

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
 (except black lung benefit trust or private foundation)

OMB No 1545-1150

2006

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.

▶ 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 10/1/2005 and ending 9/30/2006

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

C Name of organization: College Park Woods Swm Club, Inc.
 Number and street (or P.O. box, if mail is not delivered to street address): P.O. Box 685
 Room/suite: _____
 City, town, or country: College Park State: MD ZIP + 4: 20741

D Employer identification number: 52-0803865

E Telephone number: 301-935-2648

F Group Exemption Number: ▶

G Accounting method: Cash Accrual
 Other (specify) ▶ _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ _____

J Organization type (check only one)— 501(c) (7) ◀ (insert no. 4947(a)(1) or 527

K Check if the organization is not a section 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 Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 89,991

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 47 of the instructions.)

1	Contributions, gifts, grants, and similar amounts received	1	26,738	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	33,106
	4	Investment income	4	2
	5a	Gross amount from sale of assets other than inventory	5a	0
	5b	Less: cost or other basis and sales expenses	5b	0
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	0
	6	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ <u>0</u> of contributions reported on line 1)	6a	30,147
6b	Less: direct expenses other than fundraising expenses	6b	12,626	
6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	17,521	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	0	
8	Other revenue (describe ▶ _____)	8	0	
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	77,365	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	0
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	38,236
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ See attached statement)	16	20,011
17	Total expenses (add lines 10 through 16)	17	58,247	
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)	18	19,118
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	16,040
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	35,158

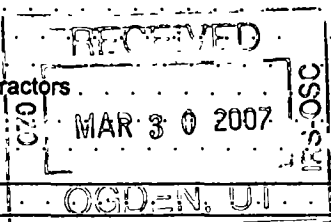
Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.
 (See page 51 of the instructions.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	6,430	3,570
23 Land and buildings	23,168	45,146
24 Other assets (describe ▶ _____)	0	0
25 Total assets	29,598	48,716
26 Total liabilities (describe ▶ Line of Credit)	13,558	13,558
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	16,040	35,158

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions (HTA)

Form **990-EZ** (2006)

SCANNED APR 16 2007



Part III Statement of Program Service Accomplishments (See page 51 of the instructions.)		Expenses
What is the organization's primary exempt purpose? Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
28	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a)	32 0

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 52 of the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Name Maria Macke Str 9242 St. Andrews Pl City College Park ST MD ZIP 20740	Title President Hr/AVK 3.00	0	0	0
Name Paul Joyal Str 2305 Lackawanna St City Adelphi ST MD ZIP 20783	Title Vice President Hr/AVK 2.00	0	0	0
Name Chuck Dorsey Str 9210 Dewberry Lane City College Park ST MD ZIP 20740	Title Secretary Hr/AVK 2.00	0	0	0
Name Mary Ellen Scullen Str 9013 Gettysburg Lane City College Park ST MD ZIP 20740	Title Treasurer Hr/AVK 3.00	0	0	0

Part V Other Information (Note the statement requirement in General Instruction V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions		
b	Did the organization file Form 1120-POL for this year?		
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved		
39	501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9		0
b	Gross receipts, included on line 9, for public use of club facilities		1,709

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

- 40 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 (4) organizations. 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 an explanation
- c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____
- d Enter amount of tax on line 40c 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?

	Yes	No
40b		
40e		X

41 List the states with which a copy of this return is filed. ▶ MD

42 a The books are in care of ▶ Name Mary Ellen Scullen Telephone no. ▶ 301-935-2648

Located at ▶ 9013 Gettsburg Lane City College

b At any time during the calendar year, did the organization have over a financial account in a foreign country (such as a bank account)?

If "Yes," enter the name of the foreign country: ▶ _____

See the instructions for exceptions and filing requirements for

c At any time during the calendar year, did the organization maintain a financial account in a foreign country?

