

Return of Organization Exempt From Income Tax

2005

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

Header section containing organization name (COMMUNITY WOMANS CLUB INC), EIN (29-1C-200604-04-00-3-0000), and other identifying information.

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

Main table with columns for Revenue, Expenses, and Net Assets. Rows include contributions, program service revenue, membership dues, dividends, and total revenue/expenses.

SCANNED AUG 03 2006

RECEIVED stamp with date AUG 30 2006 and COMMUNITY WOMANS CLUB INC

**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 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 \$ 1,343 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	22	1,343	1,343	
23	Specific assistance to individuals (attach schedule)	23	0	0	
24	Benefits paid to or for members (attach schedule)	24	0		
25	Compensation of officers, directors, etc	25	0		
26	Other salaries and wages	26	3,474	3,474	
27	Pension plan contributions	27	0		
28	Other employee benefits	28	0		
29	Payroll taxes	29	307	307	
30	Professional fundraising fees	30	0		
31	Accounting fees	31	2,844	2,844	
32	Legal fees	32	0		
33	Supplies	33	70	70	
34	Telephone	34	662	662	
35	Postage and shipping	35	435	435	
36	Occupancy	36	10,256	10,256	
37	Equipment rental and maintenance	37	0		
38	Printing and publications	38	0		
39	Travel	39	0		
40	Conferences, conventions, and meetings	40	937	937	
41	Interest	41	0		
42	Depreciation, depletion, etc. (attach schedule)	42	3,371	3,371	
43	Other expenses not covered above (itemize):				
a	See attached statement	43a	2,909	0	2,909
b		43b	0	0	0
c		43c	0	0	0
d		43d	0	0	0
e		43e	0	0	0
f		43f	0	0	0
g		43g	0	0	0
44	<b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	26,608	1,343	25,265

**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 the instructions.)

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.

What is the organization's primary exempt purpose? <b>► Support community projects</b>	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
<p><b>a</b> Gifts to other community charitable organizations and community sponsored projects. See list for Page 2, Part I Line 22</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$ 1,343 ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	1,343
<p><b>b</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>c</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>d</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>e</b> Other program services (attach schedule)</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services) <input type="checkbox"/></p>	1,343

**Part IV Balance Sheets (See the instructions)**

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)	
		Beginning of year		End of year	
Assets	45 Cash—non-interest-bearing . . . . .	1,857	45	11,788	
	46 Savings and temporary cash investments . . . . .	38,937	46	10,688	
	47 a Accounts receivable . . . . .	47a 0			
	b Less: allowance for doubtful accounts . . . . .	47b 0	0	47c 0	
	48 a Pledges receivable . . . . .	48a 0			
	b Less: allowance for doubtful accounts . . . . .	48b 0	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	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	594,558	54	587,747
	55 a Investments—land, buildings, and equipment: basis . . . . .	55a 0			
b Less: accumulated depreciation (attach schedule) . . . . .	55b 0	0	55c 0		
56 Investments—other (attach schedule) . . . . .		0	56 0		
57 a Land, buildings, and equipment: basis . . . . .	57a 200,232				
b Less: accumulated depreciation (attach schedule) . . . . .	57b 122,603	34,527	57c 77,629		
58 Other assets (describe <input checked="" type="checkbox"/> Deposits ) . . . . .		1,045	58	1,045	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 . . . . .		670,924	59	688,897	
Liabilities	60 Accounts payable and accrued expenses . . . . .		59	60 212	
	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	
66 <b>Total liabilities.</b> Add lines 60 through 65 . . . . .		59	66	212	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted . . . . .		670,865	67	688,685
	68 Temporarily restricted . . . . .			68	
	69 Permanently restricted . . . . .			69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	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</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) . . . . .		670,865	73	688,685
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73. . . . .		670,924	74	688,897

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	
<b>b</b>	Amounts included on line a but not on Part I, line 12:			
<b>1</b>	Net unrealized gains on investments	<b>b1</b>		
<b>2</b>	Donated services and use of facilities	<b>b2</b>		
<b>3</b>	Recoveries of prior year grants	<b>b3</b>		
<b>4</b>	Other (specify):	<b>b4</b>	0	
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	0
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	0
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify):	<b>d2</b>	0	
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	0
<b>e</b>	Total revenue (Part I, line 12). Add lines <b>c</b> and <b>d</b>		<b>e</b>	0

