

# 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)

**Open to Public Inspection**

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

**A** For the 2006 calendar year, or tax year beginning 10/1/2006, and ending 9/30/2007

**B** Check if applicable

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

Please use IRS label or print or type See Specific Instructions.	C Name of organization <b>Green Brook Swim Club, Inc</b>		D Employer identification number <b>22-1666488</b>	
	Number and street (or P O box if mail is not delivered to street address) Room/suite		E Telephone number	
	<b>PO Box 7032</b>		<b>(732) 424-9833</b>	
	City or town	State or country	ZIP + 4	
	<b>Green Brook</b>	<b>NJ</b>	<b>08812-7032</b>	

● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates?  Yes  No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included?  Yes  No  
(If "No," attach a list See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No

I Group Exemption Number ▶

**G** Website. ▶ greenbrookswimclub.com

**J** Organization type (check only one) ▶  501(c) ( 7 ) ◀ (insert no )  4947(a)(1) or  527

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

**M** Check  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 139,004

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

	<p><b>1</b> Contributions, gifts, grants, and similar amounts received.</p> <table style="width: 100%;"> <tr> <td style="width: 5%;">a Contributions to donor advised funds</td> <td style="width: 5%; text-align: center;"><b>1a</b></td> <td style="width: 15%; text-align: right;">0</td> </tr> <tr> <td>b Direct public support (not included on line 1a)</td> <td style="text-align: center;"><b>1b</b></td> <td style="text-align: right;">0</td> </tr> <tr> <td>c Indirect public support (not included on line 1a)</td> <td style="text-align: center;"><b>1c</b></td> <td style="text-align: right;">0</td> </tr> <tr> <td>d Government contributions (grants) (not included on line 1a)</td> <td style="text-align: center;"><b>1d</b></td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>e Total</b> (add lines 1a through 1d) (cash \$ <u>0</u> noncash \$ <u>0</u>)</td> <td></td> <td style="text-align: right;"><b>1e</b> 0</td> </tr> </table>	a Contributions to donor advised funds	<b>1a</b>	0	b Direct public support (not included on line 1a)	<b>1b</b>	0	c Indirect public support (not included on line 1a)	<b>1c</b>	0	d Government contributions (grants) (not included on line 1a)	<b>1d</b>	0	<b>e Total</b> (add lines 1a through 1d) (cash \$ <u>0</u> noncash \$ <u>0</u> )		<b>1e</b> 0		
a Contributions to donor advised funds	<b>1a</b>	0																
b Direct public support (not included on line 1a)	<b>1b</b>	0																
c Indirect public support (not included on line 1a)	<b>1c</b>	0																
d Government contributions (grants) (not included on line 1a)	<b>1d</b>	0																
<b>e Total</b> (add lines 1a through 1d) (cash \$ <u>0</u> noncash \$ <u>0</u> )		<b>1e</b> 0																
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)		9,084															
	<b>3</b> Membership dues and assessments		127,384															
	<b>4</b> Interest on savings and temporary cash investments		1,437															
	<b>5</b> Dividends and interest from securities		0															
	<b>6 a</b> Gross rents	<b>6a</b>																
	<b>b</b> Less rental expenses	<b>6b</b>																
	<b>c</b> Net rental income or (loss) Subtract line 6b from line 6a	<b>6c</b>	0															
	<b>7</b> Other investment income (describe )	<b>7</b>	0															
	<b>8 a</b> Gross amount from sales of assets other than inventory	<b>8a</b>	0															
	<b>b</b> Less cost or other basis and sales expenses	<b>8b</b>	0															
	<b>c</b> Gain or (loss) (attach schedule)	<b>8c</b>	0															
	<b>d</b> Net gain or (loss) Combine line 8c, columns (A) and (B)	<b>8d</b>	0															
	<b>9</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>																	
	<b>a</b> Gross revenue (not including \$ <u>0</u> of contributions reported on line 1b)	<b>9a</b>	0															
	<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>	0															
	<b>c</b> Net income or (loss) from special events Subtract line 9b from line 9a	<b>9c</b>	0															
	<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>	0															
	<b>b</b> Less cost of goods sold	<b>10b</b>	0															
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	<b>10c</b>	0															
	<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>	1,099															
	<b>12 Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>	139,004															
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>	167,104															
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>	8,562															
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>	0															
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>	0															
	<b>17 Total expenses.</b> Add lines 16 and 44, column (A)	<b>17</b>	175,666															
Net Assets	<b>18</b> Excess or (deficit) for the year Subtract line 17 from line 12	<b>18</b>	-36,662															
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	229,142															
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	0															
	<b>21</b> Net assets or fund balances at end of year Combine lines 18, 19, and 20	<b>21</b>	192,480															

