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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)

Department of the Treasury Internal Revenue Service

SCANNED DEC 1 0 2010

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

OMB No 1545-0047 Open to Public Inspection

A	For the	2009 calendar year, or tax year beginning OCT 1, 2009 and ending	SEP 30, 2010	
В	Check if applicable	Please use IRS	D Employer identifi	
	Addres	s label or very DDD The GUITM of MDNNITG GIVE		
	Name change Initial		05-0	274594
	return Termin ated	See Number and street (or P 0 box if mail is not delivered to street address) Room/si Instruc-		er 433–3515
	Amend	City or town, state or country, and ZIP + 4	G Gross receipts \$	342,394.
L_	Application pendin	KIVERSIDE, KI 02915	H(a) Is this a group re	
	, , , , , , , , , ,	F Name and address of principal officer: DEB NYSER	for affiliates?	Yes X No
	_	25 HOSPITAL ROAD, RIVERSIDE, RI 02915	H(b) Are all affiliates inc	
		mpt status: X 501(c) (7) ◀ (insert no.) 4947(a)(1) or 527		list. (see instructions)
		e: ► N / A organization X Corporation Trust Association Other ► L y	H(c) Group exemption	
		organization X Corporation Trust Association Other ► L Y Summary	ear of formation 1954 n	M State of legal domicile R1
4,	1 (Briefly describe the organization's mission or most significant activities: MEMBERSH AND OTHER RECREATIONAL ACTIVITIES.	IP CLUB FOR S	WIM, TENNIS
Governance	-	Check this box I if the organization discontinued its operations or disposed of m	ore than 25% of its not or	
ove		Number of voting members of the governing body (Part VI, line 1a)	3	12
ૐ ૐ	Į.	Number of independent voting members of the governing body (Part Vi, line 1b)	4	0
		otal number of employees (Part V, line 2a)	5	0
ž.	6	otal number of volunteers (estimate if necessary)	6	0
Activities	7a	otal grossyunrelated business revenue from Part VIII, column (C), line 12	. 7a	<12,268.
<u> </u>	bi	let-unrelated-business) taxable income from Form 990-T, line 34	7b	196.
		0	Prior Year	Current Year
řej		ontibutions and grants (Part VIII, line 1h)	200 600	000 105
Revenue		Program service revenue (Part VIII, line 2g)	289,620.	280,125.
æ		RVestment income (Part VIII, column (A), lines 3, 4, and 7d)	594.	1,196.
L		Differ revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,327.	17,343.
	1	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)	313,541.	298,664.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	 	<u> </u>
s		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	85,899.	87,727.
nse		Professional fundraising fees (Part IX, column (A), line 11e)		01/1210
Expenses	I .	otal fundraising expenses (Part IX, column (D), line 25)		
Ŵ	L	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	161,255.	165,235.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	247,154.	252,962.
	19	Revenue less expenses. Subtract line 18 from line 12	66,387.	45,702.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
sset Bala	20	otal assets (Part X, line 16)	564,923.	600,106.
et A	21]	otal liabilities (Part X, line 26)	398,722.	388,203.
	<u>22 </u> art	Net assets or fund balances. Subtract line 21 from line 20	166,201.	211,903.
		Signature Block Under penaltips of penury, I declare that I have a kamined this return, including accompanying schedules and statemer and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	nts, and to the best of my knowled dge	ge and belief, it is true, correct,
ei	1	Note that the state of the stat	1/-4	
Sig:	1	Signature of officer	Date	, , ,
1161		DEB NYSER, PRESIDENT	5410	
		Type or print name and title		
		Preparer's Date		er's identifying number
Paid	- 1	signature (1) Clean at a man 10 22 10	self- employed > (see in	structions)
	oarer's Only	Firm's name (or CHAPUT & FEENEY, LLD	EIN ►	
026	Jiny	self-employed), 690 WARREN AVENUE		
		ZIP+4 EAST PROVIDENCE, RI 02914	Phone no ► 4	01-431-1010
<u>May</u>	the IR	S discuss this return with the preparer shown above? (see instructions)		X Yes No
9320	01 02-04	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate	instructions.	Form 990 (2009) .