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

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	
<b>b</b>	Amounts included on line a but not on Part I, line 17:			
<b>1</b>	Donated services and use of facilities	<b>b1</b>		
<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b>		
<b>3</b>	Losses reported on Part I, line 20	<b>b3</b>		
<b>4</b>	Other (specify):	<b>b4</b>	0	
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	0
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	0
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify):	<b>d2</b>	0	
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	0
<b>e</b>	Total expenses (Part I, line 17). Add lines <b>c</b> and <b>d</b>		<b>e</b>	0

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See 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 plans	(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	0	0	0
Name Anne Matthews Str 204 Channel Ct City Rockledge ST FL ZIP 32955	Title 1st Vice Pres Hr/WK 10	0	0	0
Name Dorthy McAfee Str 1212 Japonica Ln City Cocoa ST FL ZIP 32922	Title 2nd Vice Pres Hr/WK 10	0	0	0
Name Sherry Aude' Str 649 Rockledge Dr City Rockledge ST FL ZIP 32955	Title 3rd Vice Pres Hr/WK 4	0	0	0
Name Florene Beckner Str 1223 Salmonberry City Rockledge ST FL ZIP 32955	Title Rec Secy Hr/WK 8	0	0	0
Name Melba Urssing Str 55 Riverside Dr #22 City Cocoa ST FL ZIP 32922	Title Corr Sec Hr/WK 4	0	0	0
Name Betty Wilson Str P O Box 986 City Cocoa ST FL ZIP 32923	Title Treasurer Hr/WK 10	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			

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . . 7
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) . . . . . 75b X
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? . . . . . 75c X
Note. Related organizations include section 509(a)(3) supporting organizations.
If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.
d Does the organization have a written conflict of interest policy? . . . . . 75d X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column See the instructions )

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Multiple rows for listing individuals.

Part VI Other Information (See the instructions.)

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . . 76 X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? . . . . . 77
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . . 78a X
b If "Yes," has it filed a tax return on Form 990-T for this year? . . . . . 78b N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . . 79 X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? . . . . . 80a X
b If "Yes," enter the name of the organization ► General Federation of Woman's Clubs
and check whether it is [X] exempt or [ ] nonexempt
81 a Enter direct and indirect political expenditures. (See line 81 instructions) . . . . . 81a
b Did the organization file Form 1120-POL for this year? . . . . . 81b X

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b	N/A	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	X	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		X
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12.	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> ; section 4912 <input type="checkbox"/> ; section 4955 <input type="checkbox"/>		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> -0-		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/> -0-		
90 a	List the states with which a copy of this return is filed <input type="checkbox"/>		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90b	1
91 a	The books are in care of <input type="checkbox"/> Name Betty Wilson Telephone no <input type="checkbox"/> (321) 639-4193 Located at <input type="checkbox"/> 5 Rosa L. Jones Street City Cocoa ST FL ZIP + 4 <input type="checkbox"/> 32922		
b	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)? If "Yes," enter the name of the foreign country <input type="checkbox"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country <input type="checkbox"/>	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041— Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 92 N/A		

**Part VII Analysis of Income-Producing Activities** (See 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					1,229
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					34,518
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					6,100
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					-6,352
101 Net income or (loss) from special events					333
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		0	35,828
105 Total (add line 104, columns (B), (D), and (E))					35,828

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 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 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 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).

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 knowledge.

**Please Sign Here**  
 Signature of officer: Betty M. Wilson  
 Type or print name and title: Betty Wilson, Treasurer

**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, FL



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

(Rev. January 2006)  
Department of the Treasury  
Internal Revenue Service

Attachment  
Sequence No. 67

▶ 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 990	Identifying number 59-6158814
---------------------------------------------------------	--------------------------------------------------------	----------------------------------

**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	105,000
2 Total cost of section 179 property placed in service (see instructions) . . . . .	2	803
3 Threshold cost of section 179 property before reduction in limitation . . . . .	3	420,000
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 instructions . . . . .	5	105,000
<b>Table 6: Section 179 property</b>		
(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 2004 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 2006 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) (See instructions.)**

14 Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year (see instructions) . . . . .	14	0
15 Property subject to section 168(f)(1) election . . . . .	15	0
16 Other depreciation (including ACRS) . . . . .	16	24

