Form **990**

Department of the Treasury
Internal Revenue Service

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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2005

Open to Public Inspection

A For the 2005 calendar year, or tax year beginning april 1 **, 2005, and ending** March 31 **, 20**06

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

29 IA 200603 07 00 3 0000
KINGS CREEK COUNTRY CLUB INC 3DG
~~LOCAL~~ 1 Kings Creek Circle
REHOBOTH BCH DE 19971

D Employer identification number: 51 0318526

E Telephone number: 302 227-8954

F Accounting method: ☐ Cash ☑ Accrual ☐ Other (specify) ▶

• 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 ☑ 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 ▶

G Website: ▶ Kings Creek Country Club . Com

J Organization type (check only one) ▶ ☑ 501(c) (7) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

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.**

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

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

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

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support	1a			
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	**Total** (add lines 1a through 1c) (cash $ ______ noncash $ ______)			1d	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	439,784
	3	Membership dues and assessments			3	1968307
	4	Interest on savings and temporary cash investments			4	9099
	5	Dividends and interest from securities			5	
	6a	Gross rents	6a			
	b	Less: rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	
	7	Other investment income (describe ▶)			7	
	8a	Gross amount from sales of assets other than inventory — (A) Securities: ; (B) Other:	8a			
	b	Less: cost or other basis and sales expenses	8b			
	c	Gain or (loss) (attach schedule)	8c			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d	
	9	Special events and activities (attach schedule). If any amount is from **gaming**, check here ▶ ☐				
	a	Gross revenue (not including $ ______ of contributions reported on line 1a)	9a			
	b	Less: direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	
	10a	Gross sales of inventory, less returns and allowances	10a	553 337		
	b	Less: cost of goods sold	10b	159 903		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	393 434
	11	Other revenue (from Part VII, line 103)			11	33 340
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	2843 964
Expenses	13	Program services (from line 44, column (B))			13	
	14	Management and general (from line 44, column (C))			14	
	15	Fundraising (from line 44, column (D))			15	
	16	Payments to affiliates (attach schedule)			16	
	17	**Total expenses** (add lines 16 and 44, column (A))			17	2726 332
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	117 632
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	3452 599
	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, 19, and 20)			21	3,570,231

POSTMARK DATE AUG 10 2006

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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 Grants and allocations (attach schedule) (cash $ ______ noncash $ ______) If this amount includes foreign grants, check here ▶ ☐	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	1201660	952,616	249,044	
27 Pension plan contributions	27				
28 Other employee benefits	28	159894	137696	22198	
29 Payroll taxes	29	122714	103801	18913	
30 Professional fundraising fees	30				
31 Accounting fees	31	23345		23345	
32 Legal fees	32	20958		20958	
33 Supplies	33	250089	239740	10349	
34 Telephone	34	10267	8196	2071	
35 Postage and shipping	35	6220		6220	
36 Occupancy	36				
37 Equipment rental and maintenance	37	202340	200660	1680	
38 Printing and publications Cost of Sales	38	143237	143237		
39 Travel	39	7198	3374	3824	
40 Conferences, conventions, and meetings	40	29130	29130		
41 Interest	41	162740		162740	
42 Depreciation, depletion, etc. (attach schedule)	42	186671		186671	
43 Other expenses not covered above (itemize):					
a Amortization	43a	11232		11232	
b Utilities	43b	92867	92867		
c Prop. Insurance	43c	42875		42875	
d Licenses Taxes	43d	22822		22822	
e Dues & Subscriptions	43e	15839	15839		
f Misc	43f	14234	14234		
g	43g				
44 **Total functional expenses.** Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	2726332	1941390	784942	

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 $ ______

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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? ▶ Member Recreation All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	**Program Service Expenses** (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
a N/A (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
b N/A (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
c N/A (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
d N/A (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). . . . . ▶	

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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			119,839	45	119,254
46	Savings and temporary cash investments			462,487	46	413,523
47a	Accounts receivable	47a				
b	Less: allowance for doubtful accounts	47b		137,638	47c	144,470
48a	Pledges receivable	48a				
b	Less: allowance for doubtful accounts	48b			48c	
49	Grants receivable				49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
51a	Other notes and loans receivable (attach schedule)	51a				
b	Less: allowance for doubtful accounts	51b			51c	
52	Inventories for sale or use			96738	52	120,191
53	Prepaid expenses and deferred charges			52843	53	37,143
54	Investments—securities (attach schedule) ▶ ☐ Cost ☐ FMV				54	
55a	Investments—land, buildings, and equipment: basis	55a	9,290,067			
b	Less: accumulated depreciation (attach schedule)	55b	2,760,763	6,461,895	55c	6529,304
56	Investments—other (attach schedule) Bond Origination Cost			141,335	56	130,103
57a	Land, buildings, and equipment: basis	57a				
b	Less: accumulated depreciation (attach schedule)	57b			57c	
58	Other assets (describe ▶)				58	
59	**Total assets** (must equal line 74). Add lines 45 through 58			7,472,775	59	7493,988
Liabilities						
60	Accounts payable and accrued expenses			189,973	60	406,275
61	Grants payable				61	
62	Deferred revenue				62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)				63	
64a	Tax-exempt bond liabilities (attach schedule)				64a	
b	Mortgages and other notes payable (attach schedule)			3,310,417	64b	2,990,000
65	Other liabilities (describe ▶ Prepaid Fines)			519,787	65	527,482
66	**Total liabilities.** Add lines 60 through 65			4,020,177	66	3,923,757
Net Assets or Fund Balances						
	Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 67 through 69 and lines 73 and 74.					
67	Unrestricted				67	
68	Temporarily restricted				68	
69	Permanently restricted				69	
	Organizations that do not follow SFAS 117, check here ▶ ☐ 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			3,452,598	72	3570231
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)			3,452,598	73	3570231
74	**Total liabilities and net assets/fund balances.** Add lines 66 and 73.			7,472,775	74	7493,988