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**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22 a</b>	Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
<b>22 b</b>	Other grants and allocations (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
<b>23</b>	Specific assistance to individuals (attach schedule)	0	0		
<b>24</b>	Benefits paid to or for members (attach schedule)	0			
<b>25 a</b>	Compensation of current officers, directors, key employees, etc listed in Part V-A (attach schedule)	0	0	0	0
<b>b</b>	Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	0	0	0	0
<b>c</b>	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	0	0	0	0
<b>26</b>	Salaries and wages of employees not included on lines 25a, b, and c	41,493	41,493		
<b>27</b>	Pension plan contributions not included on lines 25a, b, and c	0			
<b>28</b>	Employee benefits not included on lines 25a - 27	0			
<b>29</b>	Payroll taxes	12,927	12,927		
<b>30</b>	Professional fundraising fees	0			
<b>31</b>	Accounting fees	920		920	
<b>32</b>	Legal fees				
<b>33</b>	Supplies	265	265		
<b>34</b>	Telephone	1,752	876	876	
<b>35</b>	Postage and shipping	197		197	
<b>36</b>	Occupancy	0			
<b>37</b>	Equipment rental and maintenance	46,356	46,356		
<b>38</b>	Printing and publications	0			
<b>39</b>	Travel	0			
<b>40</b>	Conferences, conventions, and meetings	0			
<b>41</b>	Interest	8,340	8,340		
<b>42</b>	Depreciation, depletion, etc (attach schedule)	13,977	13,977	0	0
<b>43</b>	Other expenses not covered above (itemize)				
<b>a</b>	Insurance	17,882	13,464	4,418	0
<b>b</b>	Property Taxes	21,040	21,040	0	0
<b>c</b>	Utilities	7,977	7,977	0	0
<b>d</b>	Office Expenses	777	389	388	0
<b>e</b>	Bank Fees	1,241	0	1,241	0
<b>f</b>	Other Professional Fees	522	0	522	0
<b>g</b>		0	0	0	0
<b>44</b>	<b>Total functional expenses.</b> Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	175,666	167,104	8,562	0

**Joint Costs.** Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 0, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? <b>Swimming &amp; Recreation</b>	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
<p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p> <p><b>a</b> Providing swimming and recreational activities to members. Current membership approximates 230 families.</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<b>167,104</b>
<p><b>b</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>c</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>d</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>e</b> Other program services (attach schedule)</p> <p>(Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<b>0</b>
<p><b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)</p>	<b>167,104</b>

**Part IV Balance Sheets (See the instructions)**

				(A)		(B)
				Beginning of year		End of year
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only						
<b>Assets</b>	45	Cash—non-interest-bearing		2,292	45	2,417
	46	Savings and temporary cash investments		50,807	46	29,582
	47 a	47a	Accounts receivable	0		
		47b	Less allowance for doubtful accounts	0	47c	0
	48 a	48a	Pledges receivable	0		
		48b	Less allowance for doubtful accounts	0	48c	0
	49	Grants receivable			49	
	50 a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		0	50a	0
		b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b	
	51 a	51a	Other notes and loans receivable (attach schedule)	0		
		51b	Less: allowance for doubtful accounts	0	51c	0
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges			53	
	54 a	Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		0	54a	0
		b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		0	54b	0
	55 a	55a	Investments—land, buildings, and equipment basis	0		
		55b	Less accumulated depreciation (attach schedule)	0	55c	0
	56	Investments—other (attach schedule)		0	56	0
	57 a	57a	Land, buildings, and equipment: basis	520,839		
	57b	Less accumulated depreciation (attach schedule)	110,651	57c	410,188	
58	Other assets, including program-related investments (describe _____ )		0	58	0	
59	<b>Total assets</b> (must equal line 74) Add lines 45 through 58		477,264	59	442,187	
<b>Liabilities</b>	60	Accounts payable and accrued expenses			60	
	61	Grants payable			61	
	62	Deferred revenue			62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		0	63	0
	64 a	Tax-exempt bond liabilities (attach schedule)		0	64a	0
		b Mortgages and other notes payable (attach schedule)		114,422	64b	110,407
	65	Other liabilities (describe <input type="checkbox"/> Member Bonds Payable _____ )		133,700	65	139,300
66	<b>Total liabilities.</b> Add lines 60 through 65		248,122	66	249,707	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>					
	67	Unrestricted			67	
	68	Temporarily restricted			68	
	69	Permanently restricted			69	
	<b>Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74</b>					
	70	Capital stock, trust principal, or current funds			70	
	71	Paid-in or capital surplus, or land, building, and equipment fund			71	
	72	Retained earnings, endowment, accumulated income, or other funds		229,142	72	192,480
	73	<b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		229,142	73	192,480
	74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		477,264	74	442,187

