

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 1545-0047

2005

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 2005 calendar year, or tax year beginning 2005, and ending 20

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

C Name of organization: CLAUDIUS CROZET PARK INC. Number and street: P. O. BOX 171. City or town, state or country, and ZIP + 4: Crozet, VA 22932

D Employer identification number: 54-6052265. E Telephone number: (434) 823-2211. F Accounting method: Accrual

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? No. H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? No. H(d) Is this a separate return filed by an organization covered by a group ruling? No.

G Website:

J Organization type (check only one): 501(c)(3)

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 237,588

I Group Exemption Number. M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

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

Table with 21 rows and multiple columns for revenue and expenses. Includes a 'RECEIVED' stamp dated JUN 19 2006 from OGDEN, UT.

SCANNED JUL 28 2006

**Part II Statement of Functional Expenses** All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25			
26	Other salaries and wages	26	48,637	48,637	
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29	4,904	4,904	
30	Professional fundraising fees	30			
31	Accounting fees	31	505		505
32	Legal fees	32			
33	Supplies	33	6,948	6,948	
34	Telephone	34	874	74	800
35	Postage and shipping	35			
36	Occupancy	36	27,291	14,283	13,008
37	Equipment rental and maintenance	37	1,126	1,126	
38	Printing and publications	38			
39	Travel	39			
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	42,387	24,748	17,639
43	Other expenses not covered above (itemize)				
a	<b>GF OFFICE EXPENSE</b>	43a	392		392
b	<b>GF LICENSES, FEES, PERMITS</b>	43b	25		25
c	<b>POOL ADVERTISEMENTS</b>	43c	567	567	
d	<b>BANK FEES AND LATE FEES</b>	43d	90	55	35
e	<b>LIFE GUARD SWIM SUITS</b>	43e	210	210	
f		43f			
g		43g			
44	<b>Total functional expenses.</b> Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	133,956	101,552	32,404

**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? <b>▶CULTURAL AND RECREATIONAL</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 PROVIDED SWIMMING, EXHIBITS AND ATHLETIC FACILITIES FOR THE COMMUNITY</b> <hr/> <hr/> <hr/> (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>101,552</b>
<b>b</b> <hr/> <hr/> <hr/> (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>c</b> <hr/> <hr/> <hr/> (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>d</b> <hr/> <hr/> <hr/> (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>e Other program services (attach schedule)</b> (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . . ▶	<b>101,552</b>

**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
45	Cash - non-interest-bearing	12,297	45	20,582
46	Savings and temporary cash investments	98,339	46	91,403
47 a	Accounts receivable			
	b Less allowance for doubtful accounts		47c	
48 a	Pledges receivable			
	b Less allowance for doubtful accounts		48c	
49	Grants receivable		49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
A	51 a Other notes and loans receivable (attach schedule)			
s				
s	b Less allowance for doubtful accounts		51c	
e	52 Inventories for sale or use	1,223	52	693
t	53 Prepaid expenses and deferred charges		53	
s	54 Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55 a Investments - land, buildings, and equipment basis	955,187		
	b Less accumulated depreciation (attach schedule)	580,308	55c	374,879
	56 Investments - other (attach schedule)	396,700	56	
	57 a Land, buildings, and equipment, basis			
	b Less accumulated depreciation (attach schedule)		57c	
	58 Other assets (describe _____)		58	
	59 Total assets (must equal line 74) Add lines 45 through 58	508,559	59	487,557
L	60 Accounts payable and accrued expenses	231	60	926
i	61 Grants payable		61	
a	62 Deferred revenue		62	
b	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
i	64 a Tax-exempt bond liabilities (attach schedule)		64a	
i	b Mortgages and other notes payable (attach schedule)		64b	
t	65 Other liabilities (describe <b>PAYROLL</b> )	708	65	
e	66 Total liabilities. Add lines 60 through 65	939	66	926
s				
N	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
F	67 Unrestricted		67	
e	68 Temporarily restricted		68	
n	69 Permanently restricted		69	
d	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74			
A	70 Capital stock, trust principal, or current funds		70	
s	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
B	72 Retained earnings, endowment, accumulated income, or other funds	507,620	72	486,631
s	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	507,620	73	486,631
e	74 Total liabilities and net assets / fund balances. Add lines 66 and 73	508,559	74	487,557
r				





