



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Return of Organization Exempt From Income Tax

OMB No 1545-0047

**2013**

**Open to Public Inspection**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A** For the 2013 calendar year, or tax year beginning 01/01, 2013, and ending 12/31, 20 13

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization Twinbrook Swimming Pool Corporation  
 Doing Business As \_\_\_\_\_  
 Number and street (or P O box if mail is not delivered to street address) \_\_\_\_\_ Room/suite \_\_\_\_\_  
**P O Box 705**  
 City or town, state or province, country, and ZIP or foreign postal code  
Rockville, MD 20848

**D** Employer identification number 52-0658767

**E** Telephone number 301-468-9764

**G** Gross receipts \$ 102,965

**F** Name and address of principal officer Matt Hardy  
1706 McAuliffe Drive, Rockville, MD 20851

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list (see instructions)

**I** Tax-exempt status  501(c)(3)  501(c) ( 7 ) ◀ (insert no)  4947(a)(1) or  527

**J** Website: ▶ http://www.twinbrookswimmingpool.org/

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1955 **M** State of legal domicile MD

**H(c)** Group exemption number ▶

**Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>Manage and maintain a safe, healthy, and efficient operation for a private community swimming pool for the enjoyment of the membership, their families, and their guests.</u>			
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>10</b>	
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>10</b>	
	<b>5</b>	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	<b>0</b>	
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>50</b>	
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>-513</b>	
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>33,802</b>		
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year <b>70,316</b>	Current Year <b>55,318</b>	
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>350</b>	<b>13,845</b>	
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0</b>	<b>0</b>	
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>30,696</b>	<b>-513</b>	
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>101,362</b>	<b>68,650</b>	
	Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0</b>	<b>0</b>
		<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>	<b>0</b>
		<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0</b>	<b>0</b>
		<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>	<b>0</b>
		<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶	<b>0</b>		
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>114,636</b>	<b>84,781</b>		
<b>18</b>	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>114,636</b>	<b>84,781</b>		
<b>19</b>	Revenue less expenses Subtract line 18 from line 12	<b>-13,274</b>	<b>-16,131</b>		
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year <b>15,613</b>	End of Year <b>272</b>	
	<b>21</b>	Total liabilities (Part X, line 26)	<b>4,230</b>	<b>5,020</b>	
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>11,383</b>	<b>-4,748</b>	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer Matthew S. Hart Date 7/15/2014  
 Frank Samuelson, Treasurer for President TSP 2014  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name \_\_\_\_\_ Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_  
 Check  if self-employed PTIN \_\_\_\_\_  
 Firm's name ▶ \_\_\_\_\_ Firm's EIN ▶ \_\_\_\_\_  
 Firm's address ▶ \_\_\_\_\_ Phone no \_\_\_\_\_

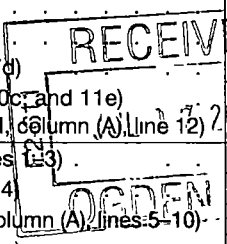
May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 11282Y

Form **990** (2013)

SCANNED JUL 29 2014



21 P

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

**1** Briefly describe the organization's mission:  
Manage & maintain a safe, healthy, and efficient operation for a private community swimming pool for the enjoyment of the membership, their families, and their guests.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** 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 are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 93,866 including grants of \$ 0) (Revenue \$ 69,154)  
Manage and maintain a community swimming pool

**4b** (Code: ) (Expenses \$ 33,180 including grants of \$ 0) (Revenue \$ 10,988)  
Participate in the Montgomery County Swim League, Division N.

