

# 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  
**2004**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2004 calendar year, or tax year beginning 5/1/2004, and ending 4/30/2005

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Final return
  - Amended return
  - Application pending

**C** Name of organization  
Community Woman's Club, Inc.

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
Post Office Box 1043

City or town State or country ZIP + 4  
Cocoa FL 32923-1043

**D** Employer identification number  
59-6158814

**E** Telephone number

**F** Accounting method:  Cash  Accrual  
 Other (specify) ▶ Modified Cash

● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

- H and I** are not applicable to section 527 organizations.
- H(a)** Is this a group return for affiliates?  Yes  No
- H(b)** If "Yes," enter number of affiliates ▶
- H(c)** Are all affiliates included?  Yes  No  
(If "No," attach a list. See instructions.)
- H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No
- I** Group Exemption Number ▶

**G** Website: ▶

**J** Organization type (check only one) ▶  501(c) ( 4 ) ◀ (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

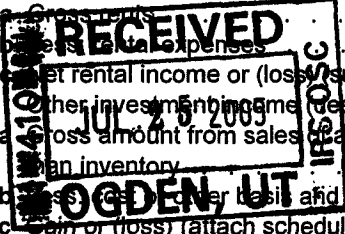
**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 32,666

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions.)

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Direct public support	<b>1a</b>		292	
	<b>b</b> Indirect public support	<b>1b</b>			
	<b>c</b> Government contributions (grants)	<b>1c</b>			
	<b>d</b> Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	<b>1d</b>			292
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			0
	<b>3</b> Membership dues and assessments	<b>3</b>			1,300
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			0
	<b>5</b> Dividends and interest from securities	<b>5</b>			28,474
	<b>6</b> Gross receipts less sales expenses	<b>6a</b>	2,600		
	<b>6b</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6b</b>			
	<b>6c</b> Other investment income (describe _____)	<b>6c</b>			2,600
<b>Expenses</b>	<b>7</b> Other investment income (describe _____)	<b>7</b>			0
	<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities	<b>8a</b>	0	
	<b>8b</b> Less: cost of goods sold	(B) Other	<b>8b</b>	0	
	<b>8c</b> Less: other cost and sales expenses		<b>8c</b>	0	
	<b>8d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))		<b>8d</b>		0
	<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	<b>a</b> Gross revenue (not including \$ <u>292</u> of contributions reported on line 1a)	<b>9a</b>		0	
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>		0	
	<b>9c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>			0
	<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>			
	<b>b</b> Less: cost of goods sold	<b>10b</b>			
	<b>10c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			0
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>			0	
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>			32,666	
<b>13</b> Program services (from line 44, column (B))	<b>13</b>			500	
<b>14</b> Management and general (from line 44, column (C))	<b>14</b>			27,560	
<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>			0	
<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			0	
<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>			28,060	
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>			4,606	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>			666,259	
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>			0	
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>			670,865	

SCANNED AUG 2 2005



**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ 500 noncash \$ 0)	500	500		
23	Specific assistance to individuals (attach schedule)	0			
24	Benefits paid to or for members (attach schedule)	0			
25	Compensation of officers, directors, etc.	0			
26	Other salaries and wages	3,416		3,416	
27	Pension plan contributions	0			
28	Other employee benefits	0			
29	Payroll taxes	301		301	
30	Professional fundraising fees	0			
31	Accounting fees	1,965		1,965	
32	Legal fees	250		250	
33	Supplies	113		113	
34	Telephone	586		586	
35	Postage and shipping	291		291	
36	Occupancy	13,037		13,037	
37	Equipment rental and maintenance	0			
38	Printing and publications	0			
39	Travel	0			
40	Conferences, conventions, and meetings	1,930		1,930	
41	Interest	0			
42	Depreciation, depletion, etc. (attach schedule)	3,069		3,069	
43	Other expenses not covered above (itemize): a	2,602		2,602	
b	-----	0			
c	-----	0			
d	-----	0			
e	-----	0			
f	-----	0			
44	<b>Total functional expenses</b> (add lines 22 through 43). <i>Organizations completing columns (B)-(D), carry these totals to lines 13-15</i>	28,060	500	27,560	0

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 0; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See page 25 of the instructions.)

