

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

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

2017

Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury Internal Revenue Service

A For the 2017 calendar year, or tax year beginning , 2017, and ending , 20

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: TWINBROOK SWIMMING POOL CORP. D Employer identification number: 52-0658767. E Telephone number: (301) 468-9764. F Group Exemption Number.

G Accounting Method: [X] Cash [] Accrual Other (specify) H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: WWW.TWINBROOKBOOL.ORG

J Tax-exempt status (check only one) - [] 501(c)(3) [X] 501(c) (7) (insert no.) [] 4947(a)(1) or [] 527

K Form of organization [X] Corporation [] Trust [] Association [] Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 94,962

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received (1,897); 2 Program service revenue (13,597); 3 Membership dues and assessments (54,328); 4 Investment income; 5a-5c Gross amount from sale of assets; 6 Gaming and fundraising events; 7a-7c Gross sales of inventory; 8 Other revenue (25,139); 9 Total revenue (94,961); 10-17 Expenses (Total 101,563); 18 Excess or (deficit) for the year (-6,602); 19-21 Net assets (Total -14,381).

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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	-8,090 22	-14,381
23 Land and buildings		23
24 Other assets (describe in Schedule O)	311 24	0
25 Total assets	-7,779 25	-14,381
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	-7,779 27	-14,381

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? SEE SCHEDULE O

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, optional for others.)

28 <u>MANAGE AND MAINTAIN A COMMUNITY SWIMMING POOL</u> (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	93,706
29 <u>PARTICIPATE IN MONTGOMERY COUNTY SWIM LEAGUE, DIVISION O</u> (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	7,857
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)	32	101,563

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
DRICA BUDD PRESIDENT	5	0	0	0
STEVE LAWSON VICE PRESIDENT	5	0	0	0
AMY RINKER SECRETARY	3	0	0	0
BRIAN IVINS TREASURER	3	0	0	0
PAM MICELLI BOARD MEMBER	1	0	0	0
BRIAN EPLEY BOARD MEMBER	1	0	0	0
RICK MOSER BOARD MEMBER	1	0	0	0
BEN PECK BOARD MEMBER	1	0	0	0
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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

Table with 3 columns: Question, Yes, No. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 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	<input type="checkbox"/>	<input type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/>	<input type="checkbox"/>

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

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	▶	▶ 11/14/18
	▶ BRIAN IVINS, TREASURER	▶ 11/14/18
	▶ Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name KEVIN BUROW, CPA	Preparer's signature 	Date 4/14/18	Check <input type="checkbox"/> if self-employed	PTIN P00921773
	Firm's name ▶ BUROW & ASSOCIATES, LLC	Firm's EIN ▶ 82-4805002			
	Firm's address ▶ 525 CALVIN LANE, ROCKVILLE, MD 20851	Phone no 301-404-9333			

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No