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Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

OMB No 1545-0047

A F	or the	2012 calendar year, or tax year beginning $OCT 1$, 2012 and ending	SEP 30, 2013	
B 0	Check If	C Name of organization	D Employer identific	cation number
	pplicable			
	Address	KENDBRIN SWIM & TENNIS CLUB		
	Name	Doing Business As	05-0	274594
	ichange	Number and street (or P 0 box if mail is not delivered to street address) Room/s	uite E Telephone number	·
=	_]return _]Termin-	P.O. BOX 281		433-3515
=	⊸ated Amende		G Gross receipts \$	331,872.
=			H(a) Is this a group re	
L.,	⊥tiòn pending		for affiliates?	Yes X No
		25 HOSPITAL ROAD, RIVERSIDE, RI 02915	H(b) Are all affiliates inc	
			—— ' ' '	list (see instructions)
		intersection in the states. □ 301(c/(3) 22 301(c/(3) 2 301(c/(3)	H(c) Group exemption	
			ear of formation 1954 N	
		Summary	car or formation 220 2 14	diate or logal definione 202
	212	Briefly describe the organization's mission or most significant activities: MEMBERSH	TP CLUB FOR S	WIM, TENNIS
Se		AND OTHER RECREATIONAL ACTIVITIES.	II CHOD TOR D	WILLY ILLUIT
nan	_	Check this box I if the organization discontinued its operations or disposed of r	nore than 25% of its not as	ecote -
Activities & Governance	1 -, '		3	11
Ĝ	1/	lumber of voting members of the governing body (Part VI, line 1a)	4	0
<u>ಇ</u>		•	5	0
Ę.	1	otal number of individuals employed in calendar year 2012 (Part V, line 2a)	6	0
:		otal number of volunteers (estimate if necessary)	7a	<1,352.
Ac	ł	otal unrelated business revenue from Part VIII, column (C), line 12	76	0.
	יום	let unrelated business taxable income from Form 990-T, line 34	Prior Year	Current Year
		Description of the second of t	0.	0.
e		Contributions and grants (Part VIII, line 1h)	268,547.	274,565.
Revenue		Program service revenue (Part VIII, line 2g)	527.	472.
Re	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	29,118.	25,978.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	298,192.	301,015.
	1	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	290,192.	0.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	93,376.	103,602.
Expenses	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
ë	16a l	Professional fundraising fees (Part IX, column (A), line 11e) Cotal fundraising expenses (Part IX, column (D), line 25)	0.	<u> </u>
쫎	b	otal fundraising expenses (Fart IX, Column (D), Into 20)	181,919.	173,633.
_	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	275,295.	277,235.
		Total expenses Add lines 13-17 (must equal Part IX, column, (A), line 25).		23,780.
_ ~	19 F	Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	
Net Assets or Fund Balances		Cotal assets (Part X, line 16)	Beginning of Current Year 611,414.	End of Year 623,682.
SSE	20	otal abboto (i dit 7) mio 10)	380,103.	368,591.
et A	21	Total liabilities (Part X, line 26)	231,311.	255,091.
골	22 1	Net assets or fund balances. Subtract line 21 from line 20	231,311.	233,091.
P.	art II	Signature Block	staments and to the best of m	w knowledge and bakefut in
		ties of perjury, I declare that I have examined this return, including accompanying schedules and st		y knowledge and belief, it is
true	e, correct	, and complete Declaration of preparer (other than officer) is based on all information of which pre	Jaier has any knowledge	2 . 2
]	Signature of officer	Date	£015
Sig		·	5410	
He	re	BRIAN DURKIN, PRESIDENT		
		Type or print name and title	Date , Check	PTIN
	. [Print/Type preparer's name Preparer's signature	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Pai	- 1	WILLIAM A. FEENEY, JR. William Weiney	11/20/13 self-employ	
	parer	Firm's name CHAPUT & FEENEY, LLP	Firm's EIN	05-0466382
Use	Only	Firm's address 690 WARREN AVENUE		01 421 1010
_		EAST PROVIDENCE, RI 02914	Phone no 4	01-431-1010
Ма	y the IP	S discuss this return with the preparer shown above? (see instructions)		X Yes No