**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 2005 . . . . .	17	2,893
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 2005 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		803	7	HY	200DB	114
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	
			27.5 yrs	MM	S/L	
i Nonresidential real property	1/31/2006	45,520	39 yrs	MM	S/L	340
				MM	S/L	

**Section C - Assets Placed in Service During 2005 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 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	3,371
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

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

59-6158814  
April 30, 2006

	# of Shares	Sales Price Line 8a	Cost Line 8b
Gain (Loss) on Sale of Securities			
Lord Abbett Bond Deb Class C	1,877.663	\$ 14,959.97	\$ 16,932.67
American Hi Income Trust	4,149.879	51,619.49	51,500.00
Morgan Stanley	300	15,406.30	17,291.05
Lord Abbett Bond Deb Class A	1,899.760	15,117.09	17,356.93
Franklin High Income AGE A	15,727.700	33,495.00	31,455.40
Lord Abbett Global Income Class C	2,681.476	19,382.07	21,767.12
Evergreen Utility Port Class B	428.524	5,000.00	5,028.56
Cablevison NY Group – Return of Capital	0.000	<u>3,000.00</u>	<u>3,000.00</u>
Totals		<u>\$157,979.92</u>	<u>\$164,331.73</u>

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

59-6158814  
April 30, 2006

Grants & Allocations

Saturn & Golfview Elementary Schools	\$ 200.56
Palace Retirement Home	42.17
Trash Bash	<u>100.00</u>
TOTAL	<u>\$ 342.73</u>

Scholarships

Brevard Community College – Wendy Success Center	<u>\$ 1,000.00</u>
--------------------------------------------------	--------------------

**Line 43 (990) - Other Deductions**

2,909

0

2,909

0

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>1</b> Club function expense	470		470	
<b>2</b> Uncommitted funds	538		538	
<b>3</b> FFWC contributions	561		561	
<b>4</b> Office expense	404		404	
<b>5</b> Safe deposit box	65		65	
<b>6</b> Post office box rental	38		38	
<b>7</b> Year book	12		12	
<b>8</b> Officers' annual allowance	500		500	
<b>9</b> Taxes and licenses	321		321	
<b>10</b>	0			
<b>11</b>	0			
<b>12</b>	0			
<b>13</b>	0			
<b>14</b>	0			
<b>15</b>	0			
<b>16</b>	0			
<b>17</b>	0			
<b>18</b>	0			
<b>19</b>	0			
<b>20</b>	0			

Community Woman's Club, Inc.  
Form 990, Schedule IV, Line 54

59-6158814  
April 30, 2005

	# of Shares	Cost	FMV
Investments - Securities			
Cablevision NY	300	\$ 5,771.91	\$ 6,081.00
Capstone Turbine	400	13,762.76	1,512.00
General Electric	400	16,453.59	13,836.00
Pfizer	300	12,271.83	7,599.00
Rockwell Collins	500	13,746.78	28,600.00
Royal Dutch Pete	200	12,715.35	13,626.00
Oppenheimer Quest Balanced Value CL B	3,173	53,923.81	57,458.21
Evergreen Utility Port CL B	1,457	17,112.12	18,314.84
Eton Vance Worldwide Health Sciences CL B	1,403	16,599.24	16,507.96
Franklin Custodian Income Fund CL A	40,709	96,343.28	101,365.94
Franklin High Income AGE A	9,272	18,544.60	19,471.83
Income Fund of America	4,486	76,997.11	85,897.49
Fidelity Adv Financial Services	1,130	23,504.38	26,881.32
Nuveen Pfd & Conv Income 2	4,000	60,000.00	48,400.00
Blackrock Enhanced Dividend Achiever Trust	10,000	<u>150,000.00</u>	<u>133,000.00</u>
TOTALS		<u>\$587,746.76</u>	<u>\$578,551.59</u>

**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 .....	107,999	153,670	79,983	82,385
8	Equipment .....	44,401	41,562	42,890	40,218
9	.....				
10	.....				
11	.....				
12	.....				
13	.....				
14	.....				
15	.....				
16	.....				
17	Total buildings and equipment .....	152,400	195,232	122,873	122,603
18	Buildings and equipment (less accumulated depreciation) .....			29,527	72,629
19	Total land, buildings and equipment .....			34,527	77,629

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**

		1,045	1,045
		Beginning	End
1	Deposits	1,045	1,045
2			
3			
4			
5			
6			
7			
8			
9			
10			

Page 1, PART I, Line 2 - Total Cost of Section 179 Property Placed into Service During Tax Year

