

# 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)

**2007**

**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 2007 calendar year, or tax year beginning** 5/1/2007 , and ending 4/30/2008

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Termination  
 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**  
(321) 639-4193

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

**G Website:** N/A

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

**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. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 68,247

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

**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         

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

SCANNED JUL 09 2008

Revenue	1	Contributions, gifts, grants, and similar amounts received.				
	a	Contributions to donor advised funds	1a		0	
	b	Direct public support (not included on line 1a)	1b		0	
	c	Indirect public support (not included on line 1a)	1c		0	
	d	Government contributions (grants) (not included on line 1a)	1d		0	
	e	<b>Total</b> (add lines 1a through 1d) (cash \$ <u>0</u> noncash \$ <u>0</u> )	1e		0	0
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			0
	3	Membership dues and assessments	3			1,045
	4	Interest on savings and temporary cash investments	4			0
	5	Dividends and interest from securities	5			51,590
	6a	Gross rents	6a		7,807	
	6b	Less: rental expenses	6b			
6c	Net rental income or (loss). Subtract line 6b from line 6a	6c			7,807	
7	Other investment income (describe <u>        </u> )	7			0	
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
			7,650	8a		0
		Less: cost or other basis and sales expenses	26,035	8b		0
8c	Gain or (loss) (attach schedule)	-18,385	8c		0	
8d	Net gain or (loss). Combine line 8b, columns (A) and (B)				-18,385	
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
9a	Gross revenue (not including \$ <u>0</u> of contributions reported on line 1b)	9a		155		
9b	Less: direct expenses other than fundraising expenses	9b		40		
9c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c			115	
10a	Gross sales of inventory, less returns and allowances	10a		0		
		Less: cost of goods sold	10b		0	
		Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c		0	
11	Other revenue (from Part VII, line 103)	11			0	
12	<b>Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			42,172	
Expenses	13	Program services (from line 44, column (B))	13		1,934	
	14	Management and general (from line 44, column (C))	14		31,950	
	15	Fundraising (from line 44, column (D))	15		0	
	16	Payments to affiliates (attach schedule)	16		0	
	17	<b>Total expenses.</b> Add lines 16 and 44, column (A)	17			33,884
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18		8,288	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		712,834	
	20	Other changes in net assets or fund balances (attach explanation)	20		0	
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21			721,122

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**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 a	Grants paid from donor advised funds (attach schedule) (cash \$ <u>734</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	734	734		
22 b	Other grants and allocations (attach schedule) (cash \$ <u>1,200</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	1,200	1,200		
23	Specific assistance to individuals (attach schedule)	0	0		
24	Benefits paid to or for members (attach schedule)	0	0		
25 a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	0	0	0	0
25 b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	0	0	0	0
25 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)	0	0	0	0
26	Salaries and wages of employees not included on lines 25a, b, and c	2,904		2,904	
27	Pension plan contributions not included on lines 25a, b, and c	0			
28	Employee benefits not included on lines 25a - 27	0			
29	Payroll taxes	249		249	
30	Professional fundraising fees	0			
31	Accounting fees	2,610		2,610	
32	Legal fees	1,700		1,700	
33	Supplies	421		421	
34	Telephone	729		729	
35	Postage and shipping	323		323	
36	Occupancy	14,983		14,983	
37	Equipment rental and maintenance	0			
38	Printing and publications	0			
39	Travel	0			
40	Conferences, conventions, and meetings	1,248		1,248	
41	Interest	0			
42	Depreciation, depletion, etc. (attach schedule)	3,294	0	3,294	0
43	Other expenses not covered above (itemize):				
a	See attached statement	3,489	0	3,489	0
b		0	0	0	0
c		0	0	0	0
d		0	0	0	0
e		0	0	0	0
f		0	0	0	0
g		0	0	0	0
44	<b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	33,884	1,934	31,950	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 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>Promote &amp; develop charitable &amp; educational interests</b> 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.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)
<b>a</b> Gifts to other community charitable organizations and community sponsored projects (See list for Page 2, Line 22) in order to promote and develop charitable and educational interests in Cocoa, Florida, neighboring communities and Brevard County, Florida  (Grants and allocations \$ 1,934 ) If this amount includes foreign grants, check here <input type="checkbox"/>	1,934
<b>b</b>  (Grants and allocations \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	0
<b>c</b>  (Grants and allocations \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	0
<b>d</b>  (Grants and allocations \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	0
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ -1,934 ) If this amount includes foreign grants, check here <input type="checkbox"/>	0
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	1,934

