b Type II 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) 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 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, Yes No Х 11g(i) the governing body of the supported organization? x (ii) A family member of a person described in (i) above? 11g(ii) 11a(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h

(i) Name of supported organization	(ii) EIN	organization	organization (described on lines 1-9		n col. (i) listed in your orgai		in col. (i) listed in your organization in c		col. (i) listed in your organization in col. (i) organization in col.		(iv) Is the organization (v) Did you notify the organization in col. (i) listed in your organization in col. (i) organized in the governing document? (i) of your support? (i) organized in the organized in the organization in col. (ii) organized in the organization in col.	(vii) Amount of support
		(see instructions))	Yes	No	Yes	No	Yes	No				
JENNIE EDMUNDSON												
MEMORIAL HOSPITAL	42-0680355	3	х		х		х		0.			
-												
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		 	 						<u></u>			
	}											
	Lalander variation		12469818	Dr. San		San San San San San San San San San San		13.45				
Total									0.			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990 EZ) 2010
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 or if the organization failed to qualify under Part III If the organization
	fails to qualify under the tests listed below, please complete Part III)
Section A	Public Support

Je	Cuon A. Public Support							
Cal	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
1	Gifts, grants, contributions, and		T		}	İ		
	membership fees received (Do not							
	ınclude any "unusual grants.")							
2	Tax revenues levied for the organ-							
	ızatıon's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to		i					
	the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly	* * * * * * * * * * * * * * * * * * * *						
	supported organization) included	1 1 1			*			
	on line 1 that exceeds 2% of the							
	amount shown on line 11,				「左右衛生は			
	column (f)	****	-,4, \$' \(\)	45	(A) (A) (A) (A) (A) (A) (A) (A) (A) (A)	23 23 35		
	Public support. Subtract line 5 from line 4	1 13 50	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	L * 3	- 1.51	7 mg 4		
	ction B. Total Support			Г			(A T)	
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
	Amounts from line 4		<u> </u>					
8	Gross income from interest,	!						
	dividends, payments received on							
	securities loans, rents, royalties							
_	and income from similar sources							
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
טר	Other income. Do not include gain							
	or loss from the sale of capital					·		
	assets (Explain in Part IV.)	****	** ******			TO THE WAY		
	Total support. Add lines 7 through 10			, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		12		
	Gross receipts from related activities, First five years. If the Form 990 is for	·•		d fourth or fifth to				
13	organization, check this box and stop	=	s mst, second, trim	u, lourtii, or ilitii ta	ix year as a section	1301(0)(3)		
Sec	tion C. Computation of Publi	c Support Pe	rcentage	·				
	Public support percentage for 2010 (li			olumn (fl)		14	%	
	Public support percentage from 2009		•		· i	15	%	
	33 1/3% support test - 2010. If the or	•	•	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	and	
	stop here. The organization qualifies	=				*	▶□	
b	33 1/3% support test - 2009.If the or		_		ine 15 is 33 1/3%	or more, check this	box	
	and stop here. The organization quali				_		ightharpoons	
17a	10% -facts-and-circumstances test				13, 16a, or 16b, a	nd 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							
ь	10% -facts-and-circumstances test	-				7a, and line 15 is 10	% or	
	more, and if the organization meets th							
	organization meets the "facts-and-circ						. ▶□	
	Private foundation. If the organization							
						dule A (Form 990 o	r 990-EZ) 2010	
						•	•	

Schedule A (Form 990 or 990-EZ) 2010 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 or if the organization failed to qualify under Part II. If the organization fails to

	qualify under the tests listed	below, please com	plete Part II)					
Sec	tion A. Public Support		·					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009		(e) 2010	(f) Total
1	Gifts, grants, contributions, and					T		
	membership fees received (Do not							
	include any "unusual grants ")							
	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							
	Gross receipts from activities that					1		
	are not an unrelated trade or bus-							
	iness under section 513							
	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf	İ						
5	The value of services or facilities					T		
	furnished by a governmental unit to							
	the organization without charge		ļ			—		
	Total. Add lines 1 through 5		 		-	 		
	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				_	1		
C	Add lines 7a and 7b				1	<u> </u>		
8	Public support (Subtract line 7c from line 6)	Ball Carre		www.		^``		
Sec	tion B. Total Support							
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009		(e) 2010	(f) Total
9 ,	Amounts from line 6					1		· -
:	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
ы	Unrelated business taxable income							
((less section 511 taxes) from businesses							
	acquired after June 30, 1975					<u> </u>		
11 i	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12 (or the rincome. Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
	Total support (Add lines 9, 10c, 11, and 12)				<u> </u>	L	L	
14 F	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth t	ax year as a sectio	n 501	l(c)(3) organiza	ation,
	check this box and stop here .							<u>▶</u>
Sect	ion C. Computation of Publi	ic Support Per	rcentage					
15 F	Public support percentage for 2010 (I	ne 8, column (f) di	vided by line 13, co	lumn (f))		15		%
16 F	Public support percentage from 2009	Schedule A, Part	III, line 15			16		%
	ion D. Computation of Inves							
	nvestment income percentage for 20		-	13, column (f))		17		%
	nvestment income percentage from 2	•	•	, (11		18		%
	3 1/3% support tests - 2010. If the			line 14, and line	ı 15 s more than 3 ع		%, and line 17	
	nore than 33 1/3%, check this box ar	-					, 5 ₁ m. 10 1110 11	▶□
	3 1/3% support tests - 2009. If the						an 33 1/3% ar	nd P
	ne 18 is not more than 33 1/3%, che	-						<u>_</u>
			,	•			_	
	rivate foundation. If the organization	TOTAL TIOL CHECK & D	20A OIT IIIE 14, 198,	OF TOD, CHECK II				or 000 E7) 0040
ノエリとろ	12-21-10				SUITE	Juule	~ (1 ()(1)) 33()	or 990-EZ) 2010

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047
2010
S@Open to Públic* →
Copen to Public Consideration (Consideration)

Name of the organization WOMENS CHRISTIAN ASSOCIATION OF COUNCIL BLUFFS IOWA	Employer identification number 93-0957829
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:	
DESCRIPTION OF OTHER REVENUE: AMOUNT:	
MISCELLANEOUS INCOME 7.	
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:	
ACTIVITY CLASSIFICATION:	
GRANTEE NAME, JENNIE EDMUNDSON HOSPITAL FOUNDATION	
GRANTEE ADDRESS. 933 EAST PIERCE STREET COUNCIL BLUFFS, IA 51503	
METHOD USED TO DETERMINE BOOK VALUE: CASH	
DATE OF GIFT: 12/31/10	
AMOUNT GIVEN . 250.	
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES: AMOUNT:	
OFFICE EXPENSES 18.	
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - SUPPORT ACTIVITIES OF	
JENNIE EDMUNDSON HOSPITAL.	
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:	
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,	
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.	
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,	
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 01-24-11

Schedule O (Form 990 or 990-EZ) (2010)