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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)

OMB No 1545-0047

Open to Public Inspection

	oartment of mai Reven	the Treasury	► The organi			ov of this return to s	-	reporting requireme	nts.	Open to Public Inspection
_			lar year, or tax year		OCT 1,			SEP 30, 20		iliop de liez
_	Check if	- [f organization					D Employer ide		ion number
_	applicable	. •	r organization.							
	Addres change	s KEND	BRIN SWIM	& TENNI	S CLUB					
	Name change		Business As					05	-027	74594
	Initial return		r and street (or P 0	box if mail is not d	elivered to st	reet address)	Room/suite	E Telephone nur	nber	
	Termin		BOX AMAGA					40	1-43	33-3515
	Amend return	City or t	town, state or cour	ntry, and ZIP + 4			-2001	G Gross receipts \$		331,636.
	Application		BSME, KA			INGTON KI	CY806	H(a) is this a grou	ıp retu	rn
	pendin	F Name a	and address of prin	cipal officer:BR	IAN DU	RKIN		for affiliates?	?	Yes X No
		25 HC	SPITAL RO		RSIDE,	RI 02915		H(b) Are all affiliate	s includ	ed? Yes No
_		mpt status: l	501(c)(3) LX	☐ 501(c) (7)◀ (ınsert	no) 4947(a)(1) or 52	1		t. (see instructions)
_		<u>e: ► N/A</u>	TT 0				1	H(c) Group exem		
			X Corporation	Trust	Association	Other ►	L Year	r of formation 193	4 M S	tate of legal domicile RI
	art I	Summary				ME'ME	PDCUTI	D CTIID FOR	CIA	IM, TENNIS
Ö	1 1		be the organization IER RECREA				JEKOHII.	P CLUB FOR		IH, IENNIS
Clivilies & Governance	2	Check this bo					acad of mar	re than 25% of its n	et acco	
Ver	3		oting members of the	-		•	osea or mor	e (flaf) 2570 Of its fi	3	11
S	4		-	-	- '	ody (Part VI, line 1b)		•	4	0
oč V	5 5		of individuals emp				,		5	
Z.	6 -		of volunteers (esti	-	-	(rait v) into Eay	•		6	0
<u> </u>	7 a		ed business revenu	·	-	 line 12			7a	<5,151.>
			i business taxable	•					7b	0.
;¹— ᢒ								Prior Year		Current Year
	, в	Contributions	s and grants (Part \	/iii, line 1h)					0.	0.
7	9		/ice revenue (Part \					265,35	5.	268,547.
٥	10	Investment in	ncome (Part VIII, co	olumn (A), lines 3,	4, and 7d)	-		56		527.
a"	11	Other revenu	e (Part VIII, column	(A), lines 5, 6d, 8	3c, 9c, 10c,	and 11e)	<u>_</u>	20,50		29,118.
\ddot{z}	12	Total revenue	• add lines 8 throu	igh 11 (must equ	al Part VIII,	column (A), line 12)		286,42		298,192.
	13		ımılar amounts pai			-3) .			0.	0.
Š	14	Benefits paid	l to or for members	TPart (V, Columb	(A)) line 4)	-	<u> </u>		0.	0.
Dy.	ខ្ល 15	Salaries, othe	er compensation, e	mployee benefits	Part IX, oc	olumn (A), lines 5·10)	94,16		93,376.
2	2 16a		fundraising (es (P			•	, -		0.	0.
2 2 11	₹ b		sing expenses Par		4 1 1 1	<u> </u>	0.	105 74	, -	181,919.
_	117	Other expens	ses (Part IX, colum	n-(A),-lines 1.1 a:1.1	ld, 11f-24e)	(4) 1 05)	-	195,74 289,91		
	18	Total expens	es. Add lines 13	(must equal Par	tilX, column	(A), line 25)	-	<3,48		275,295. 22,897.
_	1 1 4	Hevenue less	s expenses. Subtra	ict line 10 from lir	16-12 <u></u> 1	·	-			End of Year
Net Assets or	anc	Total assets	(Port Y line 16)				尸	eginning of Current Y 591,16		611,414.
ASSE	[문 20 - 21		(Part X, line 16) es (Part X, line 26)				\vdash	382,74		380,103.
Net	일 22		r fund balances. Si	 ubtract line 21 fro	m line 20		· -	208,41		231,311.
П	Part II	Signatur		DDITACT III E 21 IIC	in line 20					
				examined this retu	rn. including a	accompanying schedu	iles and state	ments, and to the best	of my k	nowledge and belief, it is
						on all information of			•	
	<u> </u>	116	4/		<u>'</u>			11/11	12	
Si	ign	Signatu	re of officer				_	Date		
Н	ere	BRI	AN DURKIN,	PRESIDE	NT					
_		Type or	print name and title							
			eparer's name		Preparer'	signature	1	Date Che	ck	PTIN
Pa	aid	WILLIAM	M A. FEENI			ion liver	W		employed	P00025591
	reparer	Firm's name	CHAPUT				V	Firm's Ell	<u> </u>	05-0466382
Us	se Only	Firm's addres	s ► 690 WAI			0014		}	4.0	1 401 1010
	EAST PROVIDENCE, RI 02914 Phone no. 401-431-1010									
<u>M</u>	lay the II		nis return with the p					 :		X Yes No
13	2001 01-2	23-12 LHA	For Paperwork R	eduction Act No	tice, see th	e separate instruc	tions.			Form 990 (2011)