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O)  
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

**4e** Total program service expenses **▶** 127,046

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule A	<b>1</b>	<b>4</b>
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b>	<b>4</b>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule C, Part I	<b>3</b>	<b>4</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule C, Part II	<b>4</b>	
<b>5</b> 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 <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule C, Part III	<b>5</b>	<b>4</b>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule D, Part I	<b>6</b>	<b>4</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule D, Part II	<b>7</b>	<b>4</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule D, Part III	<b>8</b>	<b>4</b>
<b>9</b> 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? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule D, Part IV	<b>9</b>	<b>4</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule D, Part V	<b>10</b>	<b>4</b>
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule D, Part VI	<b>11a</b>	<b>4</b>
<b>b</b> 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 <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule D, Part VII	<b>11b</b>	<b>4</b>
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule D, Part VIII	<b>11c</b>	<b>4</b>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule D, Part IX	<b>11d</b>	<b>4</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule D, Part X	<b>11e</b>	<b>4</b>
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule D, Part X	<b>11f</b>	<b>4</b>
<b>12 a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule D, Parts XI and XII	<b>12a</b>	<b>4</b>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If <input type="checkbox"/> Yes, <input type="checkbox"/> and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<b>12b</b>	<b>4</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule E	<b>13</b>	<b>4</b>
<b>14 a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	<b>4</b>
<b>b</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 or more? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule F, Parts I and IV	<b>14b</b>	<b>4</b>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule F, Parts II and IV	<b>15</b>	<b>4</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule F, Parts III and IV.	<b>16</b>	<b>4</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule G, Part I (see instructions)	<b>17</b>	<b>4</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule G, Part II	<b>18</b>	<b>4</b>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule G, Part III	<b>19</b>	<b>4</b>
<b>20 a</b> Did the organization operate one or more hospital facilities? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule H	<b>20a</b>	<b>4</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule I, Parts I and II		4
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule I, Parts I and III		4
<b>23</b> 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 <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule J		4
<b>24a</b> 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 <input type="checkbox"/> Yes, <input type="checkbox"/> answer lines 24b through 24d and complete Schedule K. If <input type="checkbox"/> No, <input type="checkbox"/> go to line 25a		4
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule L, Part I		
<b>b</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 <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule L, Part I		
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		4
<b>27</b> 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 of any of these persons? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule L, Part III		4
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule L, Part IV		4
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule L, Part IV		4
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule L, Part IV		4
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule M		4
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule M		4
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule N, Part I		4
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule N, Part II		4
<b>33</b> 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 <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule R, Part I		4
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule R, Part II, III, or IV, and Part V, line 1		4
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		4
<b>b</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 <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule R, Part V, line 2		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule R, Part V, line 2		
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule R, Part VI		4
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	4	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for line number, description, sub-part, amount, and Yes/No checkboxes. Includes lines 1a-14b with various tax-related questions and numerical inputs.

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 or note to any line in this Part VI

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If Yes, describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MD
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) available for public inspection. Indicate how you made these available Check all that apply.
Own website Another's website 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, and financial 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. Frank Samuelson, (240)237-0434

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

Check if Schedule O contains a response or note to any line 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Matt Hardy ..... President	10 ..... 0	4					0	0	0	
Erica Budd ..... Vice-President	10 ..... 0	4					0	0	0	
Frank Samuelson ..... Treasurer	5 ..... 0	4					0	0	0	
Susan Pickell ..... Secretary	5 ..... 0	4					0	0	0	
Billy Anderson ..... Board member	5 ..... 0	4					0	0	0	
Pamela Miceli ..... Board member	5 ..... 0	4					0	0	0	
Kenny Hopkins ..... Board member	5 ..... 0	4					0	0	0	
Steve Lawson ..... Board member	5 ..... 0	4					0	0	0	
Brigitte Agnez ..... Board member	5 ..... 0	4					0	0	0	
Jeremy Hersh ..... Board member	5 ..... 0	4					0	0	0	
.....	.....									
.....	.....									
.....	.....									
.....	.....									
.....	.....									