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	139,004
<b>b</b>	Amounts included on line a but not on Part I, line 12			
<b>1</b>	Net unrealized gains on investments	<b>b1</b>		
<b>2</b>	Donated services and use of facilities	<b>b2</b>		
<b>3</b>	Recoveries of prior year grants	<b>b3</b>		
<b>4</b>	Other (specify) .....	<b>b4</b>	0	
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	0
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	139,004
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
<b>1</b>	Investment expenses not included on Part I, line 6b .	<b>d1</b>		
<b>2</b>	Other (specify) .....	<b>d2</b>	0	
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	0
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b> .		<b>e</b>	139,004

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	175,667
<b>b</b>	Amounts included on line a but not on Part I, line 17.			
<b>1</b>	Donated services and use of facilities	<b>b1</b>		
<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b>		
<b>3</b>	Losses reported on Part I, line 20	<b>b3</b>		
<b>4</b>	Other (specify) .....	<b>b4</b>	0	
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	0
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	175,667
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify) .....	<b>d2</b>	0	
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	0
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b>		<b>e</b>	175,667

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated ) (See the instructions )

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name Bintley, Simon Str PO Box 7032 City Green Brook ST NJ ZIP 08812	Title President Hr/WK 2	0	0	0
Name Patanella, Joe Str PO Box 7032 City Green Brook ST NJ ZIP 08812	Title Vice President Hr/WK 2	0	0	0
Name Chehade, Linda Str PO Box 7032 City Green Brook ST NJ ZIP 08812	Title Secretary Hr/WK 2	0	0	0
Name Connors, Charlie Str PO Box 7032 City Green Brook ST NJ ZIP 08812	Title Treasurer Hr/WK 2	0	0	0
Name Rizzoli, Steve Str PO Box 7032 City Green Brook ST NJ ZIP 08812	Title Board Member Hr/WK 2	0	0	0
Name Valencia, Jean Str PO Box 7032 City Green Brook ST NJ ZIP 08812	Title Board Member Hr/WK 2	0	0	0
Name Ryan, Maureen Str PO Box 7032 City Green Brook ST NJ ZIP 08812	Title Board Member Hr/WK 2	0	0	0
Name Hebestreit, Kim Str PO Box 7032 City Green Brook ST NJ ZIP 08812	Title Board Member Hr/WK 2	0	0	0
Name Moffit, Dan Str PO Box 7032 City Green Brook ST NJ ZIP 08812	Title Board Member Hr/WK 2	0	0	0
Name N/A Str City ST ZIP	Title Hr/WK			

**Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)**

	Yes	No
<b>75 a</b> Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings <span style="float: right;">9</span>		
<b>b</b> Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	X	
<b>c</b> Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" If "Yes," attach a statement that includes the information described in the instructions		X
<b>d</b> Does the organization have a written conflict of interest policy?		X

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column See the instructions )**

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name <u>N/A</u> Str City ST ZIP				
Name <u>N/A</u> Str City ST ZIP				
Name <u>N/A</u> Str City ST ZIP				
Name <u>N/A</u> Str City ST ZIP				
Name <u>N/A</u> Str City ST ZIP				
Name <u>N/A</u> Str City ST ZIP				
Name <u>N/A</u> Str City ST ZIP				
Name <u>N/A</u> Str City ST ZIP				
Name <u>N/A</u> Str City ST ZIP				
Name <u>N/A</u> Str City ST ZIP				

**Part VI Other Information (See the instructions.)**

	Yes	No
<b>76</b> Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change		X
<b>77</b> Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
<b>78 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	N/A	
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
<b>80 a</b> Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
<b>b</b> If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
<b>81 a</b> Enter direct and indirect political expenditures (See line 81 instructions)	81a	None
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	81b	X

Part VI Other Information (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 82a through 91b regarding organizational expenses, lobbying, and financial accounts.