If "Yes," enter the name of the foreign country: ▶ _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 and enter the amount of tax-exempt interest received or accrued

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, in its entirety and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than the taxpayer) is based on all information of which preparer has any knowledge

▶ MEScullen
Signature of officer

▶ Mary Ellen Scullen
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Self Prepared Return self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ XXXXXXXXXXXXX

EIN ▶ XXXXXXXXXXXXX

Phone no ▶ XXXXXXXXXXXXX

Line 1 (990-EZ) - Contributions, gifts, grants, and similar amounts received

1	Contributions	1	
2	Non Cash Contributions	2	
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	26,736
5	Commercial co-venture	5	
6	Special events contributions (Line 6 - Special Events)	6	0
7		7	
8		8	
9		9	
10	Total	10	26,736

Line 6 (990-EZ) - Special events and activities

	Event A Theme Nights	Event B Mulch Sale	Event C Day Camps	All others Other	Totals
1	Special event name				
1a	Number of special events	1	1	7	
2	Gross receipts	3,424	7,314	2,213	17,198
3	Less contributions				0
4	Gross revenue	3,424	7,314	2,213	17,198
5	Less direct expenses	831	4,105	7,690	12,626
6	Net income or (loss)	2,593	3,209	2,213	9,508

Line 16 (990-EZ) - Other expenses

1	Depreciation, depletion, etc.	1	723
2	Insurance	2	6,643
3	Interest	3	1,375
4	Utilities	4	9,548
5	Payroll Prep	5	166
6	Refunds	6	50
7	Licenses and Tax	7	426
8	Supplies	8	590
9	Bank Fees	9	106
10	Other	10	383
11	Total other expenses	11	20,011

Line 26 (990-EZ) - Liabilities

		13,558	13,558
		Beginning	End
1	Line of Credit	13,558	13,558
2			
3			
4			
5			
6			
7			
8			
9			
10			

College Park Woods Swim Club, Inc.
Depreciation Schedule - 2006 Form 990-EZ

Description	Date	Cost	Depreciation Prev. Years	Life	Depreciation This Year	Balance
Land	Jul-63	23,013	-		-	23,013
Building	Jun-64	45,922	45,922	25	-	-
Building Improvement	May-79	6,291	6,291	10	-	-
Deck Furn.	Aug-86	1,078	1,078	5	-	-
Deck Furn.	May-92	525	525	5	-	-
Diving Board	Aug-87	500	500	5	-	-
Pool Improvement	May-92	17,618	17,618	5	-	-
Pool Filter	Jul-91	1,100	1,100	5	-	-
New Roof	May-92	2,325	2,170	15	155	-
Building Improvement	Jun-06	22,700	-	10	568	22,133
Total		121,072	75,204		723	45,146

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization <i>College Park Woods Swim Club, Inc.</i>	Employer identification number <i>52-0803865</i>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <i>P.O. Box 685</i>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <i>College Park, MD 20741</i>	

Check type of return to be filed (file a separate application for each return):

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

● The books are in the care of ▶ *David Blorstad, CPA*

Telephone No. ▶ *(301) 345-5737* FAX No. ▶ ()

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a section 501(c)(3) corporation required to file Form 990-T) extension of time until *May 15, 2007*, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 20 _____ or

▶ tax year beginning *10/01*, 2005, and ending *9/30*, 2006

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ <i>0</i>

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print <small>File by the extended due date for filing the return. See instructions.</small>	Name of Exempt Organization	Employer identification number
	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

Check type of return to be filed (File a separate application for each return):

- | | | | |
|--------------------------------------|---|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ _____
Telephone No. ▶ (_____) _____ FAX No. ▶ (_____) _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until _____, 20____.
- 5 For calendar year _____, or other tax year beginning _____, 20____, and ending _____, 20____.
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension _____

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ *[Signature]* Title ▶ *Accountant* Date ▶ *2/11/2007*

Notice to Applicant. (To Be Completed by the IRS)

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other _____

Director _____ By: _____ Date _____

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)