Part VI Other Information (continued)		Yes	No
<b>82 a</b>	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? . . . . .		<b>X</b>
	<b>b</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) . . . . . <b>82b</b>		
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications? . . . . .	<b>X</b>	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . . .	<b>X</b>	
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .		<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>N/A</b>	
<b>85</b>	<b>501(c)(4), (5), or (6) organizations</b> <b>a</b> Were substantially all dues nondeductible by members? . . . . .	<b>N/A</b>	
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .	<b>N/A</b>	
	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		
<b>c</b>	Dues, assessments, and similar amounts from members . . . . . <b>85c</b>		
<b>d</b>	Section 162(e) lobbying and political expenditures . . . . . <b>85d</b>		
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . . <b>85e</b>		
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . . <b>85f</b>		
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . .	<b>N/A</b>	
<b>h</b>	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? . . . . .	<b>N/A</b>	
<b>86</b>	<b>501(c)(7) orgs</b> Enter <b>a</b> Initiation fees and capital contributions included on line 12 . . . . . <b>86a</b>		
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities . . . . . <b>86b</b>		
<b>87</b>	<b>501(c)(12) orgs</b> Enter <b>a</b> Gross income from members or shareholders . . . . . <b>87a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <b>87b</b>		
<b>88</b>	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 . . . . .		<b>X</b>
<b>89 a</b>	<b>501(c)(3) organizations</b> Enter Amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
<b>b</b>	<b>501(c)(3) and 501(c)(4) orgs</b> 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 . . . . .	<b>N/A</b>	
<b>c</b>	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____		
<b>d</b>	Enter Amount of tax on line 89c, above, reimbursed by the organization . . . . . ▶ _____		
<b>90 a</b>	List the states with which a copy of this return is filed ▶ _____		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2005 (See instructions) . . . . . <b>90b</b>		<b>1</b>
<b>91 a</b>	The books are in care of ▶ <b>TREASURER JOANN PERKINS</b> Telephone no ▶ _____ Located at ▶ <b>5568 ST GEORGE AVE CROZET VA</b> ZIP + 4 ▶ <b>22932</b>		
<b>b</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)? . . . . .	<b>N/A</b>	
	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	<b>N/A</b>	
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the United States? . . . . .		<b>X</b>
	If "Yes," enter the name of the foreign country ▶ _____		
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>92</b>		

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

	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>Note:</b> Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a <b>POOL DAILY ADMISSIONS</b>					<b>34,177</b>
b <b>POOL SEASON PASSES</b>					<b>41,678</b>
c <b>POOL SWIMMING LESSONS</b>					<b>7,486</b>
d <b>POOL PUBLIC TELEPHONE</b>					<b>19</b>
e					
f Medicare/Medicaid payments . . . . .					
g Fees and contracts from government agencies . . . . .					
94 Membership dues and assessments . . . . .					
95 Interest on savings and temporary cash investments			<b>14</b>	<b>1,354</b>	
96 Dividends and interest from securities . . . . .					
97 Net rental income or (loss) from real estate:					
a debt-financed property . . . . .					
b not debt-financed property . . . . .					<b>3,304</b>
98 Net rental income or (loss) from personal property . . . . .					
99 Other investment income . . . . .					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events . . . . .					<b>14,454</b>
102 Gross profit or (loss) from sales of inventory . . . . .					<b>10,320</b>
103 Other revenue a <b>MISCELLANEOUS</b>					<b>3</b>
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E)) . . . . .				<b>1,354</b>	<b>111,441</b>
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					<b>112,795</b>

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	<b>SEE ATTACHMENT</b>

**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
	%			
	%			
	%			
	%			

**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)

**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: Robert A Maupin Date: 1/6/12/06

Type or print name and title: Robert A Maupin, President

**Paid Preparer's Use Only**

Preparer's signature: N. DIANNE EDGE Date: 06-15-2006 Check if self-employed:

Firm's name (or yours if self-employed) address, and ZIP + 4: CAS BUSINESS SERVICES, INC. EIN: 54-1964553

P. O. BOX 309 Phone no: 662-840-5499

MOOREVILLE MS 38857

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

**2005**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information -- (See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

**CLAUDIUS CROZET PARK INC**

**54-6052265**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000 ▶				

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms) If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services . . . . . ▶		

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None " See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Total number of other contractors receiving over \$50,000 for other services . . . . . ▶		

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

▶ See separate instructions.      ▶ Attach to your tax return.