**Part VI Other Information** (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c**  Yes  No  
 If "Yes," enter the name of the foreign country

**92** Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here   
 and enter the amount of tax-exempt interest received or accrued during the tax year **92** N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue					
a Swimming Lessons					7,518
b Swimming Team					1,566
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					127,384
<b>95</b> Interest on savings and temporary cash investments					1,437
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue					
a Miscellaneous		0		0	1,099
b		0		0	0
c		0		0	0
d		0		0	0
e		0		0	0
<b>104</b> Subtotal (add columns (B), (D), and (E))		0		0	139,004
<b>105</b> Total (add line 104, columns (B), (D), and (E))					139,004

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93-a&b	Swimming Team and safety lesson fees charged to provide operating funds for the swim club.
94	Membership fees assessed to provide operating funds for the swim club.
95	Miscellaneous interest revenue used as operating funds for the swim club.
103-a	Other miscellaneous revenue used as operating funds for the swim club

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership	(C)	(D)	(E) Exempt function
N/A				

**Part X Information Regarding Transfers Associated with**

(a) Did the organization, during the year, receive any funds, directly or indirectly,  
 (b) Did the organization, during the year, pay premiums, directly or  
 Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.  Yes  No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	.....			
b	.....			
c	.....			
<b>Totals</b>				0

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.  Yes  No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	.....			
b	.....			
c	.....			
<b>Totals</b>				0

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?  Yes  No

**Please Sign Here**

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.

*Charlie Connors* 12/16/09  
 Signature of officer Date

**Charlie Connors - Treasurer**  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature *Ward A. Scheiderman* Date 11/15/2007

Firm's name (or yours if self-employed), address, and ZIP + 4 **Ward A. Scheiderman CPA**  
 15 Linda Lane, Green Brook, NJ 08812

Check if self-employed  Preparer's SSN or PTIN (See Gen. Inst. X) P00444895

EIN **22-3252836** Phone no (908) 226-0019

**Line 42 (990) - Depreciation, Depletion, etc.** 13,977      13,977      0      0

Description		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1	Facilities	13,977	13,977		
2		0			
3		0			
4		0			
5		0			
6		0			
7		0			
8		0			
9		0			
10		0			
11		0			
12		0			
13		0			
14		0			
15		0			
16		0			
17		0			
18		0			
19		0			
20		0			

**Line 57 (990) - Land, Buildings, and Equipment**

Land (net of any amortization)		Land (net of any amortization)	
		Beginning	End
1	Land	50,200	50,200
2			
3			
4			
5			
6	Total land (net of any amortization)	50,200	50,200

		Buildings and equipment		Accumulated depreciation	
		Beginning	End	Beginning	End
7	Machinery & Equipment	31,565	31,565	26,307	29,483
8	Buildings	254,100	254,100	0	
9	Improvements	184,974	184,974	70,367	81,168
10					
11					
12					
13					
14					
15					
16					
17	Total buildings and equipment	470,639	470,639	96,674	110,651
18	Buildings and equipment (less accumulated depreciation)			373,965	359,988
19	Total land, buildings and equipment			424,165	410,188

Category or Item		Cost/Other Basis	Accumulated Depreciation	Book Value
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11	Total	0	0	0



**Line 65 (990) - Other Liabilities**

133,700

139,300

		Beginning	End
1	Member Bonds Payable	133,700	139,300
2			
3			
4			
5			
6			
7			
8			
9			
10			

**Part VII, Line 103 (990) - Other Revenue**

	Other Revenue Description	Unrelated business income		Excluded by section 512, 513, or 514		
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
a	Miscellaneous					1,099
b						
c						
d						
e						
f						
g						
h						
i						
j						
k						
l						
m						
n						
o						
p						
q						
r						
s						
t						
u						
v						
w						
x						
y						
z						

**Part V-A, Line 75b (990) - Officers, Directors, Trustees, and Key Employee Relationships**

Name				Title or Role	Name			Title or Role	Relationship
		Person	Business			Person	Business		
1	Valencia, Jean	<input checked="" type="checkbox"/>		Board Member		<input type="checkbox"/>			Sibling
2	Ryan, Maureen	<input checked="" type="checkbox"/>		Board Member		<input type="checkbox"/>			Sibling
3		<input type="checkbox"/>				<input type="checkbox"/>			
4		<input type="checkbox"/>				<input type="checkbox"/>			
5		<input type="checkbox"/>				<input type="checkbox"/>			
6		<input type="checkbox"/>				<input type="checkbox"/>			
7		<input type="checkbox"/>				<input type="checkbox"/>			
8		<input type="checkbox"/>				<input type="checkbox"/>			
9		<input type="checkbox"/>				<input type="checkbox"/>			
10		<input type="checkbox"/>				<input type="checkbox"/>			