. 4	Oneokiist of Required Octionales			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		l i	١,,
_	If "Yes," complete Schedule A	1	_	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_	ļ	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			.,
	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			ļ
_	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
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			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		_X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable .	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.			
•	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? 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		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X_
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Form 990 (2009)

05-0274594 Form 990 (2009) KENDBRIN SWIM & TENNIS CLUB Page 4 Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, 22 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х 23 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 lines 24b through 24d and complete Х Schedule K. If "No", go to line 25 24a b 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 25a 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 b is the organization 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 25b Schedule L, Part I 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified Х person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete X 27 Schedule L. Part III 28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was 28c an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х 30 contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? X If "Yes," complete Schedule N. Part I 31

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II

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

34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1

35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

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

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 tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.

Form 990 (2009)

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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 b. Enter the number of Forms W-26 included in line 1a. Enter -0- if not applicable c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gambling) winnings to prize winners? 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. 2					T.,	Γ								
U.S. Information Returns. Enter 0- if not applicable b. Enter the number of Forms WGS (ancluded in the 1a. Enter 0- if not applicable c. Did the organization comply with backup withholding rules for reportable peyments to vendors and reportable gaming (gambling) winnings to prize winners? 2	12	Enter the number reported in Pay 2 of Form 1006, Applied Summary and Transmitted of	1 1	·····	Yes	No								
b Enter the number of Forms W/SQ included in line 14. Enter 0-fi not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed of the calendary year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a greater than 250, you may be required to e-file this return. (See an entructions) 3a Dat the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b if Yes, 's list if field a form 990-fir or the year? If 'No. 'provide an explanation in Schedule 0' 4a 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. 'No. 'provide an explanation in Schedule 0' b if Yes, 's low the many of the foreign country.' See the instructions for exceptions and filing requirements for Form TD F9022.1, Report of Foreign Bank and Financial Accounts. b If Yes, 't oline 5a or 5b, did the organization filing requirements for Form TD F9022.1, Report of Foreign Bank and Financial Accounts. b Did any taxable party nority the organization that it was or is a party to a prohibited tax shelter transaction? b If Yes, 't oline 5a or 5b, did the organization file Form 88861', Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? b If Yes, 't oline 5a or 5b, did the organization file Form 88861', Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? b If Yes, 't did the organization nucled with every solicitation an express statement that such contributions or gifts were not tax deductible? b If Yes, 'ndicate the number of Forms 8282 filed during the year b If Yes, 'ndicate the numb			1.											
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) without payments? 2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, lided for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Lift the organization have unrelated business gross income of \$1,000 or more dumpt the year covered by this return? b If Yes, *has if filed a Form 990-T for this year? If Y.No. *provide an explanation in Schedule 0 4a At any time duming the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; [w.] b If Yes, *nate the name of the foreign country; [w.] b If Yes, *enter the name of the foreign country; [w.] c Was the organization and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See Was the organization have organization that it was or is a party to a prohibited tax seleter transaction? 5b Was the organization protein the organization the Form 8886 T, Daddours by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6c If Yes, *did the organization indeed the organization the Form 8887 T, Daddours by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction and explanation and the organization solicit any contributions that may receive deductible? b If Yes, *did the organization entity the organization entity the organization entity the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? b If Yes, *indi	ь			1										
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the for the calendary year ending with or within the year covered by this return 2 b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 a and 2 as greater than 250, you may be required to e-file this return. (see instructions) 3a. Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b if Y'sea, has at filed a Form 990-ff for this year? if Y'so, "provide an explanation in Schedule 0 the 1 Yea, "and at filed a Form 990-ff for this year? if Y'so," provide an explanation in Schedule 0 the 1 Yea, "and at filed a Form 990-ff for this year? if Y'so," provide an explanation in Schedule 0 the 1 Yea, "and the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; I Yea." See the instructions for exceptions and filing requirements for Form TD F 9022.1, Report of Foreign Bank and Financial Accounts. b if Yea, "to line 5 aor 55, did the organization that it was or is a party to a prohibited tax shelter transaction? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? if Yea, "to line 5 aor 55, did the organization file Form 8867, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? b if Yea, "did the organization notify the dinnor of the value of the promotion of the promotion of the value of the organization shell may receive deductible contributions under section 170(c). b of the organization ending the year payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? b if Yea, "did the organization notify the dinnor of the value of the goods or seneces provided? c Did the organization shell excessed promotion of the value of the goods or seneces provided? d if Yea, "did the organization make a distribution of out-order to the pogenization of t	2a		1 1	16		<u></u>								
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4a 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)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6c If Yes, it on lies So of 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c If Yes, it on lies So of 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c If Yes, it on lies So of 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c If Yes, it on lies So of 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c If Yes, it did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6c Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7c Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7d If Yes, indicate the number of Forms 8282 filed during the year 9c Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d If Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d Production of the payor? 7d Production of the		- · ·	ed by this retain:											
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benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file a Form 1098-C as required? h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7b Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Intitation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 0 0 1 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 11b 12a 12a 15a 15a 15a 15a 15a 15a 15a 15a 15a 15		- · · · · · · · · · · · · · · · · · · ·				1								
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		•												
			1 1	12a										
	b	ir 'yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	[000	(0000)								