	Check if Schedule O contains a response to any question in this Part III
	Briefly describe the organization's mission: NONE
	Did the organization undertake any significant program services during the year which were not listed on The prior Form 990 or 990-F7? Yes X N
	the prior Form 990 or 990-EZ?
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to
	others, the total expenses, and revenue, if any, for each program service reported.
•	(Code)(Expenses \$including grants of \$) (Revenue \$
	FOR ITS MEMBERSHIP.
	(Code) (Expenses \$
;	(Code) (Expenses \$ including grants of \$) (Revenue \$
d	
	(Expenses \$ Including grants of \$) (Revenue \$)

	990 (2011) RENDERIN SWIM & TENNIS CLUB 05-027	4594	P	<u>age 3</u>
Par	t IV Checklist of Required Schedules		T	
			Yes	No
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		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			١
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effection of the control of the co	4		
_	during the tax year? If "Yes," complete Schedule C, Part II	4	1	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			,,
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	<u> </u>	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			١,,
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part	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_		<u> X</u>
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		1	
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	. 9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	1		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	ļ	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.	1		1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	<u> </u>
Ь	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	11b	ļ	X
C	Did the organization report an amount for investments • program related in Part X, line 13 that is 5% or more of its total			l
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	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			l
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	-
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			١
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<u> </u>	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			١,,
-	Schedule D, Parts XI, XII, and XIII	12a	 -	<u> </u>
р	Was the organization included in consolidated, independent audited financial statements for the tax year?			
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	+
14a	• • • • • • • • • • • • • • • • • • • •	14a		X
b	5 5 5			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			J.
16	or more? If "Yes," complete Schedule F, Parts I and IV	. 14b	!	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			\ v
16	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	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	1.0		
17	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			l u
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	1	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1		v
10	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,"	1.5		\ v
	complete Schedule G, Part III	19	1	X

Form **990** (2011)

20b

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H ...

