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Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section
512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total
assets less than \$1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public Inspection

Ā	For the	2009 calenda	ar year,	or tax year beginning , 2	009, a	nd ending			, 20
В	Check if	applicable	Please	C Name of organization			D Empl	oyer identi	fication number
	Address	change	use IRS label or	District of Columbia Aquatics Club, Inc.			l	52-2	188458
	Name ch	палде	print or	Number and street (or P O box, if mail is not delivered to street address	ess)	Room/suite	E Telep	hone numb	
닖	Initial ret Terminal		type. See	PO Box 77125					
님	Amende		Specific	City or town, state or country, and ZIP + 4			F Grou	ıp Exempt	
H		on pending	instruc- tions.	Washington, DC 20013				nber ►	.1011
=			organi	rations and 4947(a)(1) nonexempt charitable trusts must at	tach	G Accou			Cash Accrual
_				npleted Schedule A (Form 990 or 990-EZ).		Other	(specify))	-
-	Websi								inization is not dule B (Form 990,
<u>1</u>	Tax-ex	empt status (check o	nly one) — 🗹 501(c) (3) ◀ (insert no) 🔲 4947(a)(1) or [<u> </u>	<u>99</u> 0-E	Z, or 990)-PF)	
K	Check Form 9			zation is not a section 509(a)(3) supporting organization and its curn is not required, but if the organization chooses to file a re	_		-		
<u> </u>				9 to determine gross receipts, if \$500,000 or more, file Form 990				- s	
-	art I			enses, and Changes in Net Assets or Fund Bal				ctions fo	or Part I.)
_	1			s, grants, and similar amounts received				1	46,502
	2		_	evenue including government fees and contracts .			<i>`</i> '	2	
	_3	_		and assessments			• •	3	47,722
			-		1			4	216
	₹ 5a	Gross amo	ount fro	RECEIVED 1	5a		• •	**************************************	210
	d p	Less cost	or othe	r basis and sales expenses	5b				
		LC33. CO31	Or Oure	i basis and sales expenses.				50	
<u>o</u>	L. C	Special event	e and ac	n sale of assets other than Poventon (Spbព្រិតប្តិវៀរៀម 5b ។ ıvıtıes (complete applicable parti ថា Schedule G) if any amount is ក្រុម	Orn III	ne da)		5c	
Revenue	ゴ ₆				nganiii : L	ig, check here		444	
ě	a			ot including \$of contributions	1				
ď	.			OGDEN, U	-6a				
	₽ b			nses other than fundraising expenses	6b				
	3 °			ss) from special events and activities (Subtract line 6b fr	1	ne 6a) . .		6c	
	3 7a				7a		4,811	(100 E00 E00 E00 E00 E00 E00 E00 E00 E00	
	9 9 b		•		7b		2,922		•
	C			ss) from sales of inventory (Subtract line 7b from line 7a	∄) .			7c	1,889
	8	Other reve)	_8	
_	9			dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			. ▶	9	96,329
	10			r amounts paid (attach schedule)				10	
	11	•		r for members				11	
es	12			mpensation, and employee benefits				12	
Expenses	13			and other payments to independent contractors]	13	15,799
Ž	14			utilities, and maintenance				14	18,238
Ш	1.0			ons, postage, and shipping				15	
	16			describe See Statement 1				16	53,002
_	17	Total expe	<u>enses.</u>	Add lines 10 through 16	<u> </u>	<u> </u>	. ▶	17	87,037
S	18			for the year (Subtract line 17 from line 9)				18	9,291
Se	19	Net assets	s or fur	d balances at beginning of year (from line 27, column	ו (A)) ו	(must agree			
As		_	_	e reported on prior year's return)				19	80,127
Net Assets	20	Other char	nges in	net assets or fund balances (attach explanation)				20	
	21			d balances at end of year. Combine lines 18 through 20				21	89,418
	art il	Balance	e Shee	ts. If Total assets on line 25, column (B) are \$1,250,000	0 or m	nore, file Fo	rm 990	instead c	of Form 990-EZ.
				(See the instructions for Part II.)		(A) Be	ginning of	year	(B) End of year
2	2 C	ash, savings	, and ir	vestments			8	30,127 22	89,418
2	3 L	and and build	dings .					23	
2	4 C	Other assets (describ	e▶)		24	
2	5 T	otal assets				·	ε	30,127 25	89,418
		otal liabilitie		-		,		26	
2				alances (line 27 of column (B) must agree with line 21)) .			30,127,27	

