

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, 2007, and ending, 20

- B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

C Name of organization: CALIFORNIA WRITERS CLUB, Number and street: PO BOX 1281, City: BERKELEY, CA 94701

D Employer identification number: 94-3033072, E Telephone number: (760) 446-4350, F Accounting method: Cash

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

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? Yes, H(b) If "Yes," enter number of affiliates: 17, H(c) Are all affiliates included? Yes, H(d) Is this a separate return filed by an organization covered by a group ruling? No, I Group Exemption Number: 2050, M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF): Yes

G Website: CALWRITERS.ORG

J Organization type (check only): 501(c)(6)

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: 140,380

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

Table with 21 rows for Revenue, Expenses, and Net Assets. Includes sub-rows for contributions, program service revenue, membership dues, interest, dividends, gross rents, investment income, special events, and sales of inventory.

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 \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 22a | | | |
| 22 b | Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 22b | | | |
| 23 | Specific assistance to individuals (attach schedule) | 23 | | | |
| 24 | Benefits paid to or for members (attach schedule) | 24 | | | |
| 25 a | Compensation of current officers, directors, key employees, etc. listed in Part V-A | 25a | | | |
| b | Compensation of former officers, directors, key employees, etc. listed in Part V-B | 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) | 25c | | | |
| 26 | Salaries and wages of employees not included on lines 25a, b, and c | 26 | | | |
| 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 | | | |
| 30 | Professional fundraising fees | 30 | | | |
| 31 | Accounting fees | 31 | 50 | | |
| 32 | Legal fees | 32 | 2,500 | | |
| 33 | Supplies | 33 | 5,239 | | |
| 34 | Telephone | 34 | | | |
| 35 | Postage and shipping | 35 | 3,609 | | |
| 36 | Occupancy | 36 | | | |
| 37 | Equipment rental and maintenance | 37 | | | |
| 38 | Printing and publications | 38 | 12,675 | | |
| 39 | Travel | 39 | | | |
| 40 | Conferences, conventions, and meetings | 40 | 52,112 | | |
| 41 | Interest | 41 | | | |
| 42 | Depreciation, depletion, etc. (attach schedule) | 42 | | | |
| 43 | Other expenses not covered above (itemize): | | | | |
| a | MAILBOX SERVICE | 43a | 510 | | |
| b | BANK FEES | 43b | 410 | | |
| c | TELEPHONE, WEB FEES | 43c | 931 | | |
| d | CONTESTS & AWARDS | 43d | 9,270 | | |
| e | MISC FEES | 43e | 65 | | |
| f | | 43f | | | |
| g | | 43g | | | |
| 44 | Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) | 44 | 87,371 | 0 | 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? ► **TO PROVIDE A FORUM FOR WRITERS**

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

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.)

a See SERVICES

(Grants and allocations \$ _____) If this amount includes foreign grants, check here ►

b

(Grants and allocations \$ _____) If this amount includes foreign grants, check here ►

c

(Grants and allocations \$ _____) If this amount includes foreign grants, check here ►

d

(Grants and allocations \$ _____) If this amount includes foreign grants, check here ►

e Other program services (attach schedule)

(Grants and allocations \$ _____) If this amount includes foreign grants, check here ►

