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# Form **990**

E2-683

Department of the Treasury

#### 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 Open to Public

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. OCT 2008 and ending SEP 30, For the 2008 calendar year, or tax year beginning D Employer identification number C Name of organization Check if use IRS Address label or KENDBRIN SWIM & TENNIS CLUB print or Name Ichange 05-0274594 type Doing Business As Initial Room/suite Number and street (or P.O box if mail is not delivered to street address) E Telephone number See Specific Termin-401-433-3515 P.O. BOX 4418 . Instruc Amende 350,886. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-RIVERSIDE, RI 02915 H(a) is this a group return pendina F Name and address of principal officer:BILL HUNDERTMARK Yes X No for affiliates? 25 HOSPITAL ROAD , RIVERSIDE, RI H(b) Are all affiliates included? Yes I Tax-exempt status: X 501(c) (7 ) ◀ (insert no.) ☐ 4947(a)(1) or If "No." attach a list. (see instructions) J Website: ► N/A **H(c)** Group exemption number ▶ K Type of organization X Corporation Association L Year of formation: 1954 M State of legal domicile: RI Part I Summary Briefly describe the organization's mission or most significant activities: MEMBERSHIP CLUB FOR SWIM, Governance AND OTHER RECREATIONAL ACTIVITIES. Check this box I if the organization discontinued its operations or disposed of more than 25% of its assets. 12 Number of voting members of the governing body (Part VI. line 1a) 0 4 Number of independent voting members of the governing body (Part VI, line 1b) <del>2</del>9 5 Total number of employees (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) <7,564. 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 257,464. 289,620. Program service revenue (Part VIII, line 2g) 2,070. 594. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 23,327. 29,052. itterzevenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) R 12 Tolar evenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12) 288,586 313,541. Grants and similar amounts paid (Part IX, column (A), lines 1-3) (Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 90,249. 85,899. 15 Professionatiundraising fees (Part IX, column (A), line 11e). Total fundraising expenses (Part IX, column (D), line 25) 170,418. 161,255. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 247,154. 260,667. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 66,387. 27,919. 19 Revenue less expenses. Subtract line 18 from line 12 Assets or Balances Beginning of Year End of Year 564,923. 317,774 20 Total assets (Part X, line 16) 217,960. 398,722. 21 Total liabilities (Part X, line 26) ᆴ 166,201 99,814. 22 Net assets or fund balances. Subtract line 21 from line 20 Signature Block 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 Accignation of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here BILL HUNDERTMARK, PRESIDENT Type or print name and title Preparer's Identifying number (see instructions) Check if Preparer's self-Paid signature employed > Preparer's Firm's name (or CHAPUT & FEENEY LLP EIN > yours if self-employed). **Use Only** 690 WARREN AVENUE address, and ZIP + 4 Phone no  $\blacktriangleright 401-431-1010$ EAST PROVIDENCE, RI 02914

X Yes \_

No

	n 990 (2008) KENDBRIN SWIM & S		05-02	/4594Pag	e 2
Pa	rt III Statement of Program Service Accompl	ishments (see instructions)			
1	Briefly describe the organization's mission: NONE				
				<del> </del>	
2	Did the organization undertake any significant program serv	vices during the year which were no	t listed on		
	the prior Form 990 or 990-EZ?		••	Yes X	No
_	If "Yes", describe these new services on Schedule O.	shanges in how it conducts, any pr	ogram senilogs?	Yes X	No
3	Did the organization cease conducting, or make significant If "Yes", describe these changes on Schedule O.	changes in now it conducts, any pr	ogram services r	ies _A_	IVO
4	Describe the exempt purpose achievements for each of the	e organization's three largest progra	m services by expenses.		
	Section 501(c)(3) and 501(c)(4) organizations and section 4				
	allocations to others, the total expenses, and revenue, if an	y, for each program service reporte	d.		
	/C	to all reliance amounts of C	\/Payanua \$		
4a	(Code: ) (Expenses \$ TO PROVIDE SWIM, TENNIS AND OT	Including grants of \$	) (Revenue \$ ACTIVITIES AND	LESSONS	,
	FOR ITS MEMBERSHIP.		110111111111111111111111111111111111111		
		<del></del>	<del></del>		
			<u> </u>		
4b	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$		)
		<u> </u>			
			<u> </u>		
				-	
			<del></del>		
4c	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$		)
			<del> </del>		
			<del></del>		
					_
			· · · · · · · · · · · · · · · · · · ·		
4d	Other program services. (Describe in Schedule O.)				_
_	(Expenses \$ including grants of \$	) (Revenue \$	)		
4e	Total program service expenses ►\$	(Must equal Part IX, Line	25, column (B).)		
				Form <b>990</b> (20	(800