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

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

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

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

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See attached				

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Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

			Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 9			
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)	75b		✓
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 this organization through common supervision or common control?	75c		✓
	Note. Related organizations include section 509(a)(3) supporting organizations. If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.			
d	Does the organization have a written conflict of interest policy?	75d		✓

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	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
	NA			

Part VI Other Information *(See the instructions.)*

			Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		✓
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.	77		✓
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a	✓	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b	✓	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		✓
80a	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?	80a		✓
b	If "Yes," enter the name of the organization ▶ ______ and check whether it is ☐ exempt **or** ☐ nonexempt			
81a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a			
b	Did the organization file **Form 1120-POL** for this year?	81b		✓

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?	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			
83a	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	
84a	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) organizations.* a Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of $2,000 or less? If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	N/A	
c	Dues, assessments, and similar amounts from members 85c			
d	Section 162(e) lobbying and political expenditures 85d N/A			
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?	85g	NA	
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	NA	
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 NA			
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	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	88		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	89b	NA	
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ NA			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ NA			
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, 2005 (See instructions.) 90b			

91a The books are in care of ▶ Angelo M. Caputo CPA Telephone no. ▶ (302) 227-8954
Located at ▶ 1 Kings Creek Circle Rehoboth Beach DE ZIP + 4 ▶ 19971-1034

			Yes	No
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)? 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.	91b		X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶	91c		X

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

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

Note: *Enter gross amounts unless otherwise indicated.*

		Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93	Program service revenue:					
a	Golf Income		67301			372,483
b						
c						
d						
e						
f	Medicare/Medicaid payments					
g	Fees and contracts from government agencies					
94	Membership dues and assessments					1968307
95	Interest on savings and temporary cash investments		9099			
96	Dividends and interest from securities					
97	Net rental income or (loss) from real estate:					
a	debt-financed property					
b	not debt-financed property					
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					
102	Gross profit or (loss) from sales of inventory		94308			299,126
103	Other revenue: a Pool Fees					4162
b	Other Member Charges					20576
c	Other admin. Income					8602
d						
e						
104	Subtotal (add columns (B), (D), and (E))		170708			2673256

105 Total (add line 104, columns (B), (D), and (E)) ▶ 2,843,964

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).

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 [redacted]

(b) Did the organization, during the year, pay premiums, [redacted]

Note: *If "Yes" to* **(b)**, *file Form 8870* **and** *Form 4720 (see* [redacted]

Please Sign Here

Under penalties of perjury, I declare that I have examined this [redacted] and belief, it is true, correct, and complete. Declaration of prep[redacted]

▶ [signature] [redacted]

Signature of officer

▶ A.M. CAPUTO, CP [redacted]

Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ [redacted]

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

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Form 990

PART 5 A

KINGS CREEK COUNTRY CLUB
BOARD OF DIRECTORS FY2006-07

Mr. Stephen Lett, President P.O. Box 5 Bethany Beach, DE 19930 (302) 537-0375 (302) 381-6487 Cell steve@lettdirect.com	**Mr. Vince Mazza, Vice President** 2 Kings Creek Circle Rehoboth Beach, DE 19971 (302) 227-2865 vamaza@msn.com
Mr. Frank D. Derville 3 Alexander Court Rehoboth Beach, DE 19971 (302) 227-8563 fderville@isp.com	**Mr. Steve Storrie** 1023 Wagner Road Ruxton, MD 21204 (410) 825-8687 115 Kings Creek Circle Rehoboth Beach, DE 19971 (302) 226-1968 (410) 446-5288 Cell (410) 828-0200 Work Phone (410) 828-5937 Fax thestar@bloomberg.net
Mr. John T. Kiker 62 Kings Creek Circle Rehoboth Beach, DE 19971 (302) 227-8266 (302) 249-2953 Cell bjkik@comcast.net	**Mr. Tim Fermoile, Member At Large** 1828 Duffield Lane Alexandria, VA 22307 (703) 960-3617 21 Park Avenue Rehoboth Beach, DE 19971 (302) 227-7964 (703) 622-3349 (Best #) Tfermoile@hotmail.com
Mr. Jack Young, Secretary 5146 Woodmire Lane Alexandria, VA 22311 (703) 379-1834 (202) 277-9475 Cell 4 Ellender Court Rehoboth Beach, DE 19971 young@sandlerreiff.com	**Mrs. Diane Herndon, Treasurer** 13900 Foggy Glen Drive Silver Spring, MD. 20906 (301) 871-2125 8 Patriots Way Rehoboth Beach, DE 19971 (302) 226-8740 (301) 518-9221 Cell (Best#) (202) 327-8819 work diane.herndon@ey.com
Note: Directors receive no compensation, no benefits, & no expense allowances.	**Mr. Ed Speno** 4 Old Boxwood Lane, Lutherville, MD 21093 (410) 828-5496 11 Metz Way Rehoboth Beach, DE 19971 (302) 226-8270 Cell Phone: (410) 375-6533 (Best #) Private Line: (410) 828-5264 Fax - MD (410) 828-5946 Fax - DE (302) 226-8271 espeno@prodigy.net

Rev. 6/01/06