05-0274594 KENDBRIN SWIM & TENNIS CLUB Form 990 (2012) Part IV Checklist of Required Schedules Yes No is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 1 Х Х 2 2 is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for 3 Х public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II ... Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or Х 5 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to 6 X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 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 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 Schedule D. Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? Х If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent X endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 116 c Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 Х Part X, line 16? If "Yes," complete Schedule D, Part IX 11d Х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х 12a Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 X or more? If "Yes," complete Schedule F, Parts I and IV . . . 14b 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, Parts II and IV X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals 16 Х located outside the United States? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 X 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 Х 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," Х 19 complete Schedule G, Part III

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20a <u> 20ь</u>

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?

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the Х 21 United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, Х 22 column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 Schedule J --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 X 24a Schedule K. If "No", go to line 25 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 Was a loan to or by a current or former officer, director, trustee, key employee, highest 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 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 Х 27 of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions): X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a Х **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 (or a family member thereof) was an officer, 28c director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Х 30 contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? Х 31 If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Х Schedule N. Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV. and Х X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 36 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 37 X 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 11b and 19?

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Note. All Form 990 filers are required to complete Schedule O

	Check if Schedule O contains a response to any question in this Part V	<u>-</u>		\Box
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	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]		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	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		X
	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		X
ь	If "Yes," enter the name of the foreign country:	1		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		1	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	<u> </u>	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		1	
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	ļ	ļ.
7	Organizations that may receive deductible contributions under section 170(c).			
a	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?			
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?	7c		ļ
d		┨		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	 	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	 	
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	İ	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<u> </u>	1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	8	•	1
_	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.	9a		1
a	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			1
10	Initiation fees and capital contributions included on Part VIII, line 12			
a b	10h	.]		
11	Section 501(c)(12) organizations. Enter:	7		
''а	11a	}		
b	Grant Albert and Alber	7		
	amounts due or received from them.)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	is the organization licensed to issue qualified health plans in more than one state?	13a		
J	Note. See the instructions for additional information the organization must report on Schedule O.			
h	Enter the amount of reserves the organization is required to maintain by the states in which the		Ì	
_	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand	<u> </u>	<u> </u>	1
14a	and the top year?	14a	<u> </u>	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		For	ո 990	(2012

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			<u>[X]</u>				
Sec	tion 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 . 1a 11							
	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							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	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							
	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 governing documents since the prior Form 990 was filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>X</u>				
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		_X_				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	- 1						
	persons other than the governing body?	7ь		<u> X</u>				
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					
Ь	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	1						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х				
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)							
			Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ					
ь								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10-						
12	In Schedule O how this was done	12c 13		Х				
13	Did the organization have a written whistleblower policy?	14		X				
14		14		21				
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?							
-	The organization's CEO, Executive Director, or top management official	15a		Х				
a h	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							
	taxable entity during the year?	16a		Х				
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
_	In joint venture arrangements under applicable federal tax law, and take 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 (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	vallab	le					
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	ıcıai					
	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 organization	tion: 🕨	-					
	JOHN ALESSANDRO - 433-3515							
AAA	25 HOSPITAL ROAD, EAST PROVIDENCE RI 02915							
23200		C	200	100401				

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form **990** (2012)

