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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

**2009**

Open to Public Inspection

**A** For the 2009 calendar year, or tax year beginning **AUG 1, 2009** and ending **JUL 31, 2010**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization  <b>OMAHA WESTSIDE SWIM CLUB</b>  Doing Business As  Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>PO BOX 24071</b>  City or town, state or country, and ZIP + 4 <b>OMAHA, NE 68124-0071</b>	<b>D</b> Employer identification number  <b>47-0536571</b>
		<b>E</b> Telephone number  <b>402-343-2770</b>
		<b>G</b> Gross receipts \$ <b>260,118.</b>
		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (4) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 <b>04</b>		
<b>J</b> Website: ▶ <b>N/A</b>		
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ <b>L</b> Year of formation <b>1965</b> <b>M</b> State of legal domicile <b>NE</b>		

**Part I Summary**

<b>1</b> Briefly describe the organization's mission or most significant activities: <b>PROVIDE USS SWIM INSTRUCTION TO INDIVIDUALS</b>	
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> 9
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> 9
<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b> 0
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b> 170
<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> 0.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b> 0.
<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>Current Year</b>
<b>9</b> Program service revenue (Part VIII, line 2g)	199,132. 181,167.
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<15,899. > 1,552.
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,873. 42,374.
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	194,106. 225,093.
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	130,300. 141,432.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	49,046. 62,448.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	179,346. 203,880.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	14,760. 21,213.
<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>End of Year</b>
<b>21</b> Total liabilities (Part X, line 26)	172,015. 198,314.
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	3,207. 3,381.
	168,808. 194,933.

**Part II 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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	<b>Signature of officer</b> <i>Lisa Ellis</i>	<b>Date</b> <b>11-19-2010</b>
	<b>LISA ELLIS, COO OF SWIM CLUB</b> Type or print name and title	
<b>Paid Preparer's Use Only</b>	<b>Preparer's signature</b> <i>George E Nelson</i>	<b>Date</b> <b>11/16/10</b>
	<b>Firm's name (or yours if self-employed), address, and ZIP + 4</b> <b>MASSMAN NELSON REINIG PC</b> <b>13310 "I" STREET</b> <b>OMAHA, NE 68137</b>	<b>Check if self-employed</b> <input type="checkbox"/> <b>Preparer's identifying number (see instructions)</b> <b>EIN</b> ▶ <b>Phone no</b> ▶ <b>(402) 330-7099</b>

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

8 U4275 61 007 MAY 31 2010

Activities &amp; Governance

Expenses

Net Assets or Fund Balances

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OFAB No 1848-0047

# 2009

**Open to Public Inspection**

OMAHA WESTSIDE SWIM CLUB

47-0536571

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)

- 09

hospital's name, Recd Dt  
05/19/2011

	Yes	No
11g(I)		
11g(II)		
11g(III)		

[illegible]

Schedule A (Form 990 or 990-EZ) 2009

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Schedule A (Form 990 or 990-EZ) 2009

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**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar 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 shown on line 11, column (f) .....						
6 Public support. Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4 .....						
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 .....						
12 Gross receipts from related activities, etc. (see instructions) .....					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) .....	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14 .....	15	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2009

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## Schedule A (Form 990 or 990-EZ) 2009 OMAHA WESTSIDE SWIM CLUB

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**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar 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.")	180,008.	184,811.	206,137.	199,132.	181,167.	951,255.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	61,413.	75,260.	97,818.	67,908.	64,847.	367,246.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	241,421.	260,071.	303,955.	267,040.	246,014.	1318501.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6)						1318501.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	241,421.	260,071.	303,955.	267,040.	246,014.	1318501.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			5,813.	1,258.	1,552.	8,623.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b			5,813.	1,258.	1,552.	8,623.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			24,507.		12,552.	37,059.
13 Total support (Add lines 9, 10c, 11, and 12)	241,421.	260,071.	334,275.	268,298.	260,118.	1364183.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	96.65 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	100.00 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	.63 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☒

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Schedule A (Form 990 or 990-EZ) 2009

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OMAHA WESTSIDE SWIM CLUB  
PO BOX 24071  
OMAHA NE 68124-0071



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DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

*Leah M. Ellis*  
Signature of officer or trustee

5-18-11  
Date

Director of Programs & Operations  
Title

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