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form 990 (2011) KENDBRIN SWIM & TE

Part W Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States 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 of grants and other assistance to individuals in the United States 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, 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			İ
	Schedule J	23		Х
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			ĺ
	Schedule K. If "No", go to line 25	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
C		24c		l
_	any tax-exempt bonds?			-
	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	05-		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		\vdash
Ь	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			
	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			
	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, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			١,,
	of any of these persons? If "Yes," complete Schedule L, Part III	27	ļ. —	X
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):			l
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ļ .	X
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	<u> </u>	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		1	l
	director, trustee, or direct or indirect owner? 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		İ	
	contributions? If "Yes," complete Schedule M	30	<u> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		1	
	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?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b				
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	1
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	<u> </u>	<u> </u>	† <u> </u>
55	Note. All Form 990 filers are required to complete Schedule O	38	X	
	19016. All 1 of the part lief of the fedulation combinets achieving of the combinets of the	1 30	000	

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
ь	Enter the number of Forms W-2G 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 gaming			
_	(gambling) winnings to prize winners?	1c		
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 0			ĺ
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		ĺ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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)?	4a		х
ь	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	_	
6a				
	any contributions that were not tax deductible?	6a		Х
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	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 required			
	to file Form 8282?	7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7е		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	ļ	ļ
8	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?	8	ļ	ļ
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9ь		ļ
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 0.			
b	1000 10	{		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	İ		
40	amounts due or received from them.)	1.0	ſ	1
12a	1 1	12a	-	
_	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-	 	1
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	 -	+
L	Note. See the instructions for additional information the organization must report on Schedule O.	1		
b	·			1
-	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b	1		
142		14a	 	X
14a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a	-	+^
0	ii res, has it lieu a rount 120 to report these payments (ii iyo, provide an explanation in Schedule O		990	(2011)

132005 01-23-12 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.

	Check if Schedule O contains a response to any question in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	ŀ		
	officer, director, trustee, or key employee?	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?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		<u>X</u> _
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	<u> </u>	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		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			<u> </u>
			Yes	_
10a	Did the organization have local chapters, branches, or affiliates?	10a	<u> </u>	X
ь	if "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	1		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		1	
	ın Schedule O how this was done	12c	-	<u> </u>
13	Did the organization have a written whistleblower policy?	13	_	X
14	Did 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?	İ		1
а	The organization's CEO, Executive Director, or top management official	. 15a	 	X
b	Other officers or key employees of the organization	15b	 	X
	If "Yes" to line 15a or 15b, 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			1,,
	taxable entity during the year?	16a	 	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	ın joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16t	<u> </u>	J
Sec	ction 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 (Section 501(c)(3)s on	y) avaıla	ble	
	for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy,	and fin	ancial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organ	ızatıon:	▶	
	NANCY MARTIN - 433-3515			
ব্যবস্থ	25 HOSPITAL ROAD, EAST PROVIDENCE RI 02915			
1320		For	m 990	(2011)

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

Check if Schedule O contains a response to any question in this Part VII

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
- 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, if any. See instructions for definition of "key employees."
- 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.

(A)	(B)	(C) Position			ı		(D)	(E) Reportable	(F) Estimated	
Name and Title	Average hours per	(de	(do not check more than one box, unless person is both ar			than o	one	Reportable compensation	Reportable compensation	amount of
	week	offi	cer ar	nd a d	recto	r/trus	tee)	from	from related organizations	other
	(describe	or director	ſ				ĺ	the		compensation
	hours for	ğ	88	1		sated		organization	(W-2/1099-MISC)	from the
	related organizations	Lastee	trust		8	ined:		(W-2/1099-MISC)		organization and related
	in Schedule		Institutional trustee		를 음	St CO	₅₅			organizations
	O)	N Pu	last t	Officer	Key	Highest compensated employee	Former			•
(1) JOHN GORHAM										
EXECUTIVE DIRECTOR	20.00	X		X				0.	11,500.	0.
(2) BRIAN DURKIN										
PRESIDENT	10.00	<u>L</u>		X				0.	0.	0.
(3) GERRY COYNE	ļ						ļ			
VICE PRESIDENT	5.00	<u> </u>	<u> </u>	X		_		0.	0.	0.
(4) DAN GUGLIELMO				ĺ			ĺ			
SECRETARY	5.00	╄-		X		<u> </u>	Щ.	0.	0.	0.
(5) NANCY MARTIN	1000		ŀ							
TREASURER	10.00	╄-	<u> </u>	X			<u> </u>	0.	0.	0.
	1					l	1			
		╄-	-	<u> </u>	-					
		+	+	-	-	-	-		<u> </u>	
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		+	+-	+		╁	\vdash			
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		T								
					L					