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 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.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one box, unless person is both an officer and a director/trustee) any officer and a dire	Estimated							
	hours per	box	, unle	ss pe	rson	is bot	h an			amount of
	week	\vdash	cer an	dad	irecto	or/trus	tee)			other
	(list any	1 52	1							compensation
	hours for	9	₈₂		1	ate			(W-2/1099-MISC)	from the
	related	1 E	a		R	bens		(W-2/1099-MISC)		organization
	organizations		g g		§	2 2	'			and related
	below (Ine)	P P P	碧	Eg.	Sy GIT	a e e	JE .			organizations
/1) TOWN CONVIN	20.00	트	트	5	×	王克	7			
(1) JOHN GORHAM	20.00	\mathbf{x}		x				0.	15.000	0.
EXECUTIVE DIRECTOR (2) BRIAN DURKIN	10.00	1		11		H	-		10,000	
PRESIDENT	10.00	1		x				0.	0.	0.
(3) GERRY COYNE	5.00	1								
VICE PRESIDENT		1	1	X				0.	0.	0.
(4) LOUANN DIELH	5.00									
SECRETARY				X				0.	0.	0.
(5) JOHN ALESSANDRO	10.00									
TREASURER		l		X		<u> </u>		0.	0.	0.
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Par	VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	es (continued)					
	` , (A)	(B)		(C)					(D)	(E)	(F	7
	Name and title	Average			Pos				Reportable	Reportable	Estim	
	Hamo and the	hours per					than is bot		compensation	compensation	amou	
		week					or/trus		from	from related	oth	
		(list any	횭					1	the	organizations	compe	nsation
		hours for	director				25		i e	(W-2/1099-MISC)	from	
		related	trustee or	Ste		ŀ	ısat		(W-2/1099-MISC)	, , ,	organi	zation
		organizations	arst	로		85	Ę		`		and re	
		below	dual	텵	.	윹	3 3 5 5 S	نة			organiz	ations
		line)	Individual to	Institutional trustee	Officer	Key employee	Highest compensated employee	[E				
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			<u>L_</u>									
1 b	Sub-total .								0.	15,000.		0.
С	Total from continuation sheets to Part VI	I, Section A					ightharpoons		0.	0.	,	0.
	Total (add lines 1b and 1c) .								0.	15,000	,	0.
2	Total number of individuals (including but n	ot limited to th	nose	liste	ed a	bove	e) wi	ho r	eceived more than \$100	0.000 of reportable		
_	compensation from the organization						-,		• • • • • • • • • • • • • • • • • • • •	.,		0
											Y	s No
3	Did the organization list any former officer,	director or tri	ieta	o ka	ov or	nolo	waa	or	highest compensated e	molovee on		
3	-			c, ne	-y C1	пріс	Jyee	, 01	nighest compensated e	inployee on	3	X
	line 1a? If "Yes," complete Schedule J for s								· · ·	* * * * * * * * * * * * * * * * * * *		- 1
4	For any individual listed on line 1a, is the su									the organization	1.1	X
	and related organizations greater than \$150										4	^ <u>^</u>
5	Did any person listed on line 1a receive or a							relat	ted organization or indiv	idual for services		1,,
	rendered to the organization? If "Yes," com	plete Schedul	<u>e J 1</u>	or s	uch	pers	son				5	X
Sec	tion B. Independent Contractors											
1	Complete this table for your five highest co										sation fror	n
	the organization. Report compensation for	the calendar y	ear	end	ıng v	vith	or w	/ithii	n the organization's tax	year.		
	(A)								(B)		(C)	
	Name and business	address	N	INC	E				Description of s	services	Compensa	ation
				_	-							
										.]		
											·	
2	Total number of independent contractors (i	ncluding but r	ot li	mıte	d to	tho	se li	stec	d above) who received n	nore than		
	\$100,000 of compensation from the organi						0					
											- 00	0 (00+0)

