

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2010

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning, 2010, and ending, 20

B Check if applicable:

- Address change
Name change
Initial return
Terminated
Amended return
Application pending

C Name of organization: Community Women Against Hardship
Doing Business As
Number and street (or P.O. box if mail is not delivered to street address): 3963 West Belle
Room/suite
City or town, state or country, and ZIP + 4: Saint Louis, MO 63108

D Employer identification no.: 43-1510413
E Telephone number: (314) 289-7523
G Gross receipts \$: 280,184

F Name and address of principal officer: Christine Reams
Same as C above

- H(a) Is this a group return for affiliates?
H(b) Are all affiliates included?
H(c) Group exemption number

I Tax-exempt status: 501(c)(3)
J Website: www.cwah.org

K Form of organization: Corporation
L Year of formation: 1994

M State of legal domicile: MO

Part I Summary

1 Briefly describe the organization's mission or most significant activities: To provide assistance and help to low income women and needy families.

Table with 2 columns: Description and Amount. Rows include: 2 Check this box, 3 Number of voting members, 4 Number of independent voting members, 5 Total number of individuals employed, 6 Total number of volunteers, 7a Total unrelated business revenue, 7b Net unrelated business taxable income.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants, 9 Program service revenue, 10 Investment income, 11 Other revenue, 12 Total revenue.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid, 14 Benefits paid to or for members, 15 Salaries, other compensation, 16a Professional fundraising fees, 16b Total fundraising expenses, 17 Other expenses, 18 Total expenses, 19 Revenue less expenses.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets, 21 Total liabilities, 22 Net assets or fund balances.

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.

Sign Here: Gloria Taylor, Signature of officer, Executive Director

Paid Preparer Use Only: Darlene M Davis CPA, Preparer's signature, Date: 08-08-2011, Firm's name: Davis Associates CPAs, Firm's address: 4119 N Hwy 67, Florissant MO 63034

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