(A) Name and title	(B) Average hours per		not c	(C) Position of check more than one unless person is both an				(D) Reportable compensation	(E) Reportable compensation		Estin	F) nated unt o	
	week (describe hours for related organizations in Schedule O)			dad	recto	or/trus	ee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	3	compe	n the ization	on d
											. =.		
1b Sub-total								0.	11,50	0.			0.
c Total from continuation sheets to Part d Total (add lines 1b and 1c)						>		0.	11,50				0.
2 Total number of individuals (including but compensation from the organization	it not limited to t	nose	e list	eo a	.—	/e) w	no r	eceived more than \$100	J,000 of reportable			res	No
3 Did the organization list any former offic line 1a? If "Yes," complete Schedule J for	or such individua	Ι.									3		x
 For any individual listed on line 1a, is the and related organizations greater than \$ Did any person listed on line 1a receive 	150,000? <i>If</i> "Yes	, " c	omp	lete	Sch	nedu	e J	for such individual			4	-	Х
rendered to the organization? If "Yes," of Section B. Independent Contractors 1 Complete this table for your five highest								that received more than	\$100,000 of com		5 ction fro		<u>X</u>
Complete this table for your five highest the organization. Report compensation (A)										Jens	(C)		
Name and busine	ess address	N	ON	E				Description of	services	С	ompen		1
					,								
									!				
2 Total number of independent contracto		not	lımıt	ed to	o th	ose l	ıste	d above) who received	more than				
\$100,000 of compensation from the org	anization P	-				<u> </u>		 			Form 9	90 (201

		-	otatement of never	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
	1	а	Federated campaigns	1a					
유립		b	Membership dues	1b					
A, T	1	С	Fundraising events	1c					
igi gi		d	Related organizations	1d					
S.E		e	Government grants (contribut	ions) 1e					
iş ş		f	All other contributions, gifts, gran	its, and					
퍨			similar amounts not included abo	ve 1f					
dar		g	Noncash contributions included in lines	: 1a-1f \$					
Contributions, Gifts, Grants and Other Similar Amounts		h	Total. Add lines 1a-1f		<u> </u>				
					Business Code				
မွ	2	а							
ه څ		ь							
Program Service Revenue		С							
eve		ď							
60		е							
٩		f	All other program service reve	enue	900001	268,547.	268,547.		
		g	Total. Add lines 2a-2f		•	268,547.			
	3		Investment income (including	dividends, intere	est, and				·····
ĺ			other similar amounts)	_	>	527.		527.	
l	4		Income from investment of ta	x-exempt bond p	roceeds ►				
ľ	5		Royalties	,					
			•	(i) Real	(ii) Personal				
- {	6	а	Gross rents	1					
		b	Less: rental expenses						
ļ		С	Rental income or (loss)						
		d Net rental income or (loss)			. •			1	
			Gross amount from sales of	(i) Securities	(II) Other				
			assets other than inventory	() ====================================					
1		b	Less: cost or other basis						
ľ			and sales expenses	İ		ĺ			
		С	Gain or (loss)						
1			Net gain or (loss)		·	i			
ø)			Gross income from fundraisin	a events (not					
Ž	_		Including \$	of]				
Other Revenue			contributions reported on line						
تا س			Part IV, line 18	a					•
the		ь	Less: direct expenses	. b					
0			Net income or (loss) from fund	•	•				
1			Gross income from gaming ad						
			Part IV, line 19	а					
- {		ь	Less: direct expenses	- b					
			Net income or (loss) from garr					•	
- 1			Gross sales of inventory, less						
			and allowances	. a	27,766.				
		ь	Less. cost of goods sold	. b					
			Net income or (loss) from sale			<5,678.	>	<5,678.	
Ì		<u> </u>	Miscellaneous Revenu		Business Code	13/0/01		<u> </u>	
ľ	11	<u> </u>	PROGRAM FEES		900001	23,846.	23,846.		
ŀ	• •	h	RENTAL FEES	·	900001	10,500.	10,500.		
}		~	GUEST FEES		900001	450.	450.		<u> </u>
		d	All other revenue		20001		430.		
			Total. Add lines 11a-11d			34,796.			
1	12	C	Total revenue. See instructions		· [298,192.	303,343.	<5,151.	
13200 01-23			TOTAL LEVELING. SEE HISTINCHOUS			270,172.	303,343.	<u> </u>	
U1-23	-12								Form 990 (2011)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respons	o to any guartian in this	Dort IV		
		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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	82,969.	·····		
8	Pension plan accruals and contributions (include		·		
0	· ·				
_	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	10,407.	 -		
10	Payroll taxes	10,407.	 	 	
11	Fees for services (non-employees):				
а	Management	·	·		
ь	Legal	(7)5			
C	Accounting	6,725.			
d	Lobbying .				
е	Professional fundraising services See Part IV, line 17			<u> </u>	
f	Investment management fees .			<u> </u>	_
g	Other		_	 	<u> </u>
12	Advertising and promotion	4,469.			
13	Office expenses	3,702.			
14	Information technology .				
15	Royalties				
16	Occupancy	93,005.			
17	Travel				
18	Payments of travel or entertainment expenses				
-	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	375.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	21,085.			
23	Insurance				
24	Other expenses Itemize expenses not covered				
24	above (List miscellaneous expenses in line 24e If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)				
_	UTILITIES	20,454.	1.1.1.1.1.	, , , , , , , , , , , , , , , , , , ,	
a	INSURANCE	10,555.			†
٥	TENNIS/SWIM PROGRAMS	10,416.			
c d	CENTED AT OPEN A MITONIC	6,213.		 	
_		4,920.		<u> </u>	
e OF	•	275,295.			
25	Total functional expenses. Add lines 1 through 24e	2131233.		-	
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here I if following SOP 98-2 (ASC 958-720)	<u> </u>	<u>L,</u> .	<u></u>	1