	1117 Tiloumot of Hodanica Confedera			
			Yes	No
<b>,</b> 1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			.,
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3	-	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	_		
_	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			v
_	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			Х
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			Х
40	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9 10		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		7.
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?	11	X	
10	If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable  Did the organization receive an audited financial statement for the year for which it is completing this return that was	11	-21	
12	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		х
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
-	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
-	located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.			
	If "No", go to question 25	24a		X
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
<b>2</b> 5a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		ļ
Ь	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			
	prior year? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			٠,
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		<u>X</u>

#### Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
ìа	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		Х
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			İ
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			l
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			l
	If "Yes," complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tay purposes? If "Ves." complete Schedule R. Part VI	37	I	l X

Page 5

rai	t v   Statements negarding Other INS Filings and Tax Compliance				1	,——
	· ·	ı 1	1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
•	U.S. Information Returns. Enter -0- if not applicable	_1a	0			
Ь	Enter the number of Forms W-2G included in line 1a. Enter -0 if not applicable	1b	0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	29			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b_	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	ınstrud	ctions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d by tl	nis return?	3a		<u> X</u>
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			_3b_		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accour	nt)?	4a		X
ь	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 I	Bank a	ınd			
	Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b_		X
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	Regar	ding Prohibited			
	Tax Shelter Transaction?			5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		<u>X</u>
þ	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more	than	\$75?	7a		
b	if "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	uired		-	
	to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	erson	ai			
	benefit contract?			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?		7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C			7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec					
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring or	ganıza	tion, have			
	excess business holdings at any time during the year?			8		
	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					
	Did the organization make any taxable distributions under section 4966?			9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?			9ь		
	Section 501(c)(7) organizations. Enter:	4	^			
	Initiation fees and capital contributions included on Part VIII, line 12	10a	0.			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u>U.</u>			
	Section 501(c)(12) organizations. Enter: N/A	ا مد				
	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b		46		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	- 1	'	12a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year N/A	12b		<u></u>		<u></u>

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	ction A. Governing Body and Management				
		F		Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,				
	processes, or changes in Schedule O. See instructions.				
1a	Enter the number of voting members of the governing body	12	- 1		
b	Enter the number of voting members that are independent	0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		1		
	officer, director, trustee, or key employee?	L	2		<u> X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	- 1			
	of officers, directors or trustees, or key employees to a management company or other person?	L	3		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	L	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	.  _	5		X
6	Does the organization have members or stockholders?	-	6		Х
<b>7</b> a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	ŀ			
	governing body?	L	7a		<u>X</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	<u> </u>	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
	by the following:		1		
a	The governing body?	⊢	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	Ŀ	8ь	Х	
9a	Does the organization have local chapters, branches, or affiliates?	L	9a		<u>X</u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,		Ì		
	and branches to ensure their operations are consistent with those of the organization?	L	9ь		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must				
	describe in Schedule O the process, if any, the organization uses to review the Form 990	$\perp$	10	Х	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	- [		l	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		11		<u>X</u>
<u>Sec</u>	tion B. Policies				
		_		Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	[1	2a		<u>X</u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise				
	to conflicts?	[1	2b		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe				
	in Schedule O how this is done		2c		
13	Does the organization have a written whistleblower policy?	· -	13		<u>X</u>
14	Does the organization have a written document retention and destruction policy?	·-  -	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		- 1		
	The organization's CEO, Executive Director, or top management official?	.   1	15a		<u>X</u>
þ	Other officers or key employees of the organization?	1	15b		X
	Describe the process in Schedule O. (see instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			l	37
	taxable entity during the year?	1	6a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation				
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's				
	exempt status with respect to such arrangements?		6b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed NONE				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available.	ble fo	r		
	public inspection. Indicate how you make these available. Check all that apply.				
	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy	, and	fina	ncıal	
	statements available to the public.				
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organ	ızatic	n: 🕨		
	JAMES MONAHAN - 433-3515				
	25 HOSPITAL ROAD, EAST PROVIDENCE RI 02915				

