

Form 990

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)

2006

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 2006 calendar year, or tax year beginning 05-01-2006 and ending 04-30-2007

- 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: Post Office Box 1043. City or town: Cocoa, FL 329231043

D Employer identification number: 59-6158814. E Telephone number. F Accounting method: 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? H(b) If "Yes" enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling?

G Web site: N/A

J Organization type (check only one): 501(c)(4)

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 139,412

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

Table with 3 main sections: Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21). Includes sub-rows for detailed revenue and expense categories.

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	
22a Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b Other grants and allocations (attach schedule) (cash \$ 1,350 noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	1,350	1,350		
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a				
b Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b				
c Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26 Salaries and wages of employees not included on lines 25a, b and c	26	3,474	3,474		
27 Pension plan contributions not included on lines 25a, b and c	27				
28 Employee benefits not included on lines 25a - 27	28				
29 Payroll taxes	29	303	303		
30 Professional fundraising fees	30				
31 Accounting fees	31	2,705	2,705		
32 Legal fees	32				
33 Supplies	33	458	458		
34 Telephone	34	728	728		
35 Postage and shipping	35	430	430		
36 Occupancy	36	14,174	14,174		
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40	3,537	3,537		
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	4,114	4,114		
43 Other expenses not covered above (itemize)	43a				
a See Additional Data Table	43b				
b	43c				
c	43d				
d	43e				
e	43f				
f	43g				
g	44				
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	34,552	1,350	33,202	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 \$ _____, (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? <input checked="" type="checkbox"/> <u>Promote & develop charitable & educational interests</u> 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(b) in order to promote and develop charitable and educational interests in Cocoa, Florida, neighboring communities and Brevard County. (Grants and allocations \$ 1,350) If this amount includes foreign grants, check here <input type="checkbox"/>	1,350
b _____ _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
c _____ _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
d _____ _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) <input checked="" type="checkbox"/>	1,350

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	11,788	45	2,454
	46 Savings and temporary cash investments	10,688	46	27,460
	47a Accounts receivable	47a		
	b Less allowance for doubtful accounts	47b		47c
	48a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b		48c
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54a Investments—publicly-traded securities <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	587,747	54a	607,800
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	55a Investments—land, buildings, and equipment basis	55a		
	b Less accumulated depreciation (attach schedule)	55b		55c
	56 Investments—other (attach schedule)		56	
	57a Land, buildings, and equipment basis	57a 201,000		
	b Less accumulated depreciation (attach schedule)	57b 126,716	77,629	57c  74,284
58 Other assets, including program-related investments (describe <input checked="" type="checkbox"/> _____)		1,045	58  1,045	
59 Total assets (must equal line 74) Add lines 45 through 58	688,897	59	713,043	
Liabilities	60 Accounts payable and accrued expenses	212	60	209
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input checked="" type="checkbox"/> _____)		65	
66 Total liabilities Add lines 60 through 65	212	66	209	
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	688,685	67	712,834
	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 Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	688,685	73	712,834
	74 Total liabilities and net assets / fund balances Add lines 66 and 73	688,897	74	713,043

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

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

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

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

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
Darthy McAfee 1212 Japonica Lane Cocoa, FL 32922	Pres 016 00	0	0	0
Mildred Williams 1705 Cambridge Drive Cocoa, FL 32922	1st VP 003 00	0	0	0
Jeanne Ryder 1120 El Dorado Drive Rockledge, FL 32955	2nd VP 003 00	0	0	0
Melba Urssing 55 Riverside Drive 204 Cocoa, FL 32922	3rd VP 003 00	0	0	0
Linda Loudon 547 Delannoy Avenue Cocoa, FL 32922	Rec Secy 003 00	0	0	0
Carmela Murico 442 Wentthrop Circle Rockledge, FL 32955	Cor Secy 003 00	0	0	0
Betty Wilson 1322 Audubon Drive Cocoa, FL 32922	Treas 016 00	0	0	0

Part VI Other Information (continued)

