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23-1577 3.21

Form 990-EZ (2013)

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Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	2750.00	22 3698.94
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	2750.00	25 3698.94
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		27 3698.94

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☐What is the organization's primary exempt purpose? community recreation (swimming pool) swim lessons

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	67829.69
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	67829.69

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Barbara Warfield - Chairman	10	0	0	0
Walter Shatto - Chairman of Maintenance	10	0	0	0
Danette Blank - Secretary	2	0	0	0
Eileen Hoover - Treasurer	15	0	0	0
Michael MacDonald - grounds keeper	2	0	0	0
Erica Baylor - Pool Manager	32	5926.00	0	0

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KOONS MEMORIAL PARK SWIM CLUB
PO BOX 6095
HARRISBURG PA 17112



DECLARATION

025462

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

Erleen Harver

Signature of officer or trustee

5/2/2014
Date

Treasurer

Title