Part X	Balance Sheet			
		(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing	81,424.	1	118,995.
2	Savings and temporary cash investments	155,071.	2	155,650.
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	2,500.
5	Receivables from current and former officers, directors, trustees, key			
Į	employees, and highest compensated employees. Complete Part II			
	of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instructions)		6	
8 7	Notes and loans receivable, net		7	
Assets 8	Inventories for sale or use		8	
۵ ۶ 9	Prepaid expenses and deferred charges		9	
10a				
100	basis. Complete Part VI of Schedule D 10a 904,	991		
	basis. Complete Part VI of Schedule D Less' accumulated depreciation 10a 904, 170,	722. 354,665.	10c	334,269.
	•	334,003.	11	3347203.
11	Investments - publicly traded securities	•	12	
12	Investments - other securities. See Part IV, line 11		13	
13	Investments · program-related. See Part IV, line 11			
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	591,160.	15	611,414.
16	Total assets. Add lines 1 through 15 (must equal line 34)	48.	16	4,334.
17	Accounts payable and accrued expenses	40.	 	4,334.
18	Grants payable .		18	
19	Deferred revenue	•	19	
20	Tax-exempt bond liabilities	•	20	
<u>ဗ</u> 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employe			
Liabilities 22	highest compensated employees, and disqualified persons. Complete P	art II		
-	of Schedule L	. 270 420	22	257 662
23	Secured mortgages and notes payable to unrelated third parties	370,438.	1	357 , 662.
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X	(of)	1 1	10 107
'	Schedule D .	12,260.		18,107
26	Total liabilities. Add lines 17 through 25	382,746.	26	380,103.
	Organizations that follow SFAS 117, check here	olete		
Se	lines 27 through 29, and lines 33 and 34.			
E 27	Unrestricted net assets		27	
E 28	Temporarily restricted net assets		28	
필 29	Permanently restricted net assets		29	
ᆵᅵ	Organizations that do not follow SFAS 117, check here X a	nd		
Net Assets or Fund Balances 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	complete lines 30 through 34.			
g 30	Capital stock or trust principal, or current funds	208,414.		231,311
ğ 31	Paid-in or capital surplus, or land, building, or equipment fund	0.		0
ਰ 32	Retained earnings, endowment, accumulated income, or other funds	0.		0.
Z 33	Total net assets or fund balances .	208,414		231,311.
34	Total liabilities and net assets/fund balances	591,160	. 34	611,414.