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b> 0					
	<b>b</b> Membership dues . . . . .	<b>1b</b> 55,226					
	<b>c</b> Fundraising events . . . . .	<b>1c</b> 0					
	<b>d</b> Related organizations . . . . .	<b>1d</b> 0					
	<b>e</b> Government grants (contributions)	<b>1e</b> 0					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 92					
	<b>g</b> Noncash contributions included in lines 1a-1f \$	0					
	<b>h Total.</b> Add lines 1a-1f . . . . .	▶	55,318				
<b>Program Service Revenue</b>	<b>2a</b> <b>Snack Bar</b>	<b>Business Code</b> 722213	1,531	0	0	1,531	
	<b>b</b> <b>Twinbrook Swimming Pool Team, the D</b>	711210	10,990	10,990	0	0	
	<b>c</b> <b>Pool dinner events</b>	722213	1,324	1,324	0	0	
	<b>d</b> . . . . .						
	<b>e</b> . . . . .						
	<b>f</b> All other program service revenue . . . . .		0	0	0	0	
	<b>g Total.</b> Add lines 2a-2f . . . . .	▶	13,845				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .	▶					
	<b>4</b> Income from investment of tax-exempt bond proceeds ▶						
	<b>5</b> Royalties . . . . .	▶					
	<b>6a</b> Gross rents . . . . .	(i) Real	33,802				
		(ii) Personal	0				
		<b>b</b> Less: rental expenses . . . . .	34,315				
		<b>c</b> Rental income or (loss) . . . . .	-513				
	<b>d</b> Net rental income or (loss) . . . . .	▶	-513	0	-513	0	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses . . . . .					
		<b>c</b> Gain or (loss) . . . . .	0	0			
	<b>d</b> Net gain or (loss) . . . . .	▶					
	<b>8a</b> Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>					
<b>b</b> Less: direct expenses . . . . .		<b>b</b>					
<b>c</b> Net income or (loss) from fundraising events ▶							
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>						
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities . . ▶						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory . . ▶						
Miscellaneous Revenue		Business Code					
<b>11a</b> . . . . .							
<b>b</b> . . . . .							
<b>c</b> . . . . .							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .	▶	0					
<b>12 Total revenue.</b> See instructions. . . . .	▶	68,650	12,314	-513	1,531		

**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)

Check if Schedule O contains a response or note to any line in this Part IX

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0			
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
<b>4</b> Benefits paid to or for members	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees	0			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
<b>7</b> Other salaries and wages	0			
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
<b>9</b> Other employee benefits	0			
<b>10</b> Payroll taxes	0			
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	58,095			
<b>b</b> Legal	0			
<b>c</b> Accounting	431			
<b>d</b> Lobbying	0			
<b>e</b> Professional fundraising services. See Part IV, line 17	0			
<b>f</b> Investment management fees	0			
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,840			
<b>12</b> Advertising and promotion	566			
<b>13</b> Office expenses	3,178			
<b>14</b> Information technology	0			
<b>15</b> Royalties	0			
<b>16</b> Occupancy	20,591			
<b>17</b> Travel	0			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
<b>19</b> Conferences, conventions, and meetings	0			
<b>20</b> Interest	0			
<b>21</b> Payments to affiliates	0			
<b>22</b> Depreciation, depletion, and amortization	12,841			
<b>23</b> Insurance	6,520			
<b>24</b> 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 O.)				
<b>a</b> Swim team expenses	6,369			
<b>b</b> Snack bar expenses	1,037			
<b>c</b> Dinner expenses	306			
<b>d</b> UBI-related expenses	-34,315			
<b>e</b> All other expenses	4,322			
<b>25</b> Total functional expenses. Add lines 1 through 24e	84,781	0	0	0
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	2,772	<b>1</b>	272
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> 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 employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	524,247		
	<b>b</b> Less: accumulated depreciation . . . . .	524,247	12,841	<b>10c</b> 0
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	15,613	<b>16</b>	272	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	4,230	<b>17</b>	5,020
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .		<b>25</b>		
<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	4,230	<b>26</b>	5,020	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .		<b>27</b>	
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .	75,000	<b>30</b>	75,000
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .	22,222	<b>31</b>	9,361
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	-85,839	<b>32</b>	-89,109
<b>33</b> Total net assets or fund balances . . . . .	11,383	<b>33</b>	-4,748	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	15,613	<b>34</b>	272	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>68,650</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>84,781</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-16,131</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>11,383</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>0</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	<b>0</b>
<b>7</b>	Investment expenses	<b>7</b>	<b>0</b>
<b>8</b>	Prior period adjustments	<b>8</b>	<b>0</b>
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	<b>0</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>-4,748</b>