What is the organization's primary exempt purpose?  Support community projects

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a	Gifts to other community charitable organizations and community sponsored projects. See list for Page 2, Part II, Line 22	(Grants and allocations \$ 500)	27,560
b	-----	(Grants and allocations \$ )	
c	-----	(Grants and allocations \$ )	
d	-----	(Grants and allocations \$ )	
e	Other program services (attach schedule)	(Grants and allocations \$ )	
f	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)		27,560

**Part IV Balance Sheets** (See page 25 of the instructions.)

				(A)		(B)	
				Beginning of year		End of year	
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.							
<b>Assets</b>	45	Cash—non-interest-bearing . . . . .		1,217	45	1,857	
	46	Savings and temporary cash investments . . . . .		62,603	46	38,937	
	47 a	Accounts receivable . . . . .	47a	0			
	b	Less: allowance for doubtful accounts . . . . .	47b	0	47c	0	
	48 a	Pledges receivable . . . . .	48a	0			
	b	Less: allowance for doubtful accounts . . . . .	48b	0	48c	0	
	49	Grants receivable . . . . .			49		
	50	Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		0	50	0	
	51 a	Other notes and loans receivable (attach schedule) . . . . .	51a	0			
	b	Less: allowance for doubtful accounts . . . . .	51b	0	51c	0	
	52	Inventories for sale or use . . . . .			52		
	53	Prepaid expenses and deferred charges . . . . .			53		
	54	Investments—securities (attach schedule) . . . . . <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV			564,137	54	594,558
	55 a	Investments—land, buildings, and equipment: basis . . . . .	55a	0			
	b	Less: accumulated depreciation (attach schedule) . . . . .	55b	0	55c	0	
56	Investments—other (attach schedule) . . . . .			0	56	0	
57 a	Land, buildings, and equipment: basis . . . . .	57a	157,400				
b	Less: accumulated depreciation (attach schedule) . . . . .	57b	122,873	37,310	57c	34,527	
58	Other assets (describe <input checked="" type="checkbox"/> Deposits ) . . . . .			1,045	58	1,045	
	<b>59 Total assets (add lines 45 through 58) (must equal line 74) . . . . .</b>			<b>666,312</b>	<b>59</b>	<b>670,924</b>	
<b>Liabilities</b>	60	Accounts payable and accrued expenses . . . . .		53	60	59	
	61	Grants payable . . . . .			61		
	62	Deferred revenue . . . . .			62		
	63	Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		0	63	0	
	64 a	Tax-exempt bond liabilities (attach schedule) . . . . .		0	64a	0	
	b	Mortgages and other notes payable (attach schedule) . . . . .		0	64b	0	
65	Other liabilities (describe <input type="checkbox"/> ) . . . . .			0	65	0	
	<b>66 Total liabilities (add lines 60 through 65) . . . . .</b>			<b>53</b>	<b>66</b>	<b>59</b>	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>						
	67	Unrestricted . . . . .		666,259	67	670,865	
	68	Temporarily restricted . . . . .			68		
	69	Permanently restricted . . . . .			69		
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>						
	70	Capital stock, trust principal, or current funds . . . . .			70		
	71	Paid-in or capital surplus, or land, building, and equipment fund . . . . .			71		
	72	Retained earnings, endowment, accumulated income, or other funds . . . . .			72		
73	<b>Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) . . . . .</b>			<b>666,259</b>	<b>73</b>	<b>670,865</b>	
74	<b>Total liabilities and net assets / fund balances (add lines 66 and 73) . . . . .</b>			<b>666,312</b>	<b>74</b>	<b>670,924</b>	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See page 27 of the instructions.)

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

a	Total revenue, gains, and other support per audited financial statements	a	
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments		
(2)	Donated services and use of facilities		
(3)	Recoveries of prior year grants		
(4)	Other (specify):		
	-----		
	-----		
	Add amounts on lines (1) through (4)	b	0
c	Line a minus line b	c	0
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify):		
	-----		
	-----		
	Add amounts on lines (1) and (2)	d	0
e	Total revenue per line 12, Form 990 (line c plus line d)	e	0

a	Total expenses and losses per audited financial statements	a	
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities		
(2)	Prior year adjustments reported on line 20, Form 990		
(3)	Losses reported on line 20, Form 990		
(4)	Other (specify):		
	-----		
	-----		
	Add amounts on lines (1) through (4)	b	0
c	Line a minus line b	c	0
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify):		
	-----		
	-----		
	Add amounts on lines (1) and (2)	d	0
e	Total expenses per line 17, Form 990 (line c plus line d)	e	0