<u>Description</u>	<u>Date Acq</u>	<u>Cost</u>	<u>% bus</u>	Sec 179
				<u>Claimed</u>
<i>990 - Page 1 - FURNITURE &amp; EQUIPMENT</i>				
HP COPIER	06/30/05	486		
BLINDS	02/17/06	317		
Total Cost of Section 179 Property		<u>803.</u>		<u>0.</u>

Page 1, PART III, Line 19c - Depreciation of GDS 7 yr Property

<u>Description</u>	<u>Date Acq</u>	<u>Cost</u>	<u>% bus</u>	<u>Method</u>	<u>Life</u>	<u>Conv</u>	<u>Depreciation</u>
<i>990 - Page 1 - FURNITURE &amp; EQUIPMENT</i>							
HP COPIER	06/30/05	486		M	7	HY	69
BLINDS	02/17/06	317		M	7	HY	45
GDS 7 yr Property Totals		<u>803.</u>					<u>114.</u>

Page 1, PART III, Line 19i - Depreciation of GDS Nonresidential Real Property

<u>Description</u>	<u>Date Acq</u>	<u>Cost</u>	<u>% bus</u>	<u>Method</u>	<u>Life</u>	<u>Conv</u>	<u>Depreciation</u>
<i>990 - Page 1 - BUILDING</i>							
ROOF	01/31/06	45520		3	39	MM	340
GDS Nonresidential Real Property Totals:		<u>45,520.</u>					<u>340</u>



## Page 1, PART III, Line 17 - Prior Year GDS &amp; ADS Deductions

<u>Description</u>	<u>Date Acq</u>	<u>Depreciation</u>
990 - Page 1 - BUILDING		
BUILDING & FURNITURE	07/01/67	1435
BUILDING RENOVATION	05/16/89	305
NORTH SIDEWALK	07/28/89	18
BATHROOM RENOVATION	09/01/94	88
DRIVEWAY	02/28/97	130
SPRINKLER SYSTEM	08/31/97	76
BUILDING RENOVATION	08/31/00	101
KITCHEN RENOVATION	08/31/00	168
HANDICAP RAMP	04/21/04	42
HANDICAP RAMP ADDITION	08/23/04	4
990 - Page 1 - FURNITURE & EQUIPMENT		
MAYTAG DISHWASHER	07/01/80	0
PIANO CADDY	07/01/78	0
STAGE RUG	07/01/80	0
CARPET	07/01/80	0
CEILING FAN	02/01/82	0
IRON RAILING	06/01/82	0
KITCHEN CART	10/25/85	0
100 CHAIRS	07/16/86	0
TABLES & CHAIRS	07/16/86	0
WOODWORK & NEW DOOR	07/16/86	0
DRAPES & MINI BLINDS	08/01/86	0
LANDSCAPING	05/01/87	0
KENMORE MICROWAVE OVEN	10/13/88	0
12 BRIDGE TABLES	11/16/88	0
BACKDOOR BAR	07/27/89	0
FENCE	08/15/89	0
CARPET - MAIN & DINNING ROOMS	02/24/89	0
KITCHEN AIDE REFRIGERATOR	09/01/89	0
KITCHEN AIDE FREEZER	09/01/89	0
GARBAGE DISPOSAL	09/01/89	0
CARRIER ROOM AIR CONDITIONER	09/25/89	0
TOSHIBA TAPE PLAYER	04/23/90	0
IBM TYPEWRITER	04/24/90	0
KENMORE ROOM AIR CONDITIONER	08/04/90	0
VACUUM CLEANER	01/27/91	0
COPIER	02/05/91	0
AMANA ROOM AIR CONDITIONER	03/28/91	0
FIRE EXTINGUISHER	04/21/91	0
REUPHOLSTER FURNITURE	04/27/91	0
2 AIR CONDITIONER CONDENSORS	04/29/91	0
TABLE CLOTHS	04/29/91	0
LADDER	08/29/91	0
SILK TREES	05/07/92	0
COFFEE POT	07/01/92	0
PORCH CARPET	11/10/92	0
BUILDING LIGHTS	04/29/94	0
SIGN	04/29/94	0
FENCE	04/30/94	0
LANDSCAPING	05/09/95	0

(continued)

COMMUNITY WOMAN'S CLUB, INC.