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
➤ Attach to Form 990. ➤ See separate instructions.

2011
Open to Public inspection

Name of the organization

KENDBRIN SWIM & TENNIS CLUB

Employer identification number 05-0274594

Da	RENDDRIN SWIM α TEN		or Accounts Complete if the
Par			or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	6. (a) Donor advised funds	(b) Funds and other accounts
		(a) Dollor advised fullds	(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 w		
	are the organization's property, subject to the organization's		. L Yes L No
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpose	
-	impermissible private benefit?		Yes No
Par			art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	— <u> </u>	
	Preservation of land for public use (e.g., recreation or en	· -	torically important land area
	Protection of natural habitat	Preservation of a certi	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		F 1
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
Ь	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	• •	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structi	1 1
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	eased, extinguished, or terminated by the	e organization during the tax
	year ►	_	
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation	·	
	include, if applicable, the text of the footnote to the organizat	lon's financial statements that describes	the organization's accounting for
D-	conservation easements	f Art Historical Transverse or O	thay Similay Assats
Pa	organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" to Form		
٦a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		nce of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri		
þ	If the organization elected, as permitted under SFAS 116 (AS	•	
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in turtherance of pu	blic 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 tre		al gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	. .
a	Revenues included in Form 990, Part VIII, line 1		S S S S S S S S S S
b	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011

(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuation: t or end-of-year market value			
1), Financial derivatives						
2) Closely-held equity interests						
3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)				. <u></u>		
(G)				· 		
(H)						
(l)				···········		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12) 🕨						
Part VIII Investments - Program Related.	See Form 990, Part X, III	ne 13.				
(a) Description of investment type	(b) Book value		(c) Method of valuat or end-of-year mark			
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)	<u> </u>					
(9)						
(10)						
Total. (Col (b) must equal Form 990, Part X, col (B) line 13)						
Part IX Other Assets. See Form 990, Part X, I	ine 15. (a) Description			(b) Book value		
(1)						
(2)						
(3)						
(4)				<u>. </u>		
(5)						
(6)						
(7)						
(8)		<u> </u>				
(9)						
(10)	· · · · · · · · · · · · · · · · · · ·					
Total. (Column (b) must equal Form 990, Part X, col (B)			<u> </u>			
Part X Other Liabilities. See Form 990, Part	t X, line 25.					
1. (a) Description of liability		(b) Book value				
(1) Federal income taxes		1 057				
(2) ACCRUED SALES TAX		1,857.				
(3) PAST MEMBER NOTES		3,675.				
(4) DEFERRED EXPENSES		12,575.				
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
Total. (Column (b) must equal Form 990, Part X, col (B) FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote. FIN 48 (ASC 740)	line 25.) ▶	18,107.	relica's liability for the desired	n tay positions lander		
FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote. 2. FIN 48 (ASC 740)	ote to the organization's financial	statements that reports the organiz	zauon s liability for uncerta	in tax positions under		

Schedule D (Form 990) 2011

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

KENDBRIN SWIM & TENNIS CLUB

Employer identification number 05-0274594

				IBBITITIO	<u> </u>		11110						05 02/455	
FORM	990,	PART	VI,	SECTION	В,	LINE	11:	REVI	EW OF	TAX	RE	TURN	BY OFFIC	ERS
PRIOR TO FILING														
FORM	990,	PART	VI,	SECTION	С,	LINE	19:	UPON	REQUI	EST	OF	THE	GOVERNING	BOARD
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