Yes No

<p>82a 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?</p>	<p>82a</p>		<p>No</p>
<p>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)</p>	<p>82b</p>		
<p>83a Did the organization comply with the public inspection requirements for returns and exemption applications?</p>	<p>83a</p>	<p>Yes</p>	
<p>b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?</p>	<p>83b</p>	<p>Yes</p>	
<p>84a Did the organization solicit any contributions or gifts that were not tax deductible?</p>	<p>84a</p>		<p>No</p>
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>	<p>84b</p>		<p>No</p>
<p>85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?</p>	<p>85a</p>	<p>Yes</p>	
<p>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 the prior year</p>	<p>85b</p>		<p>No</p>
<p>c Dues assessments, and similar amounts from members</p>	<p>85c</p>		
<p>d Section 162(e) lobbying and political expenditures</p>	<p>85d</p>		
<p>e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices</p>	<p>85e</p>		
<p>f Taxable amount of lobbying and political expenditures (line 85d less 85e)</p>	<p>85f</p>		
<p>g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?</p>	<p>85g</p>		<p>No</p>
<p>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?</p>	<p>85h</p>		<p>No</p>
<p>86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12</p>	<p>86a</p>		
<p>b Gross receipts, included on line 12, for public use of club facilities</p>	<p>86b</p>		
<p>87 501(c)(12) orgs. Enter a Gross income from members or shareholders</p>	<p>87a</p>		
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	<p>87b</p>		
<p>88a 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</p>	<p>88a</p>		<p>No</p>
<p>b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI</p>	<p>88b</p>		<p>No</p>
<p>89a 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"/> _____</p>			
<p>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</p>	<p>89b</p>		<p>No</p>
<p>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"/> _____</p>			
<p>d Enter Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/> _____</p>			
<p>e All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?</p>	<p>89e</p>		<p>No</p>
<p>f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?</p>	<p>89f</p>		<p>No</p>
<p>g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?</p>	<p>89g</p>		<p>No</p>
<p>90a List the states with which a copy of this return is filed <input type="checkbox"/> FL</p>			
<p>b Number of employees employed in the pay period that includes March 12, 2006 (See instructions)</p>	<p>90b</p>		<p>1</p>
<p>91a The books are in care of <input type="checkbox"/> Betty Wilson Telephone no <input type="checkbox"/> (321) 639-4193 5 Rosa L Jones Street Located at <input type="checkbox"/> Cocoa, FL ZIP + 4 <input type="checkbox"/> 32922</p>			
<p>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)?</p>	<p>91b</p>	<p>Yes</p>	<p>No</p>
<p>If "Yes," enter the name of the foreign country <input type="checkbox"/> _____</p>			
<p>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</p>			

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** **Yes** **No**

If "Yes," enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year **92**

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					940
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	43,629	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non debt-financed property			16	7,725	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			19	6,332	
101 Net income or (loss) from special events					75
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))				57,686	1,015
105 Total (add line 104, columns (B), (D), and (E))					58,701

Note: Line 105 plus line 1e, 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)
94	Provided dues to National Organization which provides services to women
102	Provide funds to operate in order to support community projects

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	Nature of business
	%	
	%	
	%	
	%	

Part X Information Regarding Transfers Associated with Exempt Purposes (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on life insurance contracts?

(b) Did the organization, during the year, pay premiums, directly or indirectly, on life insurance contracts?

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

Part XI **Information Regarding Transfers To and From Controlled Entities** *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? if "Yes," complete the schedule below for each controlled entity	Yes	No
		No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? if "Yes," complete the schedule below for each controlled entity	Yes	No
		No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?	Yes	No
		No

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	***** Signature of officer	2007-06-27 Date
	Betty Wilson Treasurer Type or print name and title	

Paid Preparer's Use Only	Preparer's signature ▶ Anita McDaniel	Date 2007-06-26	Check if self-employed ▶ <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ _____			EIN ▶ _____
				Phone no ▶ (321) 459-1800

Additional Data

Software ID: 06000252

Software Version: 2006.2.4

EIN: 59-6158814

Name: Community Woman's Club Inc

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a Club function expense	43a	439		439	
b FFWC contributions	43b	731		731	
c Office expense	43c	764		764	
d Safe deposit box	43d	65		65	
e Post office box rental	43e	40		40	
f Scrap book	43f	124		124	
g Officers' annual allowance	43g	500		500	
h Taxes and licenses	43h	581		581	
i Miscellaneous	43i	35		35	

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2006

Department of the Treasury Internal Revenue Service

See separate instructions. Attach to your tax return.