**CLAUDIUS CROZET PARK INC**

Business or activity to which this form relates  
**PROGRAM SERVICES - 1**

Identifying number  
**54-6052265**

**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	
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	
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	4	
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	
<hr/>			
(a) Description of property		(b) Cost (business use only)	(c) Elected cost
6			
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	
9	Tentative deduction Enter the smaller of line 5 or line 8 . . . . .	9	
10	Carryover of disallowed deduction from line 13 of your 2004 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	
13	Carryover of disallowed deduction to 2006. Add lines 9 and 10, less line 12 . ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)**

14	Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election . . . . .	15	
16	Other depreciation (including ACRS) . . . . .	16	<b>242</b>

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

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2005 . . . . .	17	<b>23,288</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2005 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		1,265	5	HY	200 DB	253
c 7-year property						
d 10-year property						
e 15-year property Statement # 50						965
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			27 5 yrs	MM	S/L	
			39 yrs	MM	S/L	

**Section C - Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System**

20a	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	<b>24,748</b>
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	

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

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**CLAUDIUS CROZET PARK INC**

**MANAGEMENT/GENERAL -**

**54-6052265**

**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	
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	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	4	
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	
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	
9	Tentative deduction Enter the smaller of line 5 or line 8 . . . . .	9	
10	Carryover of disallowed deduction from line 13 of your 2004 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	
13	Carryover of disallowed deduction to 2006 Add lines 9 and 10, less line 12 . ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)**

14	Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year (see instructions) . . . . .	14	
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 2005 . . . . .	17	<b>17,639</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2005 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
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 2005 Tax Year Using the Alternative Depreciation System**

20a 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	<b>17,639</b>
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	

Name as shown on Return

CLAUDIUS CROZET PARK INC

Employer identification number

54-6052265

LINE 10A GROSS RECEIPTS OF INVENTORY

Description	Amount
GF	\$ 5,000
CONCESSIONS SALES POOL	15,658
Total:	\$ 20,658

LINE 10B COST OF GOODS SOLD

Description	Amount
POOL PURCHASES AND CONCESSIONS	\$ 9,506
POOL SALES TAX	726
SWIM TEAM SALES TAX	106
Total:	\$ 10,338

LINE 9B DIRECT EXPENSES OF SPECIAL EVENTS<sup>13</sup>

Description	Amount
ARTS AND CRAFTS SALARIES	\$ 12,000
ARTS AND CRAFTS PAYROLL TAXES	949
SWIM TEAM WAGES	13,033
SWIM TEAM PAYROLL TAXES	1,065
SWIM TEAM EXPENSES	8,397
SWIM TEAM WORKERS COMP	399
ARTS AND CRAFTS SPRING FESTIVAL EXPENSES	38,447
ARTS AND CRAFTS FALL FESTIVAL EXPENSES	39,529
ARTS AND CRAFTS OFFICE SUPPLIES AND BANK FEES	136
Total:	\$ 113,955

LINE 6A GROSS RENTALS

Description	Amount
GF BUILDING RENTALS	\$ 2,500
POOL RENTALS	804
Total:	\$ 3,304

LINE 26 FUNCTIONAL EXPENSES OTHER WAGES

Description	Amount
POOL WAGES	\$ 48,637
Total:	\$ 48,637

Name as shown on Return

CLAUDIUS CROZET PARK INC

Employer identification number

54-6052265

LINE 29 PART II FUNCTIONAL EXPENSES

Description	Amount
POOL PR TAXES	\$ 4,904
Total:	\$ 4,904

LINE 33 PART II FUNCTIONAL EXPENSES

Description	Amount
POOL OFFICE SUPPLIES	\$ 314
POOL SUPPLIES	271
POOL CHEMICALS	6,363
Total:	\$ 6,948

LINE 36 PART II FUNCTIONAL EXPENSES OCCUPANCY

Description	Amount
MGT GF INSURANCE	\$ 6,686
GF MISCELLANEOUS	31
GF WATER AND SEWER	991
GF ELECTRIC	1,068
GF HEATING OIL	1,123
GF BUILDING AND GROUNDS MAINTENANCE	3,109
POOL INSURANCE	2,509
POOL WATER	2,560
POOL ELECTRIC	5,411
POOL MAINTENANCE	3,283
POOL CONTRACT LABOR	240
POOLSIDE AESTHETICS	280
LESS MGT FUNCTIONAL EXPENSES	(13,008)
Total:	\$ 14,283