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see page 27 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Name Jean Pope Str 2465 Raintree Cir City Merritt Island ST FL ZIP 32953	Title President Hr/WK 20 hours	0	0	0
Name Marilou Cooley Str 13 S Hardee Cir City Rockledge ST FL ZIP 32955	Title 1st Vice Pres Hr/WK 10 hours	0	0	0
Name Darthy McAfee Str 1212 Japonica Ln City Cocoa ST FL ZIP 32922	Title 2nd Vice Pres Hr/WK 10 hours	0	0	0
Name Melba Urssing Str 55 Riverside Dr City Cocoa ST FL ZIP 32922	Title 3rd Vice Pres Hr/WK 4 hours	0	0	0
Name Florene Beckner Str 5 Rosa Jones St City Cocoa ST FL ZIP 32922	Title Rec Secy Hr/WK 8 hours	0	0	0
Name Sherry Aude' Str 649 Rockledge Dr City Rockledge ST FL ZIP 32955	Title Corr Sec Hr/WK 4 hours	0	0	0
Name Betty Wilson Str 5 Rosa L Jones City Cocoa ST FL ZIP 32955	Title Treasurer Hr/WK 10 hours	0	0	0
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____			

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No  
If "Yes," attach schedule—see page 28 of the instructions.

Part VI Other Information (See page 28 of the instructions.)

Table with columns for question number, question text, and Yes/No columns. Includes rows 76 through 92 with various organizational details and tax-related questions.

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments			512	1,300	
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			512	28,474	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			512	2,600	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		32,374	0
105 Total (add line 104, columns (B), (D), and (E))					32,374

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%		0	0
	%		0	0
	%		0	0
	%		0	0

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here  
 Under penalties of perjury, I declare that I have examined this return, including attachments, if any, and believe that it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has knowledge.  
 Signature of officer: Betty M. Wilson  
 Betty Wilson, Treasurer  
 Type or print name and title.

Paid Preparer's Use Only  
 Preparer's signature: Anita S. McDaniel  
 Firm's name (or yours if self-employed), address, and ZIP + 4: ANITA S. MCDANIEL, C.P.A. P O BOX 541539, MERRITT ISLAND

## Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.      ▶ Attach to your tax return.

Name(s) shown on return Community Woman's Club, Inc.	Business or activity to which this form relates	Identifying number 59-6158814
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### 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 page 2 of the instructions for a higher limit for certain businesses . . . . .	1	102,000
2 Total cost of section 179 property placed in service (see page 3 of the instructions) . . . . .	2	0
3 Threshold cost of section 179 property before reduction in limitation . . . . .	3	410,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	4	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 3 of the instructions . . . . .	5	102,000

(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
6			
7 Listed property. Enter the amount from line 29 . . . . .	7	0	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	8	0	
9 Tentative deduction. Enter the smaller of line 5 or line 8 . . . . .	9	0	
10 Carryover of disallowed deduction from line 13 of your 2003 Form 4562. . . . .	10	0	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	11	0	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 . . . . .	12	0	
13 Carryover of disallowed deduction to 2005. Add lines 9 and 10, less line 12 . . . . . ▶	13	0	

*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 (see page 3 of the instructions) . . . . .	14	0
15 Property subject to section 168(f)(1) election (see page 4 of the instructions) . . . . .	15	0
16 Other depreciation (including ACRS) (see page 4 of the instructions) . . . . .	16	0

### Part III MACRS Depreciation (Do not include listed property.) (See page 5 of the instructions.)

#### Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2004 . . . . .	17	3,069
18 If you are electing under section 168(i)(4) 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 2004 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

#### Section C - Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

### Part IV Summary (see page 8 of the instructions)

21 Listed property. Enter amount from line 28 . . . . .	21	0
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	3,069
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	0

For Paperwork Reduction Act Notice, see separate instructions.

**Line 1a (990) - Direct public support**

1	Contributions	1	292
2	Non Cash Contributions	2	
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	
5	Commercial co-venture	5	
6	Special events contributions (Line 9 - Special Events)	6	0
7		7	
8		8	
9		9	
10	Total	10	292

**Line 54 (990) - Investments - Securities**

Check one box below to indicate how securities are report:

Cost

End of year market value (FMV)

Securities at end of year	Number of shares/ face value	Value at time of donation	Beginning balance book value Cost	Ending balance book value Cost
1			564,137	594,558
2			0	0
3			0	0
4			0	0
5			0	0
6			0	0
7			0	0
8			0	0
9			0	0
10			0	0
11			0	0
12			0	0
13			0	0
14			0	0
15			0	0
16			0	0
17			0	0
18			0	0
19			0	0
20			0	0
21 Totals	21 0	0	564,137	594,558