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►

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 | |
| A s s e t s | 45 Cash - non-interest-bearing | 96,328 | 45 | 116,815 | |
| | 46 Savings and temporary cash investments | | 46 | | |
| | 47 a Accounts receivable | 47a | | | |
| | b Less: allowance for doubtful accounts | 47b | 47c | | |
| | 48 a Pledges receivable | 48a | | | |
| | b Less: allowance for doubtful accounts | 48b | 48c | | |
| | 49 Grants receivable | | 49 | | |
| | 50 a 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(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) | | 50b | | |
| | 51 a 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 | | |
| | 54 a Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV | | 54a | | |
| | b Investments - other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV | | 54b | | |
| | 55 a Investments - land, buildings, and equipment: basis | 55a | | | |
| | b Less: accumulated depreciation (attach schedule) | 55b | 55c | | |
| | 56 Investments - other (attach schedule) | | 56 | | |
| | 57 a Land, buildings, and equipment: basis | 57a | | | |
| b Less: accumulated depreciation (attach schedule) | 57b | 57c | | | |
| 58 Other assets, including program-related investments (describe <input type="checkbox"/>) | | 58 | | | |
| 59 Total assets (must equal line 74). Add lines 45 through 58 | 96,328 | 59 | 116,815 | | |
| L i a b i l i t i e s | 60 Accounts payable and accrued expenses | | 60 | | |
| | 61 Grants payable | | 61 | | |
| | 62 Deferred revenue | | 62 | | |
| | 63 Loans from officers, directors, trustees, and key employees (attach schedule) | | 63 | | |
| | 64 a Tax-exempt bond liabilities (attach schedule) | | 64a | | |
| | b Mortgages and other notes payable (attach schedule) | | 64b | | |
| | 65 Other liabilities (describe <input type="checkbox"/>) | | 65 | | |
| 66 Total liabilities. Add lines 60 through 65 | 0 | 66 | 0 | | |
| Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74. | | | | | |
| N e t A s s e t s o f F u n d s | 67 Unrestricted | | 67 | | |
| | 68 Temporarily restricted | | 68 | | |
| | 69 Permanently restricted | | 69 | | |
| | Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74. | | | | |
| | 70 Capital stock, trust principal, or current funds | 0 | 70 | 0 | |
| | 71 Paid-in or capital surplus, or land, building, and equipment fund | 0 | 71 | 0 | |
| | 72 Retained earnings, endowment, accumulated income, or other funds | 96,328 | 72 | 116,815 | |
| 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) | 96,328 | 73 | 116,815 | | |
| 74 Total liabilities and net assets/fund balances. Add lines 66 and 73 | 96,328 | 74 | 116,815 | | |

| Part VI Other Information (continued) | | Yes | No |
|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 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? | | 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 | | |
| 83a | 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? | N/A | |
| 84a | 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 | |
| 85a | 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? | X | |
| b | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 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 | | |
| d | Section 162(e) lobbying and political expenditures 85d | | |
| e | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e | | |
| f | Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f | | |
| g | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? | 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? | 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 | | |
| 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 | | 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 | | X |
| 89a | 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 | 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? | | X |
| f | All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? | | 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? | | X |
| 90a | List the states with which a copy of this return is filed ▶ _____ | | |
| b | Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) 90b | | |
| 91a | The books are in care of ▶ % KATHY URBAN Telephone no. ▶ 925-296-0447 Located at ▶ 801 TURNER CT ALAMO CA ZIP + 4 ▶ 94507 | | |
| 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)? | | 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

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c X

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.)

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, Medicare/Medicaid payments, Membership dues and assessments (51,442), Interest on savings (14, 665), and Subtotal (665, 51,442). Total: 52,107.

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.)

Table with 2 columns: 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.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (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.

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 |
| | <input checked="" type="checkbox"/> |

| | (A) Name, address, of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | (D) Amount of transfer |
|---------------|-------------------------------------------------|---------------------------------------|--------------------------------|---------------------------|
| a | | | | |
| b | | | | |
| c | | | | |
| 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 |
| | |

| | (A) Name, address, of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | (D) Amount of transfer |
|---------------|-------------------------------------------------|---------------------------------------|--------------------------------|---------------------------|
| a | | | | |
| b | | | | |
| c | | | | |
| Totals | | | | |

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 _____ Date _____

Type or print name and title. _____

Paid Preparer's Use Only

| | | | |
|---------------------------------------------------------------|--------------------|------------------------------------------------------------|-------------------------------------------|
| Preparer's signature | Date 11-05-2008 | Check if self-employed <input checked="" type="checkbox"/> | Preparer's SSN or PTIN (See Gen. Inst. X) |
| Firm's name (or yours if self-employed), address, and ZIP + 4 | EIN | | Phone no. |
| Steve McElroy Tax Service PO Box 7489 AUBURN, CA 95604 | | | 5308888838 |