Form 4562, Supporting Schedules - Year Ended 04/30/06

Page 1, PART III, Line 17 - Prior Year GDS & ADS Deductions

<u>Description</u>	<u>Date Acq</u>	<u>Depreciation</u>
990 - Page 1 - FURNITURE & EQUIPMENT		
OVEN	07/11/95	0
BLINDS	07/26/98	0
CORNICES	08/05/95	6
URINAL	09/12/95	129
APARTMENT AIR CONDITIONER	02/10/96	0
WET/DRY VACUUM CLEANER	09/09/99	16
SIGN & CABINET	06/01/99	27
DOOR	02/09/00	51
DISHWASHER	10/12/00	54
VACUUM CLEANER	11/14/00	38
IMAC COMPUTER	12/31/02	62
CLUB SIGN	09/12/03	<u>143</u>
Prior Year GDS & ADS Deductions Totals:		<u><u>2,893.</u></u>

Page 1, PART II, Line 16 - ACRS & Other Depreciation

<u>Description</u>	<u>Date Acq</u>	<u>Depreciation</u>
990 - Page 1 - BUILDING		
WELL	07/01/76	0
CLUBHOUSE WIRING	09/10/85	<u>24</u>
ACRS & Other Depreciation Totals:		<u><u>24.</u></u>

COMMUNITY WOMAN'S CLUB, INC. - Year Ended 04/30/06

BUILDING

Tax Depreciation Schedule (Printed 06/13/06)

Description	Date	Cost or	%		Prior		Current		Accum	Adj Tax	Depr & S179	
	Acquired	Basis	Bsns	M	Lf	S 179	Deprec	S 179	Deprec	Basis	Next Year	
BUILDING & FURNITURE	07/01/67	70881		3	40		67294		1435	68729	2152	1435
WELL	07/01/76	200		5	10		200		0	200	0	0
CLUBHOUSE WIRING	09/10/85	1550		A	19		1526		24	1550	0	0
BUILDING RENOVATION	05/16/89	9328		3	31		4586		305	4891	4437	305
NORTH SIDEWALK	07/28/89	530		3	31		250		18	268	262	18
BATHROOM RENOVATION	09/01/94	3434		3	39		935		88	1023	2411	88
DRIVEWAY	02/28/97	5968		3	39		1972		130	2102	3866	130
SPRINKLER SYSTEM	08/31/97	4200		3	39		1822		76	1898	2302	76
BUILDING RENOVATION	08/31/00	3961		3	39		482		101	583	3378	101
KITCHEN RENOVATION	08/31/00	6317		3	39		553		168	721	5596	168
HANDICAP RAMP	04/21/04	1631		3	39		34		42	76	1555	42
HANDICAP RAMP ADDITION	08/23/04	150		3	39		0		4	4	146	4
ROOF	01/31/06	45520		3	39		0		340	340	45180	1167
Totals		153670				0	79654	0	2731	82385	71285	3534
Total current expense								0	2731			
Ending balance (04/30/06)		153670								82385	71285	

COMMUNITY WOMAN'S CLUB, INC. - Year Ended 04/30/06

FURNITURE & EQUIPMENT

Tax Depreciation Schedule (Printed 06/13/06)