52-2188458

Ų.,,,,						rage =
Par	Statement of Program Service Accom	plishments (See the instru	uctions for Part III	.)		Expenses
Vhat	(Required for section					
	d concise					
	ner, describe the services provided, the number of	of persons benefited, and o	ther relevant infor	mation for	4947(a)(1) trusts, optional
	program title.				for ot	hers)
28	Swim Practices: Provide 175 members and approxim					
	provided to all levels from beginners to experienced	swimmers and includes instr	uction in stroke ted	hnique.		
	VI II I					
		includes foreign grants, che			28a	33,765
29	Swim Meets: Team members participated in several i	Jnited States Masters(USMS)	Competitions and	nosted a		
	swimming competition in Washington, DC.					
	(Grants \$) If this amount	includes foreign grants, che	eck here	▶ □	29a	9,250
30				<u> </u>		3,230
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ 🔲	30a	39,078
31	Other program services (attach schedule)					
		includes foreign grants, che		<u>. ▶ 🗆</u>	31a	
	Total program service expenses (add lines 28a			▶	32	82,092
Par	t IV List of Officers, Directors, Trustees, and Ke					
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contribution employee benefit	plans &	
		devoted to position	enter -0)	deferred compe	nsation	other allowances
	ew Belows		_	1		_
	Ontario Rd NW, Washington, DC 20009	President - 10 Hours	-0-		0-	-0-
	Sprengel S Abingdon St Apt B, Arlington, VA 22206	Vice President - 10 Hours	-0-		-0-	•
	dan Garvin	Vice Fresident - 10 Hours	-0-	-	-0-	-0-
	.5 Adams Mill Rd NW, Washington, DC 20010	Treasurer - 10 Hours	-0-		-0-	-0-
	r Beard	Treadurer To Treats				
	Sherier PI NW, Washington, DC 20016	Secretary - 5 Hours	-0-		-0-	-0-
	erick Dever					
2011	Klingle Rd NW, Washington, DC 20010	Fundralsing Chair - 5 Hours	0-		-0-	0-
Non	kee Moon					
2363	Champlain St NW #28, Washington, DC 20009	Publicity Chair - 5 Hours	-0-		-0-	-0-
	Williams]		1		
	Mathewson Dr NW, Washington, DC 20011	Competition Chair - 5 Hours	-0-		0-	-0-
	n Kenney		_	1		_
_	N Payne St, Alexandria, VA 22314	Membership Chair - 5 Hours	-0-		-0-	-0-
	amin Takai	Coolel Chair E Hauss			_	_
1001	Clydesdale Pl NW #704, Washington, DC 20009	Social Chair - 5 Hours	-0-		-0-	-0-
		1				
		1				
					_	
		.]				
						
	·					
		-				
						
·		1				
		 		 -		
		· -]		}

Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		~
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		~
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		•
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	. 32	4	43° 1
þ	Did the organization file Form 1120-POL for this year?	37b	**************************************	~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	***	~
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9		4	
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		**	
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		***	
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		~
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	1504	14	
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		di.	3
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	Z.	7
41	List the states with which a copy of this return is filed. ▶ Not required for the District of Columbia per OTR Notice	2009-0)1	
42a	The organization's books are in care of ▶ Brendan Garvin Telephone no. ▶			1
	Located at ► 3225.5 Adams Mill Road, NW, Washington, DC ZIP + 4 ►	200	10	
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)?	42b	Yes	No V
	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.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42c		~
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
		1	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	dicit	
		1 70	Щ.	<u> </u>