Statement of Program Service Accomplishments**2007 01**

Name(s) as shown on return

Your Social Security Number

CALIFORNIA WRITERS CLUB

94-3033072

FORM 990, PART III (a)

Grants and Allocations \$0
Program Service Expenses \$64787
Includes Foreign Grants NO

Explanation

CONFERENCES AND WORKSHOPS OFFER MEMBERS AND THE PUBLIC THE OPPORTUNITY TO MEET, NETWORK, LEARN AND IMPROVE THEIR WRITING. MONTHLY MEETINGS OFFER MEMBERS AND THE PUBLIC THE OPPORTUNITY TO MEET AND NETWORK WITH FEATURED SPEAKERS. ONGOING CRITIQUE GROUPS MEET THROUGHOUT THE YEAR. BRANCH NEWSLETTERS PROVIDE MONTHLY INFORMATION AND EDUCATION RELATING TO THE CRAFT OF WRITING, PUBLISHING, MARKETING AND RELATED FIELDS.

Name(s) as shown on return

FEIN

CALIFORNIA WRITERS CLUB

94-3033072

PART IV LINE 74

Description

Amount

BAL FROM LN 74 FORM 990 6/30/2007

\$ 95,248

OPENING BAL CORRECTION DUE TO UNKNOW CASH AMT

1,080

Total:

\$ 96,328

November 05, 2008

California Writers Club
PO Box 1281
Berkeley, CA 94701

California Writers Club:

Enclosed is the 2007 federal return for a tax-exempt organization, prepared for California Writers Club from the information provided. The original should be signed, dated, and mailed on or before May 15, 2008, to the following address:

Department of the Treasury
Internal Revenue Service
Ogden, UT 84201-0027

The organization's federal return reflects neither a refund nor a balance due.

Enclosed is the 2007 California income tax return for California Writers Club, prepared from the information provided. The original should be signed, dated, and mailed on or before July 15, 2008, to the following address:

Franchise Tax Board
P.O. Box 942857
Sacramento, CA 94257-0701
(Payable to Franchise Tax Board)

The organization's California income tax return reflects a balance due of \$10. Include a payment for this amount with the return.

Thank you for the opportunity to be of service. For further assistance with your tax needs, please do not hesitate to contact this office at (530)888-8838.

Sincerely,

Steve McElroy

California Exempt Organization Annual Information Return

2007

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| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| For calendar year or fiscal year beginning month _____ day _____ year _____, and ending month _____ day _____ year _____. | |
| IMPORTANT: Your number is required. | |
| California corporation number 0072446 | Federal employer identification no. (FEIN) 94-3033072 |
| Corporation/Organization name CALIFORNIA WRITERS CLUB | |
| Address (including suite, room, or PMB no.) PO BOX 1281 | |
| City BERKELEY, CA | State ZIP Code 94701 |
| A Final return? Check applicable box. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dissolved <input type="checkbox"/> Withdrawn <input type="checkbox"/> Merged/Reorganized (attach explanation) If a box is checked, enter date _____ | |
| B Check forms filed this year: State: <input type="checkbox"/> 109 <input type="checkbox"/> 100 <input type="checkbox"/> 100S <input type="checkbox"/> 100W Federal: <input checked="" type="checkbox"/> 990 <input type="checkbox"/> 990EZ <input type="checkbox"/> 990T <input type="checkbox"/> 990PF <input type="checkbox"/> 1041 <input type="checkbox"/> 1120H <input type="checkbox"/> 1120 | |
| C If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization, or is controlled by a religious operation, check box. See General Instruction F. No filing fee is required. <input type="checkbox"/> | |
| D Is this a group filing? See General Instruction N <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| E Accounting method used CASH | |
| F Type of organization <input checked="" type="checkbox"/> Exempt under Section 23701 E (insert letter) <input type="checkbox"/> IRC Section 4947(a)(1) trust | |