05-0274594 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body	2		
b	Enter the number of voting members that are independent	5		
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?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	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		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
40	In Schedule O how this is done	12c		-
13	Does the organization have a written whistleblower policy?	13		<u>X</u>
14 15	Does the organization have a written document retention and destruction policy?	14		
13	Did the process for determining compensation of the following persons include a review and approval by independent			
2	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	450		Х
	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	15b		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	1.00		
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
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	e for		
	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, a	ınd 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 organiza BRIAN DURKIN - 433-3515	ation: D		
	25 HOSPITAL ROAD, EAST PROVIDENCE RI 02915			
		Form	gan	20091

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- ◆ 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.

Check this box if the organization did i (A) Name and Title	(B) Average				C)			(D) Reportable	(E) Reportable	(F) Estimated
	hours	(cl	(check all that a			at apply)		compensation	compensation	amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	mer	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
JOHN GORHAM		Ĕ	Ĕ	5	\$	Į.	৫			
EXECUTIVE DIRECTOR	20.00	X		Х				0.	0.	0.
BRIAN DURKIN	20,00	 	-	2.						
TREASURER	10.00		İ	x				0.	0.	0.
BILL DEWITT								· · · · · · · · · · · · · · · · · · ·		
VICE PRESIDENT	5.00			X	ļ			0.	0.	0.
CINDY COYNE										
SECRETARY	5.00	<u> </u>	L	X				0.	0.	0.
DEB NYSER										
PRESIDENT	10.00	-	_	X	-	<u> </u>		0.	0.	0.
				\vdash	-	├	-			
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932007 02-04-10

Form 990 (2009)

1 41	t VII Section A. Officers, Directors, Tro (A)	(B)	mpic	oyee		<u>na r</u> C)	ugn	est	(D)	ees (continued) (E)	-	(F)	
	Name and title	Average	١,,		Pos				Reportable	Reportable compensation	- 1	stimate	
		hours per week	r director	bonal trustee	Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)		emount other mpensa from th ganizat nd relat ganizati	ition e ion ed
•													
												_	
			_								-		
											-	<u>,</u>	
								_			-		
•													
1b	Total						▶		0.	0	•		0.
2	Total number of individuals (including but recompensation from the organization	not limited to th	ose	liste	ed al	oove	e) wł	o re	eceived more than \$100	,000 in reportable			0
	compensation from the organization											Yes	No
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s			, ke	y em	plo	yee,	or h	nighest compensated er	nployee on	3		Х
4	For any individual listed on line 1a, is the si and related organizations greater than \$15									the organization	4		Х
5	Did any person listed on line 1a receive or the organization? If "Yes," complete Scheo	•			rom	апу	unr	elate	ed organization for serv	ices rendered to	5		X
1	ction B. Independent Contractors Complete this table for your five highest contractors. NONE	ompensated in	depe	ende	ent c	ontr	acto	rs t	hat received more than	\$100,000 of compe	nsatior	from	
	the organization. NONE (A) Name and business	address							(B) Description of s	ervices		(C) ensatio	n
		_											
							_	\perp					
	Total number of independent contractors (includina but r	ot li	mite	d to	tho	se li	sted	above) who received n	ore than			
	\$100,000 in compensation from the organi)		.,			~ 000 /	20000