Page 4

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1) none 17(a)(1) nonexempt chari ad 51.	xempt table tr	charitab usts mus	le trusts only. A t answer questio	ll sec	tion 5-49)
	Did the organization engage in direct or indirect						Yes	No
	candidates for public office? If "Yes," complete	·				46		~
	Did the organization engage in lobbying activities					47		~
48	Is the organization a school as described in section Did the organization make any transfers to an ex					48		7
	If "Yes," was the related organization a section 5	-	_			49a 49b		
	Complete this table for the organization's five his employees) who each received more than \$100,000.	ghest compensated emplo	yees (ot	her than o	fficers, directors, t	ruste		
	(a) Name and address of each employee paid more than \$100,000 (b) Title and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans deferred compensation					(e) Expense		
None								
	<u> </u>							
			 -					
								
			<u> </u>					
f	Total number of other employees paid over \$100	<u> </u>	<u> </u>		L	L		
	Complete this table for the organization's five \$100,000 of compensation from the organizatio (a) Name and address of each independent contractor	n. If there is none, enter "N			pe of service	(c) Cor		
None								
d	Total number of other independent contractors of	each receiving over \$100,0	00	. -	None			
	Under penalties of penjury, I declare that I have examinand belief, it is true, correct and complete. Declaration	ed this feturn including accompar of preparer other than officer) is t	ying sched based on a	dules and sta Il information	tements, and to the bes of which preparer has	t of my any kno	knowi	edge e.
Sign Here	Signature of officer BRENDAN Type or print name and title	VIN, TREAS	WRE		15 Aug	96	20	10
Paid	Preparer's signature	Date	Che self emp	eck if	Preparer's identifying nur	nber (Se	e instruc	tions)
Prepar Use Or	Firm's name (or			EIN	one no ►			
May th	e IRS discuss this return with the preparer show	n above? See instructions			▶ [Yes		No (2009)

SCHEDULE A

(Form 990 or 990-EZ)

Denartment of the Treasury

Public Charity Status and Public Support

2009

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2009 Open to Public

OMB No 1545-0047

Internal Revenue Service Inspection Name of the organization Employer identification number District of Columbia Aquatics Club, Inc. 52 2188458 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) Я A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a 🗌 Type I **b** Type II c Type III-Functionally integrated d ☐ Type III–Other e 🗆 By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the supported organization? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (iv) is the organization (i) Name of supported (n) EIN (III) Type of organization (v) Did you notify (vi) is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? US? Yes

3. 34. 194. P.

→ €;

Total

Schedule A (Form 990 or 990-EZ) 2009

Page 2

Pa	Support Schedule for Org (Complete only if you ched	ganizations liked the box	Described in on line 5, 7,	Sections 17 or 8 of Part I	<mark>'0(b)(1)(A)(iv)</mark> .)	and 170(b)(1)(A)(vi)
Sec	ction A. Public Support						
_	elendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount	,					
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4		43 ; VA		*****	*	
	etion B. Total Support	L	1 2 2	[8·	<u> </u>	<u> </u>	<u> </u>
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	(0, 2000	(3, 2000	(0) 2007	(4) 2000	(6) 2003	(i) iotai
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						•
9	Net income from unrelated business activities, whether or not the business is regularly carried on						~ • • • • • • • • • • • • • • • • • • •
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .	1 1 1 1	Serve Hilliam &	學。為為於學	Sant &		
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for organization, check this box and stop he	the organization	on's first, secon	id, third, fourth	, or fifth tax y	ear as a section	n 501(c)(3)
Sec	tion C. Computation of Public Su	pport Perce	ntage				
14	Public support percentage for 2009 (line	6, column (f) dı	vided by line 11	I, column (f))		14	%
15	Public support percentage from 2008 Sci					15	%
16a	331/3 % support test—2009. If the organiand stop here. The organization qualifies	zation did not o	check the box of	on line 13, and I	line 14 is 33% 9	% or more, che	ck this box
b	33% % support test—2008. If the organization qua	zation did not d	heck a box on	line 13 or 16a,	and line 15 is 3	33½% or more,	_
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum	acts-and-circur	nstances" test,	check this box a	and stop here.	Explain in Part	IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	. If the organiza acts-and-circum inces" test The	tion did not chec istances" test, c organization qua	ck a box on line theck this box a lilifies as a public	13, 16a, 16b, or and stop here ly supported org	r 17a, and line 1 Explain in Part ganization	5 is 10% or IV how the ▶ □