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

| | | | | | |
|-------------------------------------------------------------------------------|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|----|
| Receipts and Revenues (Enclose, but do not staple any payment.) | 1 | Gross sales or receipts from other sources. From Side 2, Part II, line 8 | 1 | 665 | 00 |
| | 2 | Gross dues and assessments from members and affiliates | 2 | 51,442 | 00 |
| | 3 | Gross contributions, gifts, grants, and similar amounts received. See instructions | 3 | 88,273 | 00 |
| | 4 | Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction C | 4 | 140,380 | 00 |
| | 5 | Cost of goods sold | 5 | | 00 |
| | 6 | Cost or other basis, and sales expenses of assets sold | 6 | | 00 |
| | 7 | Total costs. Add line 5 and line 6 | 7 | | 00 |
| | 8 | Total gross income. Subtract line 7 from line 4 | 8 | 140,380 | 00 |
| Expenses | 9 | Total expenses and disbursements. From Side 2, Part II, line 18 | 9 | 119,893 | 00 |
| | 10 | Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 | 10 | 20,487 | 00 |
| Filing Fee | 11 | Filing fee \$10 or \$25. See General Instruction F | 11 | 10 | 00 |
| | 12 | Penalty for failure to file on time. See General Instruction L | 12 | | 00 |
| | 13 | Use tax. See "General Instruction M" | 13 | | 00 |
| | 14 | Balance due. Add line 11, line 12, and line 13 | 14 | | 10 |

- 15** If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations Yes No
- 16** Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents Yes No
- 17** Is the organization exempt under R&TC Section 23701g? Yes No
If "Yes," enter amount of gross receipts from nonmember sources \$ _____
- 18** Did the organization file Form 100, Form 100S, Form 100W, or Form 109 to report taxable income? Yes No
If "Yes," enter amount of total income reported \$ _____
- 19** The financial records are in care of _____ Daytime telephone **760-446-4350**
located at _____

| | | | | |
|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------------------------------------------------|-----------------------------|
| 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 taxpayer) is based on all information of which preparer has any knowledge. | | | |
| | Signature of officer | Date | Title | Daytime telephone |
| Paid Preparer's Use Only | Paid Preparer's signature | Date | Check if self-employed <input checked="" type="checkbox"/> | Paid Preparer's SSN or PTIN |
| | Firm's name (or yours, if self-employed) and address | Daytime telephone | | FEIN |

Steve McElroy Tax Service
PO Box 7489
AUBURN, RN 95604

Date: **11-05-2008**
 Daytime telephone: **530-888-8838**
 Paid Preparer's SSN or PTIN: **566-90-3942**

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information. See Specific Line Instructions.

| | | | | | |
|-----------------------------|----|-------------------------------------------------------------------------------------------------------------------------------------------|----|---------|----|
| Receipts from Other Sources | 1 | Gross sales or receipts from all business activities. See instructions | 1 | | 00 |
| | 2 | Interest | 2 | 665 | 00 |
| | 3 | Dividends | 3 | | 00 |
| | 4 | Gross rents | 4 | | 00 |
| | 5 | Gross royalties | 5 | | 00 |
| | 6 | Gross amount received from sale of assets | 6 | | 00 |
| | 7 | Other income. Attach schedule | 7 | | 00 |
| | 8 | Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 | 8 | 665 | 00 |
| Expenses and Disbursements | 9 | Contributions, gifts, grants, and similar amounts paid. Attach schedule | 9 | | 00 |
| | 10 | Disbursements to or for members | 10 | | 00 |
| | 11 | Compensation of officers, directors, and trustees. Attach schedule | 11 | | 00 |
| | 12 | Other salaries and wages | 12 | | 00 |
| | 13 | Interest | 13 | | 00 |
| | 14 | Taxes | 14 | | 00 |
| | 15 | Rents | 15 | | 00 |
| | 16 | Depreciation and depletion | 16 | | 00 |
| | 17 | Other. Attach schedule | 17 | 119,893 | 00 |
| | 18 | Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 . . . | 18 | 119,893 | 00 |