**Line 57 (990) - Land, buildings, and equipment**

Land (net of any amortization)		Land (net of any amortization)	
		Beginning	End
1	Land	5,000	5,000
2	.....		
3	.....		
4	.....		
5	.....		
6	Total land (net of any amortization)	5,000	5,000

Buildings and equipment		Buildings and equipment		Accumulated depreciation	
		Beginning	End	Beginning	End
7	Buildings	107,713	107,999	75,543	79,983
8	Equipment	44,401	44,401	44,261	42,890
9	.....				
10	.....				
11	.....				
12	.....				
13	.....				
14	.....				
15	.....				
16	.....				
17	Total buildings and equipment	152,114	152,400	119,804	122,873
18	Buildings and equipment (less accumulated depreciation)			32,310	29,527
19	Total land, buildings and equipment			37,310	34,527

Category or Item		Cost/Other Basis	Accumulated Depreciation	Book Value
1	.....			
2	.....			
3	.....			
4	.....			
5	.....			
6	.....			
7	.....			
8	.....			
9	.....			
10	.....			
11	Total	0	0	0

**Line 58 (990) - Other assets**

		Beginning	End
		1	Deposits
2	.....		
3	.....		
4	.....		
5	.....		
6	.....		
7	.....		
8	.....		
9	.....		
10	.....		
11	Total other assets	1,045	1,045

**990, Page 2, Part II, Line 36 - Occupancy**

**Total:** 13,037

1	Building maintenance	1	513
2	Spray service	2	445
3	Lawn service	3	1,530
4	Fire extinguisher inspection	4	69
5	Utilities	5	4,625
6	Termite pest control	6	4,191
7	Insurance	7	1,664
8		8	
9		9	
10		10	
11		11	

**990, Page 2, Part II, Line 43b - Other Expenses**

**Total: 2,602**

1	Club function expense	1	123
2	Dues & subscriptions	2	
3	FFWC contributions	3	541
4	Workmen's compensation insurance	4	751
5	Office expense	5	177
6	Safe deposit box	6	55
7	Post office box	7	38
8	Newsletter	8	50
9	Yearbook	9	18
10	Scrap book	10	
11	Officer annual allowance	11	500
12	Taxes & licenses	12	349
13		13	
14		14	
15		15	
16		16	
17		17	
18		18	
19		19	

Community Woman's Club, Inc.  
Form 990, Schedule I, Line 8

59-6158814  
April 30, 2005

	# of Shares	Sales Price Line 8a	Cost Line 8b
Gain (Loss) on Sale of Securities			
Bank of America Corp. 6.45, 2016	25,000	\$ 25,000.00	\$ 25,000.00

Community Woman's Club, Inc.  
Form 990, Schedule II, Line 22

59-6158814  
April 30, 2005

Grants & Allocations

Cocoa High School Project Graduation	\$ 50.00
Saturn Elementary School	300.00
Trash Bash	100.00
Rockledge High School Project Graduation	<u>50.00</u>
TOTAL	<u>\$ 500.00</u>

	# of Shares	Cost	FMV
Investments - Securities			
Cablevision NY	300	\$ 8,771.91	\$ 7,785.00
Capstone Turbine	400	13,762.76	452.00
General Electric	400	16,453.59	14,480.00
Morgan Stanley Dean Witter	300	17,291.05	15,786.00
Pfizer	300	12,271.83	8,151.00
Rockwell Collins	500	13,746.78	22,940.00
Royal Dutch Pete	200	12,715.35	11,650.00
Oppenheimer Quest Balanced Value CL B	3,061	51,952.98	51,700.29
Evergreen Utility Port CL B	1,813	21,279.75	19,657.44
Eton Vance Worldwide Health Sciences CL B	1,403	16,599.24	14,909.06
Franklin Custodian CL A	40,463	95,756.58	97,110.48
Franklin High Income AGE A	25,000	50,000.00	51,500.00
Income Fund of America	4,398	75,404.99	79,166.27
Lord Abbett Bond Debenture CL C	1,841	16,643.89	14,304.13
Lord Abbett Bond Global Income CL C	2,651	21,550.51	19,782.46
Fidelity Adv Financial Services	1,051	21,824.91	21,611.48
Nuveen Pfd & Conv Income 2	4,000	60,000.00	54,120.00
American High Income Trust	4,150	51,500.00	49,798.55
Lord Abbett Bond Debenture CL A	1,858	<u>17,032.36</u>	<u>14,421.48</u>
TOTALS		<u>\$594,558.48</u>	<u>\$569,325.64</u>