Page 3

	3018 A (FOIT) 990 OF 990-EZ) 2009						Page 3
Par	t III Support Schedule for Orga	nizations De	scribed in S	ection 509(a)(2)		
<u> </u>	(Complete only if you checke	ed the box on	line 9 of Pa	π ι.)			
	tion A. Public Support	(-) 000E	(h) 2006	(-) 2007	(4) 2009	(2) 0000	(O.T.)
Ca	llendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include	61,895	71,258	79,552	204,238	94,224	511,167
_	any "unusual grants ")	01,000	7 1,200	13,302	204,200	34,2E4	311,107
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the	-1,545	-953	1,147	344	1,889	882
	organization's fax-exempt purpose					.,,,,,,,,	
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the organization's					l	
	benefit and either paid to or expended on	l ol	0	o	0	o	0
	its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge	o	0	0	0	o	0
6	Total. Add lines 1 through 5	60,350	70,305	80,699	204,582	96,113	512,049
-	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	0	0	0	0	0	0
h	Amounts included on lines 2 and 3 received						
J	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year	0	0	0		0	0
С	Add lines 7a and 7b	U CONTRACTOR OF THE CONTRACTOR	U	U	0	U	0
8	Public support (Subtract line 7c from line 6) '			A . A .		4	512,049
Sec	tion B. Total Support	1 2 3					012,040
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	60,350	70,305		204,582	· · · · · · · · · · · · · · · · · · ·	512,049
10a							
	payments received on securities loans, rents, royalties and income from similar						
	sources	104	271	118	119	216	828
b	Unrelated business taxable income (less						
-	section 511 taxes) from businesses						_
	acquired after June 30, 1975	0	0	0	0	0	0
C	Add lines 10a and 10b	104	271	118	119	216	828
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is regularly	o	0	0	0	o	0
	carried on				0	- 0	
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part IV.)	0	0	o	0	o	0
	,						
13	Total support. (Add lines 9, 10c, 11, and 12)	60,454	70,576	80,817	204,701	96,329	512,877
14	First five years. If the Form 990 is for	the organization	n's first, secor	nd, third, fourth	n, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop	here	<u></u>			<u> </u>	
Sec	tion C. Computation of Public Su	pport Percer	ntage				
15	Public support percentage for 2009 (lin			ne 13, column	(f))	15	99.8 %
16	Public support percentage from 2008			<u> </u>	<u> </u>	16	99.8 %
Sec	tion D. Computation of Investment	nt Income Pe	rcentage				
17	Investment income percentage for 200	•		•	olumn (f)) .	17	0.2 %
18	Investment income percentage from 20					18	0.2 %
19a	331/3 % support tests—2009. If the org						
	17 is not more than 33½ %, check this b	-	_	-			
b	33\% % support tests - 2008. If the organ line 18 is not more than 33\% %, check this						

Schedule A (F	orm 990 or 990-EZ) 2009				Page 4
Part IV	Supplemental Information Part II, line 17a or 17b;	tion. Complete this and Part III, line 12	s part to provide the 2. Provide any other	e explanations required additional information.	by Part II, line 10; See instructions.
		·	· ···		
				,	
		·····			
					•
	•••••				
			•		
			••••		

2009 Form 990-EZ District of Columbia Aquatics Club, Inc.	52-2188458
Statement 1 Part I, Line 16 Other Expenses	
Association Dues	\$300
Miscellaneous Expenses	\$549
Socials	\$1,319
DCAC Swim for Life Donations	\$32,000
DCAC Swim for Life Expenses	\$7,078
IGLA 2008 Swim Meet Final Expenses	\$8,586
Swim Meet Fees	\$230
Fall Ball Swim Meet Expenses	\$823
Web Server / Software	\$2,117

\$53,002

Total Other Expenses