| Schedule L Balance Sheets | | Beginning of taxable year | | End of taxable year | |
|----------------------------------|-------------------------------------------------------------|---------------------------|--------|---------------------|---------|
| Assets | | (a) | (b) | (c) | (d) |
| 1 | Cash | | 96,328 | | 116,815 |
| 2 | Net accounts receivable | | | | |
| 3 | Net notes receivable. Attach schedule | | | | |
| 4 | Inventories | | | | |
| 5 | Federal and state government obligations | | | | |
| 6 | Investments in other bonds. Attach schedule | | | | |
| 7 | Investments in stock. Attach schedule | | | | |
| 8 | Mortgage loans (number of loans _____) | | | | |
| 9 | Other investments. Attach schedule | | | | |
| 10 a | Depreciable assets | | | | |
| b | Less accumulated depreciation | () | | () | |
| 11 | Land | | | | |
| 12 | Other assets. Attach schedule | | | | |
| 13 | Total assets | | 96,328 | | 116,815 |
| Liabilities and net worth | | | | | |
| 14 | Accounts payable | | | | |
| 15 | Contributions, gifts, or grants payable | | | | |
| 16 | Bonds and notes payable. Attach schedule | | | | |
| 17 | Mortgages payable | | | | |
| 18 | Other liabilities. Attach schedule | | | | |
| 19 | Capital stock or principle fund | | | | |
| 20 | Paid-in or capital surplus. Attach reconciliation | | | | |
| 21 | Retained earnings or income fund | | 96,328 | | 116,815 |
| 22 | Total liabilities and net worth | | 96,328 | | 116,815 |

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000

| | | | | | |
|---|---------------------------------------------------------------------------------------------|--------|----|------------------------------------------------------------------------------------------------|--------|
| 1 | Net income per books | 20,487 | 7 | Income recorded on books this year not included in this return. Attach schedule | |
| 2 | Federal income tax | | 8 | Deductions in this return not charged against book income this year. Attach schedule | |
| 3 | Excess of capital losses over capital gains | | 9 | Total. Add line 7 and line 8 | |
| 4 | Income not recorded on books this year. Attach schedule | | 10 | Net income per return. Subtract line 9 from line 6 | 20,487 |
| 5 | Expenses recorded on books this year not deducted in this return. Attach schedule | | | | |
| 6 | Total. Add line 1 through line 5 | 20,487 | | | |

California Supporting Statements

2007 Page 1

Name(s) as shown on return

Your Social Security Number

CALIFORNIA WRITERS CLUB

94-3033072

EXPENSES

| Description | Amount |
|---------------------------------------|-------------------|
| ACCOUNTING FEES | \$ 50 |
| LEGAL FEES | 2,500 |
| SUPPLIES | 5,239 |
| POSTAGE AND SHIPPING | 3,609 |
| PRINTING AND PUBLICATIONS | 12,675 |
| CONFERENCES, CONVENTIONS AND MEETINGS | 52,112 |
| MAILBOX SERVICES | 510 |
| BANK FEES | 410 |
| TELEPHONE AND WEB FEES | 930 |
| CONTESTS AND AWARDS | 9,270 |
| MISC FEES | 65 |
| DUES PAYMENTS TO CENTRAL BOARD | 32,523 |
| Total: | \$ 119,893 |

SCHED L LINE 20

| Description | Amount |
|--------------------------------------------------|------------------|
| OPENING LIAB AND NET WORTH LINE 22 CA199 2006 | \$ 95,248 |
| CORRECTION TO OPENING BAL UNKNOWN ADDIT CASH BAL | 1,080 |
| Total: | \$ 96,328 |