032006 12-18-08

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Average hours per week   Average hours per w	
hours per week per we	
per week week week week week week week we	
Week Base Base Base Base Base Base Base Base	
JOHN GORHAM	
JOHN GORHAM   EXECUTIVE DIRECTOR   20.00 X X   11,500.   0.     JAMES MONAHAN   TREASURER   10.00   X   0.   0.     ED COOGAN   VICE PRESIDENT   5.00   X   0.   0.     CINDY COYNE   SECRETARY   5.00   X   0.   0.     BILL HUNDERTMARK   5.00   0.	ations
TREASURER	
TREASURER         10.00         X         0.         0.           ED COOGAN         VICE PRESIDENT         5.00         X         0.         0.           CINDY COYNE         SECRETARY         5.00         X         0.         0.           BILL HUNDERTMARK         0.         0.         0.	0.
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BILL HUNDERTMARK	
	0.
PRESIDENT 10.00 X 0. 0.	
	0.

ra	FT VIL Section A. Officers, Directors, Tr	ustees, Key Eı	mple	oyee	es, a	nd l	High	ıest	Compensated Employ	rees (continued)				
	(A)	(B)				-			(D)	(E)			(F)	
	Name and title	Average							Reportable	Reportable			timated	
-		hours	(c	hec	k all	that	app	oly)			)		ount o	f
		1 7	둱					1					other pensati	ion
		Week	를				B	1	1				om the	
		Name and title  Average nours per week  Base of the compensation (check all that apply) per week  Base of the compensation (check all that apply) per week  Base of the compensation (w-2/1099-MISC)  Position (the check all that apply) per week  Base of the compensation (w-2/1099-MISC)  Position (the check all that apply) per week  Base of the compensation (w-2/1099-MISC)  Position (the check all that apply) per week  Base of the compensation (w-2/1099-MISC)  Position (the check all that apply) per week  Base of the compensation (w-2/1099-MISC)  Position (the compensation (w-2/1099-MISC)  Position (w-2/109-MISC)  Position		anizatıc										
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				_	_			_						
		-									İ			
								_						
					ĺ									
<u>1b</u>	Total						<b>&gt;</b>		11,500.		0.			0.
2	Total number of individuals (including those	e in 1a) who red	ceive	ed n	nore	tha	n \$1	00,0	000 in reportable					
	compensation from the organization													C
													Yes	No
3	Did the organization list any former officer,	director or trus	stee	, ke	y em	ploy	yee,	or h	nighest compensated er	nployee on				
	·				-		•		•	• •		3		X
4	•		e cc			ation	and	d oti		the organization	·			
•										o organization		4		X
5										ces rendered to				
•	• •	•				٠,	<b>.</b>	O.C.	od organization for corv	1000 101100.00 10	İ	5	f	X
Šec		ale o for sacing	<i>3013</i>	<u> </u>						<del></del>				
1		mnensated inc	lene	nde	nt c	ontr	acto	re t	hat received more than	\$100,000 of comm	nene:	ation fi	om	
•	11011	inpensated life	-cpc	,, i.u.e		Jilli	عاداد	,, J l	nat received more than	\$ 100,000 OI COIII	, G1 131	AUO11 11	JIII	
	·							Т	/P\			(C	١	
		address								ervices	С	ompen		
								Ť					_	
		<del></del>	-					+						
								$\dashv$						
										1				
								+						
								$\dashv$						
	·													
2	Total number of independent contractors (i	ncluding those	ın 1	l) wł	no re	cel	/ed i	mor	e than \$100,000 in com	pensation				
	from the organization	0												
										_	_	Form (	990 (2)	กกลา

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp	lete column (A) but are		lete columns (B), (C), an	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		<u>-</u>		
	organizations in the U.S. See Part IV. line 21				
2	Grants and other assistance to individuals in		<del></del>		
_	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
_	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ŭ	trustees, and key employees				
6	Compensation not included above, to disqualified				<del> </del>
ŭ	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	76,327.			
8	Pension plan contributions (include section 401(k)	.0,02.0			<del></del>
Ū	and section 403(b) employer contributions)				
9	Other ampleyes benefits			1	
10	Payroll taxes	9,572.	·		
11	Fees for services (non-employees):				
	Management				
ь	Legal	6,327.			
c		5,375.			
d	Lobbying	•			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	75.			
12	Advertising and promotion	770.			
13	Office expenses	3,804.			
14	Information technology				
15	Royalties				
16	Occupancy	81,181.	-		
17	Travel			_	
18	Payments of travel or entertainment expenses				- · · · ·
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	682.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	23,002.			
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
	expenses shown on line 25 below )				
а		161.	<del>_</del>		
b	UTILITIES	14,353.	<del></del>		
c	INSURANCE	11,335.			
d	TENNIS/SWIM PROGRAMS	5,858.			
e	MEMBER SOCIALS	2,570.			
f	All other expenses	5,762.			
25	Total functional expenses. Add lines 1 through 24f	247,154.			
26	Joint Costs. Check here Jif following				
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