232008 12-10-12

Lei	, • •	-43	Check if Schedule O cont	ains a response t	o any question in	this Part VIII			
		•	Officer in defined size of control	,	o dily goosiion	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Grants Amounts	-	b	Federated campaigns Membership dues Fundraising events	1a 1b				, ,	
Contributions, Gifts, Grants and Other Similar Amounts	•	d e	Related organizations Government grants (contribut All other contributions, gifts, gran						
ontribut nd Other	,	g	similar amounts not included abor Noncash contributions included in lines	ve 1f					
<u>0 e</u>		<u>h_</u>	Total. Add lines 1a-1f						
_				i	Business Code				
ice	2	_							
ue n		b							
m S	•	С							
Re		d					·		-
Program Service Revenue		e			900001	274,565.	274,565.		-
_			All other program service reve	enue .	900001	274,565.	214,303.		
		g	Total. Add lines 2a-2f			2/4,303.			
	3		Investment income (including		_	472.		472.	
			other similar amounts)		· ·	4/2.		7/2	
	4		Income from investment of ta	x-exempt bond p	roceeas			-	
	5		Royalties					· · · · · · · · · · · · · · · · · · ·	
				(i) Real	(ii) Personal				
	6		Gross rents						
			Less: rental expenses						
		С	Rental income or (loss) .		L				
		đ	Net rental income or (loss)		. ▶	· · · · · · · · · · · · · · · · · · ·			
	7	а	Gross amount from sales of	(i) Securities	(II) Other				
			assets other than inventory						
		b	Less: cost or other basis				,		
			and sales expenses						
		С	Gain or (loss)						
		d	Net gain or (loss)		>				
Other Revenue			Gross income from fundraisin including \$	g events (not					
ě			contributions reported on line	1c). See					
er			Part IV, line 18	а				,	
Ě		b	Less: direct expenses	. b					
U		C	Net income or (loss) from fund	draising events					
	9	а	Gross income from gaming a	ctivities. See					
	1		Part IV, line 19	. а					
		þ	Less: direct expenses	. b					
		С	Net income or (loss) from gar	ning activities .				***************************************	
	10	а	Gross sales of inventory, less	returns					
			and allowances	. a	29,033.				
		ь	Less: cost of goods sold .	b	20 057				
	i		Net income or (loss) from sale	es of inventory	>	<1,824.	>	<1,824.	.>
		<u>~</u>	Miscellaneous Revenu		Business Code				
	11	_	DROCESS THE		900001	23,933.	23,933.		
	''	_	RENTAL FEES		900001	2,500.	2,500.	-	
		b	GUEST FEES		900001	1,369.	1,369.		
		C			70001	1,505.	1,303.		 -
		d				27,802.	 		
		е	Total. Add lines 11a-11d			301,015.		<1,352	.> 0.
2320	12		Total revenue See instructions	·		301,013.	302,307.	\1,3JZ	
23200 12-10	-12								Form 990 (2012)

Part IX Statement of Functional Expenses

Section	on`501(c)(3) and 501(c)(4) organizations must comp			omplete column (A).	
	Check if Schedule O contains a respon		s Part IX(B)	(C)	(D)
-	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising 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)	92,384.			
7	Other salaries and wages	92,304.			
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				-
9	Other employee benefits	11,218.			
10	Payroll taxes .	11,210.		·	
11	Fees for services (non-employees):				
a	Management .	175.			
b	Legal	6,525.			<u> </u>
Ç	Accounting	0,3231		·	
d	Lobbying Professional fundraising services See Part IV, line 17			· · · · · · · · · · · · · · · · · · ·	
e •	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	750.			
13	Office expenses	4,050.			
14	Information technology				
15	Royalties				
16	Occupancy	90,785.			
17	Travel			<u></u>	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	425.			ļ
20	Interest				
21	Payments to affiliates .			 	
22	Depreciation, depletion, and amortization	20,648.			
23	insurance				
24	Other expenses Itemize expenses not covered 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)				
а	UTILITIES	17,120.			
b	INSURANCE	12,275.			
c	GENERAL OPERATIONS	8,209.			
d	TENNIS/SWIM PROGRAMS	8,099.			
_	All other expenses	4,572.			
25	Total functional expenses. Add lines 1 through 24e	277,235.			
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 If following SOP 98-2 (ASC 958-720)	<u> </u>		1	