PAGE 1 LINE 20 OTHER CHANGES TO NET ASSETS

Description	Amount
CORRECTION TO FUND ASSETS	\$ 598
Total:	\$ 598







**Statement Summary**  
**PART VIII PURPOSE RELATIONSH**

**2005**  
**STATEMENT 01**

Name(s) shown on return <b>CLAUDIUS CROZET PARK INC</b>	Identifying Number <b>54-6052265</b>
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**RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT  
OF EXEMPT PURPOSES**

<b>LINE</b>	<b>RELATIONSHIP</b>
93	PROVIDED FUNDING FOR POOL OPERATIONS
95	INVESTED EXCESS FOR CONTINUING OPERATIONS
97	PROVIDED PUBLIC MEETING AND EVENT LOCATION
101	PROVIDED FUNDING FOR PARK OPERATIONS
102	ADDITIONAL FUNDING FOR PARK OPERATIONS

**PART V A) A**

**STATEMENT 02**

**RELATIONS OF BOARD MEMBERS TO OFFICERS, DIRECTORS,  
TRUSTEES OR KEY EMPLOYEES**

**TREASURER JO ANN PERKINS MOTHER OF BOARD MEMBER  
NAT PERKINS**

**Statement Summary**

**2005**

Form 990 - Part V

**List of Officers, Directors, Trustees, and Key Employees**

Name(s) shown on return		Identifying Number		
CLAUDIUS CROZET PARK INC		54-6052265		
(A) Name and address	Title and Average Hrs	(C) Compensation	(D) Contrib.	(E) Expense
JACK BURTON 6235 MIDWAY RD C'VILLE VA	VICE PRES	0	0	0
KATHY HALL 5565 BROOKWOOD CROZET VA 22932	FESTIVAL DIR	12,000	0	0
BONNIE LUCAS 5555 JAMESTOWN CROZET VA 22932	BOARD MEMBER	0	0	0
ROBBIE MAUPIN 200 HEATHER CRST PL C'VILLE VA	PRESIDENT	0	0	0
NICK MUNGER 315 HERON LN C'VILLE VA	BRD ATTORNEY	0	0	0
DANNY NEWTON 55559 BROOKWOOD CROZET VA	BOARD MEMBER	0	0	0
JOANN PERKINS 5568 ST GEORGE CROZET VA	TREASURER	0	0	0
EMERY TAYLOR 1205 RED PINE CR CROZET VA	BOARD MEMBER	0	0	0
TONY VIA 6031 JARMANS GAP CROZET VA	BOARD MEMBER	0	0	0
GAYLE WRIGHT 1036 ROSENCRANS CROZET VA	BOARD MEMBER	0	0	0
KELLY STRICKLAND 411 CRANBERRY LANE C'VILLE VA	SECRETARY	0	0	0
HEIDI SONEN 1535 MINT SPRINGS CROZET VA	BOARD MEMBER	0	0	0
FRED WILLIAMSON 5623 SUGAR RIDGE CROZET VA	BOARD MEMBER	0	0	0
NANCY B CORLEY 1457 CROZET AVE CROZET VA	BOARD MEMBER	0	0	0
NAT PERKINS 1850 BRDWALS GAP TRNPK C'VILLE	BOARD MEMBER	0	0	0
SUSAN WOODWARD P O BOX 206 WHITE HALL VA	BOARD MEMBER	0	0	0
ANDREW BOYCE 975 CROZET AVENUE CROZET VA	SWM POOL DIR	0	0	0
JUDI BURBES		0	0	0
DAN MAHON		0	0	0
VICKY MCCUE WARS P O BOX 91 GREENWOOD VA	BOARD MEMBER	0	0	0
BILL ROSSBERG		0	0	0
BRIAN CAMPBELL 901 CLAUDIUS COURT CROZET VA	BOARD MEMBER	0	0	0



# Application for Extension of Time to File an Exempt Organization Return

▶ 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)

**Form 990-T corporations** requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile)

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>CLAUDIUS CROZET PARK INC</b>	Employer identification number <b>54-6052265</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>P. O. BOX 171</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Crozet, VA 22932</b>	

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

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" 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 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 ▶ **TREASURER JOANN PERKINS**

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 will cover.

**1** I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until **08-15, 2006** to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year **2005** or

▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_

**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 ..... \$ \_\_\_\_\_

**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 ..... \$ \_\_\_\_\_

**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 ..... \$ \_\_\_\_\_

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

For Paperwork Reduction Act Notice, see Instruction