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1 0					(A) Beginning of year		(B) End of y	/ear		
-	1	Cash - non-interest-bearing			16,728.	1	147	7,088.		
	2	Savings and temporary cash investments		. [	69,371.	2		,800.		
	3	Piedges and grants receivable, net				3				
	4	Accounts receivable, net			90.	4	4	1,500.		
	5	Receivables from current and former officers, d	lirectors,	trustees, key						
		employees, or other related parties. Complete I	Part II of	Schedule L	······	5	<del></del>			
	6	Receivables from other disqualified persons (as	defined	under section						
		4958(f)(1)) and persons described in section 49	58(c)(3)(	B). Complete						
	ŀ	Part II of Schedule L			<u> </u>	6				
ets	7	Notes and loans receivable, net	•			7				
Assets	8	Inventories for sale or use				8				
•	9	Prepaid expenses and deferred charges	; ;··			9		·····		
	10a	Land, buildings, and equipment: cost basis	10a	861,259.						
	Ь	Less: accumulated depreciation. Complete	1	502 724	101 (52		25.5	,		
		Part VI of Schedule D	10b	503,724.	181,653.		35 /	7,535.		
	11	Investments - publicly traded securities		• "  -	<del></del>	11				
	12	Investments - other securities. See Part IV, line		··· · · ·		12				
	13	Investments · program-related. See Part IV, line	11 .			13				
	14	Intangible assets Other assets. See Part IV, line 11		·  -	49,932.			0.		
	15   16	Other assets. See Part IV, line 11  Total assets. Add lines 1 through 15 (must equ			317,774.		564	1,923.		
	17	Accounts payable and accrued expenses	Jai IIIIe J	*)	25,391.	17		776.		
	18	Grants payable	•		23,031.	18				
	19	Deferred revenue	•		<del> </del>	19				
	20	Tax-exempt bond liabilities			··········	20				
s,	21	Escrow account liability. Complete Part IV of Sc		, – –	· · · · · · · · · · · · · · · · · · ·	21				
Liabilities	22	Payables to current and former officers, directo								
abi		highest compensated employees, and disqualif								
Ë		of Schedule L			22					
	23	Secured mortgages and notes payable to unrel	d parties	190,791.	23	391	,686.			
	24	Unsecured notes and loans payable		· [		24				
	25	Other liabilities. Complete Part X of Schedule D			1,778.	25		,260.		
	26	Total liabilities. Add lines 17 through 25			217,960.	26	398	3,722.		
		Organizations that follow SFAS 117, check h	ere 🕨	and complete				,		
es		lines 27 through 29, and lines 33 and 34.								
auc	27	Unrestricted net assets	-			27				
Bal	28	Temporarily restricted net assets				28				
2	29	Permanently restricted net assets	•			29	·····	,		
Net Assets or Fund Balance		Organizations that do not follow SFAS 117, c	heck he	re X and						
SO		complete lines 30 through 34.			00 014		1.66	201		
set	30	Capital stock or trust principal, or current funds		<u>.</u>	99,814.		100	201.		
As	31	Paid-in or capital surplus, or land, building, or ed	•		0.	31		0.		
ş	32	Retained earnings, endowment, accumulated in			99,814.	32	166	,201.		
_	33			····	317,774.	33 34		,923.		
Par	34 t XI	Total liabilities and net assets/fund balances Financial Statements and Reporting	•	<u></u>	<u> </u>	34		,,,,,,,		
* 611	N PAI 1	rmanciai Statements and Reporting	•				<del></del>	Yes No		
1	A000	unting method used to prepare the Form 990:		h X Accrual	Other					
2а		the organization's financial statements compiled					2a	X		
		the organization's financial statements complied the organization's financial statements audited it		•			2b	X		
		-	•	•	 sibility for oversight of the	 audit				
~		If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?								
3a		result of a federal award, was the organization re				ile Audit	2c			
		nd OMB Circular A-133?				,	3a	Х		
b		s," did the organization undergo the required au	dit or au	dits?			3b			