**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) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing	2,454	45	3,245
	46 Savings and temporary cash investments	27,460	46	33,166
	47 a Accounts receivable	47a 0		
	b Less: allowance for doubtful accounts	47b 0	47c 0	0
	48 a Pledges receivable	48a 0		
	b Less: allowance for doubtful accounts	48b 0	48c 0	0
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a 0	0
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51 a Other notes and loans receivable (attach schedule)	51a 0		
	b Less: allowance for doubtful accounts	51b 0	51c 0	0
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 a Investments—publicly-traded securities. <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	607,800	54a	610,279
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54b	0
55 a Investments—land, buildings, and equipment: basis	55a 0			
b Less: accumulated depreciation (attach schedule)	55b 0	55c 0	0	
56 Investments—other (attach schedule)		56	0	
57 a Land, buildings, and equipment: basis	57a 203,502			
b Less: accumulated depreciation (attach schedule)	57b 130,010	57c 76,785	73,492	
58 Other assets, including program-related investments (describe <input checked="" type="checkbox"/> Deposits )		58 1,045	1,045	
59 Total assets (must equal line 74). Add lines 45 through 58		715,544	59	721,227
Liabilities	60 Accounts payable and accrued expenses	209	60	105
	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 Total liabilities. Add lines 60 through 65	209	66	105	
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	712,834	67	721,122
	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).	712,834	73	721,122
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73.	713,043	74	721,227

**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>	<b>Total revenue</b> (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>	<b>Total expenses</b> (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 Darchy McAfee City Cocoa Str 1212 Japonica Lane ST FL ZIP 32922	Title Pres Hr/WK 16	0	0	250
Name Mildred Williams City Cocoa Str 1705 Cambridge Drive ST FL ZIP 32922	Title 1st VP Hr/WK 3	0	0	0
Name Jeanne Ryder City Rockledge Str 1120 El Dorado Drive ST FL ZIP 32955	Title 2nd VP Hr/WK 3	0	0	0
Name Melba Urssing City Cocoa Str 55 Riverside Drive, #1 ST FL ZIP 32922	Title 3rd VP Hr/WK 3	0	0	0
Name Linda Loudon City Cocoa Str 547 Delannoy Avenue ST FL ZIP 32922	Title Secy Hr/WK 3	0	0	0
Name Carmela Murico City Rockledge Str 442 Wentthrop Circle ST FL ZIP 32955	Title Secy Hr/WK 3	0	0	0
Name Betty Wilson City Cocoa Str 1322 Audubon Drive ST FL ZIP 32922	Title Tres Hr/WK 16	0	0	250
Name N/A City Str ST ZIP	Title Hr/WK			
Name N/A City Str ST ZIP	Title Hr/WK			
Name N/A City Str ST ZIP	Title Hr/WK			

<b>Part V-A Current Officers, Directors, Trustees, and Key Employees</b> <i>(continued)</i>		Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . . <span style="float: right;">▶ 7</span>		
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) . . . . .	<b>75b</b>	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 the organization? See the instructions for the definition of "related organization." . . . . . If "Yes," attach a statement that includes the information described in the instructions.	<b>75c</b>	X
d	Does the organization have a written conflict of interest policy? . . . . .	<b>75d</b>	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.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				

<b>Part VI Other Information</b> <i>(See the instructions.)</i>		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change . . . . .	<b>76</b>	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes . . . . .	<b>77</b>	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	<b>78a</b>	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .	<b>78b</b>	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .	<b>79</b>	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? . . . . .	<b>80a</b>	X
b	If "Yes," enter the name of the organization ▶ <u>Florida Federal of Woman's Clubs</u> . . . . . and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct and indirect political expenditures. (See line 81 instructions) . . . . . <span style="float: right;">▶ <b>81a</b> 0</span>		
b	Did the organization file Form 1120-POL for this year? . . . . .	<b>81b</b>	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?

82a 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?

83a X

b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?

83b X

84 a Did the organization solicit any contributions or gifts that were not tax deductible?

84a X

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

84b N/A

85 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?

85a X

b Did the organization make only in-house lobbying expenditures of \$2,000 or less?

85b X

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.

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 a 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

88a X

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

88b X

89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911, section 4912, section 4955

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 N/A

c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

d Enter: Amount of tax on line 89c, above, reimbursed by the organization

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

89e X

f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?

89f X

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?