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990:  Cash  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? . . .  
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? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . .  
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 Audit Act and OMB Circular A-133? . . . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		4
<b>2b</b>		4
<b>2c</b>		
<b>3a</b>		4
<b>3b</b>		

**SCHEDULE D  
(Form 990)**

**Supplemental Financial Statements**

OMB No 1545-0047

**2013**

Department of the Treasury  
Internal Revenue Service

<sup>a</sup> Complete if the organization answered  Yes  No to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b  
<sup>a</sup> Attach to Form 990

**Open to Public Inspection**

<sup>a</sup> Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Name of the organization <b>Twinbrook Swimming Pool Corporation</b>	Employer identification number <b>52-0658767</b>
--	---

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts**  
Complete if the organization answered  Yes  No to Form 990, Part IV, line 6

	(a) Donor advised funds	(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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements**  
Complete if the organization answered  Yes  No to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year <sup>a</sup> _____	
4 Number of states where property subject to conservation easement is located <sup>a</sup> _____	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year <sup>a</sup> _____	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year <sup>a</sup> \$ _____	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets**  
Complete if the organization answered  Yes  No to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
(i) Revenues included in Form 990, Part VIII, line 1	a \$ _____
(ii) Assets included in Form 990, Part X	a \$ _____
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
a Revenues included in Form 990, Part VIII, line 1	a \$ _____
b Assets included in Form 990, Part X	a \$ _____

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other .....
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements**

Complete if the organization answered  Yes  to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If  Yes, explain the arrangement in Part XIII and complete the following table
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If  Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds**

Complete if the organization answered  Yes  to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment <sup>a</sup> \_\_\_\_\_ %
  - b Permanent endowment <sup>a</sup> \_\_\_\_\_ %
  - c Temporarily restricted endowment <sup>a</sup> \_\_\_\_\_ %
- The percentages in lines 2a, 2b, and 2c should equal 100%

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations
  - (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

- b If  Yes  to 3a(ii), are the related organizations listed as required on Schedule R?

- 4 Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered  Yes  to Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0		0
b Buildings	520,430	0	520,430	0
c Leasehold improvements	0	0	0	0
d Equipment	3,817	0	3,817	0
e Other	0	0	0	0
<b>Total</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))			<sup>a</sup>	0

**Part VII** Investments  Other Securities.

Complete if the organization answered  Yes  to Form 990, Part IV, line 11b. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total (Column (b) must equal Form 990, Part X, col (B) line 12 ) <sup>a</sup>		

**Part VIII** Investments  Program Related.

Complete if the organization answered  Yes  to Form 990, Part IV, line 11c. See Form 990, Part X, line 13

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Column (b) must equal Form 990, Part X, col (B) line 13 ) <sup>a</sup>		

**Part IX** Other Assets

Complete if the organization answered  Yes  to Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part X, col (B) line 15 ) <sup>a</sup>	

**Part X** Other Liabilities

Complete if the organization answered  Yes  to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

1 (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part X, col (B) line 25 ) <sup>a</sup>	

2 Liability for uncertain tax positions. 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



SCHEDULE O  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

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

**2013**

Department of the Treasury  
Internal Revenue Service

<sup>a</sup> Attach to Form 990 or 990-EZ

<sup>a</sup> Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

**Open to Public  
Inspection**

Name of the organization

Employer identification number

**Twinbrook Swimming Pool Corporation**

**52-0658767**

**Form 990, Part VI, Section A, Line 6 - The pool has 150 members.**

**Form 990, Part VI, Section A, Line 7a - The general membership elects the governing body.**

**Form 990, Part VI, Section B, Line 11b - The Form 990 is prepared by the treasurer and an accounting volunteer.**

**Form 990, Part VI, Section C, Line 19 - There were no requests for this information.**

Reasonable Cause Explanations

Explanation

needed more time

18