Ра	rt VI	II Statement of Reve	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	b	Membership dues	1Ь					
s, am	С	Fundraising events	1c					
igi ar	d	Related organizations	1d					
S.E	е	Government grants (contribu	tions) 1e					
ig z	f	All other contributions, gifts, gran	nts, and					
ĘĘ.		similar amounts not included abo	ove 1f					
E S	g	Noncash contributions included in lines	s 1a-1f \$					
S F		Total. Add lines 1a-1f		>				
ł				Business Code				
e l	2 a	·			j			
و چ	b							
Solution	С			1 1				
e a	d			1		·- ·		
Program Service Revenue	е							
ا ته	f	All other program service reve	enue	900001	280,125.	280,125.		
[9	Total. Add lines 2a-2f			280,125.			
	3	investment income (including	dividends, inte	rest, and				_
		other similar amounts)		▶	1,196.		1,196.	
l	4	Income from investment of ta	x-exempt bond	proceeds ►				
İ	5	Royalties		>				
			(i) Real	(ii) Personal				
	6 a	Gross Rents						
	b	Less: rental expenses						
	¢	Rental income or (loss)						
		Net rental income or (loss)		▶			,	
	7 a	Gross amount from sales of	(i) Securities	(iı) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gaın or (loss)	L					
1		Net gain or (loss)		_				
Other Revenue	8 a	Gross income from fundraisin including \$	g events (not					
ا <u>چ</u>		contributions reported on line	1c). See					
- E		Part IV, line 18	•	a				
됩	Ь	Less direct expenses		b				
		Net income or (loss) from fund	_	•				
	9 a	Gross income from gaming ad	ctivities. See					
		Part IV, line 19	•	a				
		Less: direct expenses		b				
l		Net income or (loss) from garr	=	<u> </u>				
ľ	10 a	Gross sales of inventory, less	returns					
		and allowances	í	30,266.				
		Less: cost of goods sold	•	43,730.				
-	c	Net income or (loss) from sale		<u> </u>	<13,464.	>	<13,464.	>
- }		Miscellaneous Revenu	ie	Business Code	0.1	6. 6. –		
- 1		PROGRAM FEES		900001	21,087.	21,087.		
	b	RENTAL FEES		900001	8,000.	8,000.		
-	C	GUEST FEES		900001	1,720.	1,720.		
1		All other revenue						
		Total. Add lines 11a-11d		>	30,807.	212 222	.10 050	
93200	12	Total revenue. See instructions			298,664.	310,932.	<12,268.	<u>> 0.</u>

Part IX Statement of Functional Expenses

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

	All other organizations must compl	ete column (A) but are	not required to compl	lete columns (B), (C), an	d (D)
	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				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
•	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S.	1			
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members			, , -, ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	" '!!!''!
5	Compensation of current officers, directors,		 -		
•	trustees, and key employees	1			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	•			
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	77,804.			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	9,923.			
11	Fees for services (non-employees):				
а	Management				
b	Legal .	5 050	···		
C	Accounting _	5,850.			
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	1,678.	·		-
9	Other	1,0/0.			
12	Advertising and promotion	3,620.			
13	Office expenses	3,020.			
14 15	Information technology Royalties				
16	Occupancy	87,335.			
17	Travel	0,,000	· •		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	758.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	23,252.			
23	Insurance		····	1211 11'1 1M12 - 1121 15.	····
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	UTILITIES	16,504.	· · ·		
b	INSURANCE	11,156.			
С	GENERAL OPERATIONS	6,147.			
d	PAYROLL SERVICE FEES	2,599.			
е	TENNIS/SWIM PROGRAMS	2,514.			ļ
f	All other expenses	3,822.			
25	Total functional expenses. Add lines 1 through 24f	252,962.			
26	Jaint costs. Check here I If 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 0 02-04-10			<u> </u>	Form 990 (2009)

932010 02-04-10

KENDBRIN SWIM & TENNIS CLUB Form 990 (2009) 05-0274594 Part X Balance Sheet (A) Beginning of year End of year 147,088. 78,442. 1 1 Cash · non-interest-bearing 55,800. 148,555. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4,500. Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Assets Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 900,085. basis. Complete Part VI of Schedule D 10a 526,976. 357,535. 10b 373,109. b Less: accumulated depreciation 10c 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments · program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 600,106. 564,923. Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 iabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 381,400. 391,686. 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 6,148.6,260.