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## Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization

Employer identification number

	KENDBRIN SWIM & TE	NNIS CLUB	05-0274594
Pa	rt 1 Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a		used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor or other impermissible pri	vate benefit? .
Pa			
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or p		torically important land area
	Protection of natural habitat	Preservation of certific	
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified cons	servation contribution in the form of a cons	servation easement on the last day
	of the tax year.		· · · · · · · · · · · · · · · · · · ·
	·		Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	• •	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the taxable
	year ▶		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	<del></del>	nd
	enforcement of the conservation easements it holds?		Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, a	nd enforcing easements during the year	•
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization		
	conservation easements.		
Par	↑ 排 Organizations Maintaining Collections o	f Årt, Historical Treasures, or Of	ther Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part iV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and ba	lance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of pub	olic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these	tems.	
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and balance	ce sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, o	r research in furtherance of public service	, provide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre		gain, provide
	the following amounts required to be reported under SFAS 1		-
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
Ь	Assets included in Form 990, Part X		. <b>&gt;</b> \$
LHA	For Privacy Act and Paperwork Reduction Act Notice, see	the Instructions for Form 990.	Schedule D (Form 990) 2008

357,535. Schedule D (Form 990) 2008

122,444

220,595.

1,821.

210,566

293,095.

63.

1a Land

e Other

b Buildings ..

d Equipment ...

Leasehold improvements ...

Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

333,010.

513,690.

1,884

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

12-23-0

#### SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization	KE	NDBRIN S	MIW	& TE	NNIS	CLUB					0274594	
FORM 990, PART	VI,	SECTION	_A,	LINE	10:	REVIEW	OF	TAX	RETUR	N BY	OFFICE	RS
PRIOR TO FILING	G	·										· · · · · · · · · · · · · · · · · · ·
FORM 990, PART	VI,	SECTION	C,	LINE	19:	UPON R	EQU:	EST (	OF THE	GOV	ERNING	BOARD
FORM 990, PART	VII	CONTACT	AD	DRESS	ES F	OR OFFI	CER	S, D	IRECTO	RS,	ETC:	
JAMES MONAHAN	<del></del>	<del></del>			·			<u> </u>				
					-							
ED COOGAN						<del></del>	<u> </u>					
CINDY COYNE								···	<del> </del>			· · · · · · · · · · · · · · · · · · ·
JOHN GORHAM						<u>.                                      </u>		<del></del>				
			<u>-</u>		-			· · · ·			· <u> </u>	<u></u>
BILL HUNDERTMAN	RK											
				<u>.</u> .	<del></del>					·		
	<del></del>											
				<u></u>								
												<del></del>
		· · · · · · · · · · · · · · · · · · ·				- · · · - · · · · · · · · · · · · · · ·						