89g N/A

90 a List the states with which a copy of this return is filed

FL

b Number of employees employed in the pay period that includes March 12, 2007 (See instructions)

90b 1

91 a The books are in care of

Name Betty Wilson

Telephone no (321) 639-4193

Located at 5 Rosa L. Jones Street

City Cocoa

ST FL

ZIP + 4 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)?

91b X

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

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

**Part VI Other Information (continued)**

Yes	No
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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** | 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	
<b>93</b> Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					1,045
<b>95</b> Interest on savings and temporary cash investments					
<b>96</b> Dividends and interest from securities			14	51,590	
<b>97</b> Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			16	7,807	
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory			19	-18,385	
<b>101</b> Net income or (loss) from special events					115
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0		41,012	1,160
<b>105</b> Total (add line 104, columns (B), (D), and (E))					42,172

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
101	Provides funds to support community and club projects

**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
	%		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).



**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

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	.....			
b	.....			
c	.....			
<b>Totals</b>				0

**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

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	.....			
b	.....			
c	.....			
<b>Totals</b>				0

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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.

Please Sign Here

Signature of officer: Betty M. Wilson

Date: May 28, 2008

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. 315 Magnolia Avenue, Merritt

## 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 990	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 the instructions for a higher limit for certain businesses . . . . .	1	125,000						
2 Total cost of section 179 property placed in service (see instructions) . . . . .	2							
3 Threshold cost of section 179 property before reduction in limitation . . . . .	3	500,000						
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	125,000						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">6 (a) Description of property</th> <th style="width: 25%;">(b) Cost (business use only)</th> <th style="width: 25%;">(c) Elected cost</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost			
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost						
7 Listed property. Enter the amount from line 29 . . . . .	7							
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	8	0						
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 . . . . .	9	0						
10 Carryover of disallowed deduction from line 13 of your 2006 Form 4562. . . . .	10							
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	11							
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 2008. 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 depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) . . . . .	14	
15 Property subject to section 168(f)(1) election . . . . .	15	
16 Other depreciation (including ACRS) . . . . .	16	

### 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 2007 . . . . .	17	2,837
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 2007 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		2,911	7	HY	200DB	457
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			39 yrs.	MM	S/L	

#### Section C - Assets Placed in Service During 2007 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	
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	3,294
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	

**Line 9 (990) - Special Events and Activities**

	Event A	Event B	Event C	All others	Totals
1 Special event name	Yard Sale	Cook Book			
	Book Sale	Sale			
1a Number of special events	1	1			
2 Gross receipts	125	30			2 155
3 Less contributions					3 0
4 Gross revenue	125	30	0	0	4 155
5 Less direct expenses	40				5 40
6 Net income or (loss)	85	30	0	0	6 115







**Part II, Line 43 (990) - Other Expenses**

3,489

0

3,489

0

Description		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1	Club function expense	472		472	
2	Office expense	638		638	
3	Safe deposit box	65		65	
4	Post Office box rental	40		40	
5	Year book	147		147	
6	Officers' annual allowance	500		500	
7	Taxes and licenses	717		717	
8	Miscellaneous expense	235		235	
9	Dues and subscriptions	675		675	
10		0			
11		0			
12		0			
13		0			
14		0			
15		0			
16		0			
17		0			
18		0			
19		0			
20		0			

**Part IV, Line 54a (990) - Investments - Publicly-Traded Securities**

Check one box below to indicate how securities are reported:

Cost

End of year market value (FMV)

			0	607,800	610,279
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	Blackrock	10,000.00		150,000	150,000
2	Cablevision NY	300.00		5,772	5,772
3	General Electric	400.00		16,454	16,454
4	Novaris AG	130.00		0	7,231
5	Nuveen Multi Strategy Income & Growth	4,000.00		60,000	60,000
6	Rockwell Collins	500.00		13,747	13,747
7	Royal Dutch Shell	200.00		12,715	12,715
8	Claymore Sec Defined Port 349	9,693.00		89,651	96,621
9	Franklin Income Fund Class A	4,789.00		97,927	100,443
10	Income Fund of America	4,789.00		79,078	82,969
11	Oppenheimer Quest Balanced	3,731.00		56,421	64,327
12	Pfizer	300.00		12,272	0
13	Capstone Turbine	400.00		13,763	0
14				0	0
15				0	0
16				0	0
17				0	0
18				0	0
19				0	0
20				0	0





**Part IV, Line 58 (990) - Other Assets**

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