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year 101,439. 118,995. Cash - non-interest-bearing 155,650. 206,122. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 2,500. 2,500 4 Accounts receivable, net .. . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other 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 6 employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 7 Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 904,991 10a basis. Complete Part VI of Schedule D 591,370. 334,269. 313,621. 10c 10b **b** Less: accumulated depreciation Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets 15 Other assets. See Part IV, line 11 15 611,414. 623,682. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 4,334. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 344,020. 357,662. Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 18,107. 380,103. 24,571. 25 Schedule D 368,591. 26 Total liabilities. Add lines 17 through 25_ Organizations that follow SFAS 117 (ASC 958), check here ▶ complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 28 Temporarily restricted net assets 28 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here X and complete lines 30 through 34. 255,091. 231,311. 30 Capital stock or trust principal, or current funds 30 0. 31 Paid-in or capital surplus, or land, building, or equipment fund 31 0. 32 Retained earnings, endowment, accumulated income, or other funds 32 255,091. 231,311. 33 Total net assets or fund balances 33 611,414. 623,682. Total liabilities and net assets/fund balances

Form 990 (2012)

•	•			•
	000 (2018)	<u>-0274594</u>	Pag	<u>je 12</u>
Pai	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI		_	Щ
		3.0	1 0	1 6
1	Total revenue (must equal Part VIII, column (A), line 12)		$\frac{1}{7}, 0$	
2	Total expenses (must equal Part IX, column (A), line 25)		7,2	
3	Revenue less expenses. Subtract line 2 from line 1		3,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	23	1,3	<u> 11 •</u>
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	25	5,0	<u>91.</u>
Pa	TXII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII	<u></u>		Ш
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	•		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a			
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		X
•	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basi	s,		
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audi	t,		
	review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule	o		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single A			
	Act and OMB Circular A-133?	3a		Х
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required au	udit		
-	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3ь		
		Form	990	(2012)

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► 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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	KENDBRIN SWIM & TE		05-02/4594					
Pa			Accounts. Complete if the					
	organization answered "Yes" to Form 990, Part IV, line		· · · · · · · · · · · · · · · · · · ·					
	<u> </u>	(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year							
2	Aggregate contributions to (during year)		·- <u></u>					
3	Aggregate grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised fu	inds					
	are the organization's property, subject to the organization's $% \left(1\right) =\left(1\right) \left(1$	exclusive legal control?	. Yes No					
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	l only					
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose confe	erring					
	ımpermissible private benefit?	YesNo						
Pa	t I Conservation Easements. Complete if the org	anization answered "Yes" to Form 990, Part IV	/, line 7					
1	Purpose(s) of conservation easements held by the organization	on (check all th <u>at a</u> pply).						
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of an historical	ally important land area					
	Protection of natural habitat	Preservation of a certified l	historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a c	conservation easement on the last					
	day of the tax year.							
			Held at the End of the Tax Year					
а	Total number of conservation easements		2a					
b	Total acreage restricted by conservation easements		2b					
C	Number of conservation easements on a certified historic stru	ucture included in (a)	2c					
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structure	1					
	listed in the National Register		2d					
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax								
	year ▶							
4	Number of states where property subject to conservation eas	sement is located						
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of						
	violations, and enforcement of the conservation easements it	t holds?	Yes No					
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during	the year ▶					
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the y	/ear ▶ \$					
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)	(B)(i)					
	and section 170(h)(4)(B)(ii)?		Yes No					
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense state	ement, and balance sheet, and					
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes the o	rganization's accounting for					
	conservation easements.							
Pa	t III Organizations Maintaining Collections of		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 (AS	C 958), not to report in its revenue statement a	and balance sheet works of art,					
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtherance o	of public service, provide, in Part XIII,					
	the text of the footnote to its financial statements that describ	bes these items.						
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement and	balance sheet works of art, historical					
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public s	ervice, 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 treatments		ı, provide					
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:						
а	Revenues included in Form 990, Part VIII, line 1		. • \$					
b	Assets included in Form 990, Part X		> \$					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. FIN 48 (ASC 740) Footnote. In Part XIII, 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 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

 \triangleright

Schedule D (Form 990) 2012

24,571.

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.

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Form 990 or 990-EZ or to provide any additional
Attach to Form 990 or 990-EZ.

Name of the organization

Employer identification number

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						<u> </u>									<u> </u>
FORM	990,	PART	VI,	SECTION	С,	LINE	19:	UPON	REQU	EST (OF T	HE	GOVI	ERNING	BOARD
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