# Kendbrin Swim & Tennis Club Depreciation Expense [Depreciation] GAAP

### For the Period October 1, 2008 to September 30, 2009

Asset ID	Placed in	Depr	Life Yr	Book Cost	Depr & AFYD	Beginning Accum	Current Dear 2	YEAR TO DATE Net Sec	Net Additions	Ending Accum
ASSELID	service	Meth/Conv	Mo	BOOK COST	This Period	Depr	AFYD	179/Sec 179A	Deletions	Depr Depr
Class BLDG										
000008	BUILDING 01/01/1965	SL100FM	20 0	95,816	(	95,816	0	0	,	95,816
000009	ADDITION	SE TOOT W	200	33,010	•	95,010			•	33,010
000013	06/10/1978 AWNINGS	SL100FM	33 0	86,477	2,621	79,489	2,621	0	(	82,110
000013	03/10/1995	MS100MM	39 0	22,050	565	7,656	565	0	(	8,222
000014	NEW SHOWER: 05/18/1995	S MC200AHY	70	1,170	C	1,170	0	0	(	) 1,170
000019	IMPROVE LO	CKER RM								·
000023	05/31/1994 CONCRETE WO	MS100MM ORK	39 0	3,959	102	1,459	102	0	(	) 1,561
	05/15/1996	MS100AHY	10 0	7,300	0	7,300	0	0	(	7,300
000024	GENERAL IMPR 06/05/1996	ROVEMENT MS100MM	39 0	4,962	127	1,564	127	0	(	1,691
000031	WOMENS LOCK					·				
000050	05/15/2001 HOT WATER HE	SL100FM EATER	20 0	5,854	293	2,171	293	0	(	2,464
	06/28/2002	SL100FM	10 0	2,656	266	1,682	266	0	(	1,948
000060	SECURITY SYS 07/26/2002	SL100FM	10 0	2,086	209	1,304	209	0	(	1,512
000130	BATHROOM RE		40.0	F2 2F0	4 224		4 224	•	,	
000200	05/11/2006 RENOVATIONS	SL100FM - BATHROOMS	40 0	53,350	1,334	3,223	1,334	0	(	4,557
000040	06/15/2007	SL100FM	40 0	30,760	769	1,025	769	0	(	1,794
000240	WINDOWS 10/24/2007	SL100FM	40 0	1,570	39	39	39	0	(	79
000260	PAVILLION AND 11/15/2008	ROOF SL100FM	40 0	15,000	344	0	344	0	,	344
Subtotal BLDG (14)	11/15/2000	SLIUUPIVI	400 _	333,010	6,667	203,899	6,667	0	(	
Class COURT										
000016	COURTS				_			_		
000021	06/10/1995 COURTS	MS100AHY	10 0	7,900	0	7,900	0	0	(	7,900
	06/11/1994	MS100AHY	10 0	19,034	0	19,034	0	0	(	19,034
000022	TENNIS COURT 07/10/1996	MS100AHY	10 0	1,800	0	1,800	0	0	(	1,800
000210	BASKETBALL H		40.0							
Subtotal COURT (4)	06/01/2007	SL100FM	10 0	6,265 34,999	627 627		627 627		(	
Class EQ										
000250	AED CPR RESC									
Subtotal EQ (1)	06/30/2009	SL100FM	10 0	1,884 1,884	63		63 63		<u> </u>	
.,				,,,,,,		•		·	·	-
<i>Class FF</i> 000003	KIDS PLAY SYS	TEM								
000007	06/10/2001 2 LAWN MOWER	SL100FM	70	2,341	0	2,341	0	0	(	2,341
000007	06/23/2001	SL100FM	50	1,173	0	1,173	0	0	(	1,173
000010	LOCKERS 06/10/1978	SL100FM	10 0	6,681	0	6,681	0	0	(	6,681
000011	GRILL ETC									
000017	07/10/1985 LOCKERS	SL100FM	70	1,040	0	1,040	0	0	(	1,040