> 600,106. Form 990 (2009)

211,903.

211,903.

388,203.

25

26

27

28

29

30

31

32

33

398,722.

166,201.

166,201.

564,923.

25

26

27

28

30

31

32

33

Net Assets or Fund Balances

Other liabilities. Complete Part X of Schedule D

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Organizations that follow SFAS 117, check here

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25

lines 27 through 29, and lines 33 and 34.

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

complete lines 30 through 34.

Total net assets or fund balances

and complete

			Yes	No
1 /	ccounting method used to prepare the Form 990:			
If	the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a V	Vere the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b V	Vere the organization's financial statements audited by an independent accountant?	2b		Х
c li	"Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
r	eview, or compilation of its financial statements and selection of an independent accountant?	2c		
H	the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d If	"Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
C	onsolidated basis, separate basis, or both:	- 1		
	Separate basis Consolidated basis Both consolidated and separate basis			
3 a A	s a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit]	
Α	ct and OMB Circular A-133?	3a		Х
b If	"Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
^	r audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

year ►

7

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2009
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Name of the organization Employer identification number KENDBRIN SWIM & TENNIS CLUB 05-0274594 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2<u>a</u> **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.
 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other 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, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

- (i) Revenues included in Form 990, Part VIII, line 1
- (ii) Assets included in Form 990, Part X
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1
- b Assets included in Form 990, Part X

and section 170(h)(4)(B)(ii)?

\$

Yes

Yes

Scr

Number of states where property subject to conservation easement is located ▶

violations, and enforcement of the conservation easements it holds?

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)

► 373,109. Schedule D (Form 990) 2009

261

309,139.

1,995.

205,705.

d Equipment

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

2,256.

514,844.

Part VII Investments - Other Securities.	See Form 990, Part X, lin	е 12.		
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valua t or end-of-year mar	
Financial derivatives				
Closely-held equity interests				
Other				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12)				······································
Part VIII Investments - Program Related.	See Form 990, Part X, II	ne 13.		
(a) Description of investment type	(b) Book value		(c) Method of valua t or end-of-year mar	
			10, 01,00, 11,00	
	 		<u> </u>	
		-		
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	· · · · · · · · · · · · · · · · · · ·			
				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13)	 			
Part IX Other Assets. See Form 990, Part X, III	 vo.15			
	a) Description			(b) Book value
	-y z ocompilost			(3) 2001. (4.100
				<u> </u>
				
				
				
				-
			· · · · · · · · · · · · · · · · · ·	
Total. (Column (b) must equal Form 990, Part X, col (B) lii	20 15)	·		
Part X Other Liabilities. See Form 990, Part >	(line 25	 		
1. (a) Description of liability	, into 20.	(b) Amount		
Federal income taxes		,,,		
ACCRUED SALES TAX		2,023.		
PAST MEMBER NOTES		4,125.		
	-			
				
				
Total. (Column (b) must equal Form 990, Part X, col (B) III	ne 25.)	6,148.		

2. FIN 48 Footnote. 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. 932053 02-01-10

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
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Name of the organization		KE	NDBRIN S	WIM	& TE	NNIS	CLUB			<u> </u>	E	05-()27459	100 number	
FORM	990,	PART	VI,	SECTION	В,	LINE	11:	REVIE	W OF	TAX	RETU	RN	ву	OFFIC	ERS
PRIO	R TO	FILIN	G												
FORM	990,	PART	VI,	SECTION	С,	LINE	19:	UPON	REQU:	EST	OF TH	Е	GOVI	ERNING	BOARD
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