Description	Date	Cost or	%	Prior		Current		Accum	Adj Tax	Depr & S179		
	Acquired	Basis	Bsns	M	Lf	S 179	Deprec	Deprec	Basis	Next Year		
MAYTAG DISHWASHER	07/01/80	439*		M	7		439	0	439*	0*	0	
PIANO CADDY	07/01/78	270		M	7		270	0	270	0	0	
STAGE RUG	07/01/80	235		M	7		235	0	235	0	0	
CARPET	07/01/80	500		M	7		500	0	500	0	0	
CEILING FAN	02/01/82	499		M	7		499	0	499	0	0	
IRON RAILING	06/01/82	194		M	7		194	0	194	0	0	
KITCHEN CART	10/25/85	145		M	7		145	0	145	0	0	
100 CHAIRS	07/16/86	968		M	7		968	0	968	0	0	
TABLES & CHAIRS	07/16/86	359		M	7		359	0	359	0	0	
WOODWORK & NEW DOOR	07/16/86	964		M	7		964	0	964	0	0	
DRAPES & MINI BLINDS	08/01/86	1217		M	7		1217	0	1217	0	0	
LANDSCAPING	05/01/87	1550		M	7		1550	0	1550	0	0	
KENMORE MICROWAVE OVEN	10/13/88	212		M	7		212	0	212	0	0	
12 BRIDGE TABLES	11/16/88	318		M	7		318	0	318	0	0	
BACKDOOR BAR	07/27/89	314		M	7		314	0	314	0	0	
FENCE	08/15/89	1906		M	7		1906	0	1906	0	0	
CARPET - MAIN & DINNING ROOMS	02/24/89	3718		M	7		3718	0	3718	0	0	
KITCHEN AIDE REFRIGERATOR	09/01/89	848		M	7		848	0	848	0	0	
KITCHEN AIDE FREEZER	09/01/89	1080		M	7		1080	0	1080	0	0	
GARBAGE DISPOSAL	09/01/89	190		M	7		190	0	190	0	0	
CARRIER ROOM AIR CONDITIONER	09/25/89	1051		M	7		1051	0	1051	0	0	
TOSHIBA TAPE PLAYER	04/23/90	115		M	7		115	0	115	0	0	
IBM TYPEWRITER	04/24/90	636		M	7		636	0	636	0	0	
KENMORE ROOM AIR CONDITIONER	08/04/90	465		M	7		465	0	465	0	0	
VACUUM CLEANER	01/27/91	555*		M	7		555	0	555*	0*	0	
COPIER	02/05/91	2372*		M	7		2372	0	2372*	0*	0	
AMANA ROOM AIR CONDITIONER	03/28/91	837		M	7		837	0	837	0	0	
FIRE EXTINGUISHER	04/21/91	242		M	7		242	0	242	0	0	
REUPHOLSTER FURNITURE	04/27/91	4538		M	7		4538	0	4538	0	0	
2 AIR CONDITIONER CONDENSORS	04/29/91	7500		M	7		7500	0	7500	0	0	
TABLE CLOTHS	04/29/91	262		M	7		262	0	262	0	0	
LADDER	08/29/91	157		M	7		157	0	157	0	0	
SILK TREES	05/07/92	137		M	7		137	0	137	0	0	
COFFEE POT	07/01/92	126		M	7		126	0	126	0	0	
PORCH CARPET	11/10/92	265		M	7		265	0	265	0	0	
BUILDING LIGHTS	04/29/94	599		M	7		599	0	599	0	0	
SIGN	04/29/94	296		M	7		296	0	296	0	0	
FENCE	04/30/94	1537		M	7		1537	0	1537	0	0	
LANDSCAPING	05/09/95	462		M	7		462	0	462	0	0	
OVEN	07/11/95	217		M	7		217	0	217	0	0	
BLINDS	07/26/98	275*		M	7		275	0	275*	0*	0	
CORNICES	08/05/95	250		M	7		224	6	230	20	0	
URINAL	09/12/95	351		M	7		222	129	351	0	0	
APARTMENT AIR CONDITIONER	02/10/96	2975		M	7		2975	0	2975	0	0	
WET/DRY VACUUM CLEANER	09/09/99	127		M	7		103	16	119	8	8	
SIGN & CABINET	06/01/99	256		M	7		216	27	243	13	13	
DOOR	02/09/00	309		M	7		232	51	283	26	26	
DISHWASHER	10/12/00	393		M	7		258	54	312	81	54	
VACUUM CLEANER	11/14/00	269		M	7		173	38	211	58	39	
IMAC COMPUTER	12/31/02	300		M	5		145	62	207	93	62	
CLUB SIGN	09/12/03	600		M	7		100	143	243	357	102	
HP COPIER	06/30/05	486		M	7		0	69	69	417	119	
BLINDS	02/17/06	317		M	7		0	45	45	272	78	
Totals		45203				0	43218	0	640	43858	1345	501

(continued)

▲ COMMUNITY WOMAN'S CLUB, INC. - Year Ended 04/30/06

FURNITURE & EQUIPMENT

Tax Depreciation Schedule (Printed 06/13/06)

Description	Date	Cost or %			Prior		Current		Accum	Adj Tax	Depr & S179	
	Acquired	Basis	Bsns	M	Lf	S 179	Deprec	S 179	Deprec	Deprec	Basis	Next Year
Total current expense								<u>0</u>	<u>640</u>			
Dispositions (*)		<u>-3641</u>							<u>-3641</u>		<u>0</u>	
Ending balance (04/30/06)		<u>41562</u>							<u>40217</u>		<u>1345</u>	