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Page 1

					Depr & AFYD	Beginning Accum		Net Sec	Net Additions	Ending Accum
	service	Meth/Conv	Mo		This Period	Depr	AFYD	179/Sec 179A	Deletions	Depr
Class FF										
000018	04/18/1994 BARBECUE PIT	MC200AHY	70	510	(	510	0	0	0	510
	05/20/1994	MC200AHY	70	800	C	800	0	0	0	800
000030	PICNIC TABLES 07/28/1999	SL100FM	70	803	(	803	0	0	0	803
000032	SHED									
000080	04/01/2000 AWNINGS	SL100FM	70	1,650	C	1,650	0	0	0	1,650
	09/25/2003	SL100FM	10 0	14,580	1,458	7,412	1,458	0	0	8,870
000100	LAWNMOWER 07/15/2005	SL100FM	10 0	1,013	101	329	101	0	0	431
000140	COPIER	OL 1001 III	100	1,010	101	023	101	·	·	431
000470	09/22/2006	SL100FM	10 0	361	36	75	36	0	0	111
000170	SECURITY LIGH 04/30/2007	SL100FM	10 0	1,550	155	233	155	0	0	388
000180	LIFE GUARD CH			1,000	100	200	100	·	·	000
	05/21/2007	SL100FM	10 0	1,655	166		166		0	
Subtotal FF (13)				34,157	1,916	23,281	1,916	0	0	25,197
Class KIDP										
000029	KIDDIE POOL	CI 400EM	10.0	40.200	4 020	42.060	4.020	0	•	47,000
Subtotal KIDP (1)	11/01/1999	SL100FM	100	48,300 48,300	4,830 4,830		4,830 4,830		0	
Class: KIT - EQ										
000026	FRYER									
	07/10/1998	SL100FM	50	500	0	500	0	0	0	500
000027	SNACK BAR EQU		F.0	504	•	504	0	٥	•	504
000028	07/22/1998 GRILL	SL100FM	50	501	0	501	0	0	0	501
	04/12/1999	SL100FM	50	990	0	990	0	0	0	990
000040	SELF DEFROSTI 05/29/2002	ING FREEZER SL100FM	10 0	524	52	336	52	0	0	389
000110	FREEZER - SNA		100	U24	<b>02</b>	330	32	·	·	303
	06/15/2005	SL100FM	10 0	535	54	178	54	0	0	232
000160	REFRIGERATOR		40.0	504						
000190	06/25/2007 LOCAL FIRE ALA	SL100FM ARM SYSTEM	10 0	534	53	71	53	0	0	125
300130	04/09/2007	SL100FM	40 0	4,500	113	169	113	0	0	281
000220	SNACK BAR EQ									
000230	06/11/2008 GRILL	SL100FM	10 0	641	64	21	64	0	0	85
000230	07/16/2008	SL100FM	10 0	565	57	14	57	0	0	71
Subtotal KIT - EQ (9)			-	9,290	392		392		0	
Class LAND										
000012	LAND									
<b>.</b>	01/01/1965	None	20 0	12,675	0		0		0	
Subtotal LAND (1)				12,675	0	0	0	0	0	0
Class LDIM	FENOF									
000025	FENCE 05/10/1996	MS100AHY	10 0	2,600	0	2,600	0	0	0	2,600
000033	SPRINKLER SYS			2,000	·	2,000	v	v	·	2,000
000070	05/19/2000	SL100FM	10 0	2,575	258	2,167	258	0	0	2,425
000070	FENCE 03/22/2002	SL100FM	20 0	2,278	114	750	114	0	0	864
Subtotal LDIM (3)				7,453	371	5,517	371		0	
Class PLYGRD										

Asset ID					=	· · · · · · · · · · · · · · · · · · ·		EAR TO DATE		
	Placed in service	Depr Meth/Conv	Life Yr Mo	Book Cost	Depr & AFYD This Period	Beginning Accum Depr	Current Depr & AFYD	Net Sec 179/Sec 179A	Net Additions Deletions	Ending Accum Depr
Class PLYGRD										
000120`	PLAYGROUND									
	05/18/2006	SL100FM	100	27,617	2,762		2,762			0 9,436
Subtotal PLYGRD (1)				27,617	2,762	6,674	2,762	0		0 9,436
Class. POOL										
000001	POOL & FILTER	₹								
	01/01/1965	SL100FM	20 0	46,488	C	46,488	0	0		0 46,488
000002	LEACH FEILDS									
	01/01/1965	SL100FM	100	3,285	C	3,285	0	0		0 3,285
000004	POOL IMPROVE									
	01/01/1975	SL100FM	10 0	13,931	C	13,931	0	0		0 13,931
000005	POOL IMPROVE	EMENTS								
	06/15/1985	SL100FM	80	21,800	C	21,800	0	0		0 21,800
000006	NEW FILTER									
	05/10/1988	SL100FM	20 0	36,685	C	36,685	0	0		0 36,685
000015	POOL DECK									
	06/10/1995	MS100AHY	10 0	15,657	C	15,657	0	0		0 15,657
000020	POOL DECK									
	06/11/1994	MS100AHY	10 0	26,595	C	26,595	0	0		0 26,595
000090	DIVING BOARD									
	06/15/2005	SL100FM	10 0	2,254	225	751	225	0		0 977
000150	VACCUM FOR F	POOLS								
	06/01/2006	SL100FM	10 0	3,178	318		318			0 1,059
Subtotal POOL (9)			_	169,873	543	165,934	543	0		0 166,477
Class TENNIS CRT										
000270	TENNIS COURT	rs								
	06/08/2009	SL100FM	20 0	128,068	2,134	0	2,134	0		0 2,134
000280	FENCING - TEN	NIS COURTS								
	10/01/2008	SL100FM	20 0	53,932	2,697	0	2,697	0		0 2,697
Subtotal TENNIS CRT	(2)		-	182,000	4,831	0	4,831	0		0 4,831
Grand Total				861,258	23,002	9 480,723	23,002	0		0 503,725
mairi iVlai			=	001,200		. +00,120	20,002			

Note There may be differences due to rounding