Attachment Sequence No 67

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number. Values: Community Woman's Club Inc, 990, 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.

Table with 2 columns: Description, Amount. Rows 1-5: Maximum amount, Total cost, Threshold cost, Reduction in limitation, Dollar limitation.

Table with 3 columns: (a) Description of property, (b) Cost (business use only), (c) Elected cost. Rows 6-13: Additional data, Listed property, Total elected cost, Tentative deduction, Carryover, Business income limitation, Section 179 expense deduction, Carryover to 2007.

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.)

Table with 2 columns: Description, Amount. Rows 14-16: Special allowance, Property subject to election, Other depreciation.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table with 2 columns: Description, Amount. Rows 17-18: MACRS deductions for assets placed in service before 2006, Grouping assets.

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-i: 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year, Residential rental, Nonresidential real property.

Section C—Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System

Table with 6 columns: Description, Basis, Recovery period, Convention, Method, Amount. Rows 20a-c: Class life, 12-year, 40-year.

Part IV Summary (see instructions)

Table with 2 columns: Description, Amount. Rows 21-23: Listed property, Total, Portion of basis attributable to section 263A costs.

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%			S/L -			
		%			S/L -			
		%			S/L -			
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		No
39 Do you treat all use of vehicles by employees as personal use?		No
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		No
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		No

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2006 tax year (see instructions)					
43 Amortization of costs that began before your 2006 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	

Additional Data

Software ID: 06000252

Software Version: 2006.2.4

EIN: 59-6158814

Name: Community Woman's Club Inc

Form 4562, Part I, Line 6:

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6 GDS 3-year property		
GDS 5-year property		
GDS 7-year property		
GDS 10-year property		
GDS 15-year property		
GDS 20-year property		
GDS 25-year property		
GDS Res Rental 1		
GDS Res Rental 2		
GDS Non Res Rental 1		
GDS Non Res Rental 2		
ADS Class life		
ADS 12-year		
ADS 40-year		

TY 2006 Cash Grants Paid Schedule

Name: Community Woman's Club Inc

EIN: 59-6158814

Software ID: 06000252

Software Version: 2006.2.4

Class of Activity	Recipient's name	Address	Amount	Relationship
Program Services	Saturn Elementary School	Date Drive Cocoa, FL 32926	100	
Program Services	Montessori School	1130 S Patrick Dr Satellite Beach, FL 32937	100	
Program Services	Country Acres	1850 S Deleon St Titusville, FL 32780	100	
Program Services	Trash Bash	1750 Cedar St Rockledge, FL 32955	50	
Program Services	FFWC Scholarship Program	4444 Florida International Dr Lakeland, FL 33813	1,000	

TY 2006 Gain/Loss from Sale of Public Securities Schedule

Name: Community Woman's Club Inc

EIN: 59-6158814

Software ID: 06000252

Software Version: 2006.2.4

Gross Sales Price: 87,043

Basis: 80,711

Sales Expenses:

Total (net): 6,332

TY 2006 Officer Compensation Schedule

Name: Community Woman's Club Inc

EIN: 59-6158814

Software ID: 06000252

Software Version: 2006.2.4

Darthy McAfee

	Compensation	EE Benefit Plans	Expense Acct
Program Services			
Mgmt & General			
Fundraising			

Mildred Williams

	Compensation	EE Benefit Plans	Expense Acct
Program Services			
Mgmt & General			
Fundraising			

Jeanne Ryder

	Compensation	EE Benefit Plans	Expense Acct
Program Services			
Mgmt & General			
Fundraising			

Melba Urssing

	Compensation	EE Benefit Plans	Expense Acct
Program Services			
Mgmt & General			
Fundraising			

Linda Louden

	Compensation	EE Benefit Plans	Expense Acct
Program Services			
Mgmt & General			
Fundraising			

Carmela Murico

	Compensation	EE Benefit Plans	Expense Acct
Program Services			
Mgmt & General			
Fundraising			

Betty Wilson

	Compensation	EE Benefit Plans	Expense Acct
Program Services			
Mgmt & General			
Fundraising			

TY 2006 Other Investment Income Schedule

Name: Community Woman's Club Inc

EIN: 59-6158814

Software ID: 06000252

Software Version: 2006.2.4

Description	Amount