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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 black lung benefit trust or private foundation)

▶ Sponsoring organizations and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form

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

Department of the Treasury
Internal Revenue Service

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 12-01-2008 , and ending 11-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
NASSAU SWIM CLUB INC

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
PO BOX 6

City or town, state or country, and ZIP + 4
YORKTOWN, IN 473960006

D Employer identification number
35-1160711

E Telephone number
(765) 759-7032

F Group Exemption Number ▶

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

G Accounting method ☑ Cash ☐ Accrual
Other (specify) ▶

I Website:▶ N/A

H Check ▶ ☑ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one)—☑ 501(c) (7) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

K Check ▶☐ if the organization is not a section 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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 120,558

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

Revenue	1	Contributions, gifts, grants, and similar amounts received			1	
	2	Program service revenue including government fees and contracts			2	3,119
	3	Membership dues and assessments			3	107,187
	4	Investment income			4	
	5a	Gross amount from sale of assets other than inventory	5a			
	b	Less cost or other basis and sales expenses	5b			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)			5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming,** check here ▶ ☐				
	a	Gross revenue (not including $____ ______of contributions reported on line 1)	6a			
	b	Less direct expenses other than fundraising expenses	6b			
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			6c	
	7a	Gross sales of inventory, less returns and allowances	7a	10,072		
	b	Less cost of goods sold	7b	13,576		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	-3,504
	8	Other revenue (describe ▶)			8	180
	9	**Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ▶			9	106,982
Expenses	10	Grants and similar amounts paid (attach schedule)			10	
	11	Benefits paid to or for members			11	
	12	Salaries, other compensation, and employee benefits			12	48,714
	13	Professional fees and other payments to independent contractors			13	4,092
	14	Occupancy, rent, utilities, and maintenance			14	35,596
	15	Printing, publications, postage, and shipping			15	1,858
	16	Other expenses (describe ▶)			16	31,953
	17	**Total expenses** (add lines 10 through 16) ▶			17	122,213
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	-15,231
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			19	459,151
	20	Other changes in net assets or fund balances (attach explanation)			20	5,277
	21	Net assets or fund balances at end of year (combine lines 18 through 20) ▶			21	449,197

Part II Balance Sheets—If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ

	(See the instructions for Part II)	**(A)** Beginning of year		**(B)** End of year
22	Cash, savings, and investments	476,618	22	458,830
23	Land and buildings		23	
24	Other assets (describe ▶)		24	
25	**Total assets**	476,618	25	458,830
26	**Total liabilities** (describe ▶)	17,467	26	9,633
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	459,151	27	449,197

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

		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose? TO PROVIDED A RECREATIONAL COMMUNITY SWIMMING POOL Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title		
28 TO PROVIDE OPERATIONS AND SUPORT OF A COMMUNITY SWIMMING POOL FOR APPROXIMATELY 360 MEMBER FAMILIES AND A SWIM TEAM FOR YOUTHS OF MEMBERS FAMILIES (Grants $ 0) If this amount includes foreign grants, check here . . . ▶ ☐	**28a**	0
29 (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**29a**	
30 (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**30a**	
31 Other program services (attach schedule) . . . . (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**31a**	
32 Total program service expenses (add lines 28a through 31a) . . . . ▶	**32**	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(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	**(e)** Expense account and other allowances
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		No
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		No
35	*If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T*			
a	Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? *If "Yes," complete applicable parts of Schedule N*	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	*501(c)(7) organizations.* Enter			
a	Initiation fees and capital contributions included on line 9 39a 4,477			
b	Gross receipts, included on line 9, for public use of club facilities 39b 3,119			
40a	*Section 501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under section 4911 ▶ ______, section 4912 ▶ ______, section 4955 ▶ ______			
b	*Section 501(c)(3) and (4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? *If "Yes," complete Schedule L, Part I.*	40b		
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ 0			
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40e		No

41 List the states with which a copy of this return is filed ▶ IN

42a The books are in care of ▶ Roger Mauller Telephone no ▶ (765) 759-7032

Located at ▶ 345 S HIGH STREET MUNCIE, IN ZIP + 4 ▶ 47305

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		No
	If "Yes," enter the name of the foreign country ▶			

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041—**Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

			Yes	No
44	Did the organization maintain any donor advised funds? *If "Yes", Form 990 must be completed instead of Form 990-EZ.*	44		No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? *If "Yes", Form 990 must be completed instead of Form 990-EZ.*	45		No

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization(s) a section 527 organization?	49b		

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

(a) Name and address of each employee paid more than $100,000	**(b)** Title and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans & deferred compensation	**(e)** Expense account and other allowances
Total number of other employees paid over $100,000 ▶				

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

(a) Name and address of each independent contractor paid more than $100,000	**(b)** Type of service	**(c)** Compensation
Total number of other independent contractors receiving over $100,000 ▶		

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

▶ ****** | 2010-04-14
Signature of officer | Date

▶ Roger Mauller TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ James R Estep	Date	Check if self-empolyed ▶ ☐	Preparer's PTIN (See Gen Inst X)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ESTEP BURKEY SIMMONS LLC PO BOX 42 MUNCIE, IN 473080042			EIN ▶ Phone no ▶ (765) 284-7554

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

Additional Data

Software ID:
Software Version:
EIN: 35-1160711
Name: NASSAU SWIM CLUB INC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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	(E) Expense account and other allowances
BOB LAY 1001 N CR 500 W MUNCIE,IN 47304	PRESIDENT 1 00	0	0	0
ROGER MAULLER 1001 N CR 500 W MUNCIE,IN 47304	TREASURER 1 00	0	0	0
BETTY WILLIAMS 1001 N CR 500 W MUNCIE,IN 47304	SECRETARY 1 00	0	0	0
LAURA HECKMAN 1001 N CR 500 W MUNCIE,IN 47304	DIRECTOR 1 00	0	0	0
DEBBIE STONE 1001 N CR 500 W MUNCIE,IN 47304	DIRECTOR 1 00	0	0	0
JERRY FINK 1001 N CR 500 W MUNCIE,IN 47304	DIRECTOR 1 00	0	0	0
CHERI SCOTT 1001 N CR 500 W MUNCIE,IN 47304	DIRECTOR 1 00	0	0	0
CHRIS LONG 1001 N CR 500 W MUNCIE,IN 47304	DIRECTOR 1 00	0	0	0
MARK STAGGE 1001 N CR 500 W MUNCIE,IN 47304	DIRECTOR 1 00	0	0	0

TY 2008 Other Changes in Net Assets Schedule

Name: NASSAU SWIM CLUB INC

EIN: 35-1160711

Description	Amount
NET CHANGE IN MEMBERSHIP STOCK PURCHASED AND REDEMED	5,277

TY 2008 Other Expenses Schedule

Name: NASSAU SWIM CLUB INC

EIN: 35-1160711

Description	Amount
CHEMICALS	10,192
EQUIPMENT	2,063
REAL ESTATE TAXES	7,946
WORKERS COMP INSURANCE	3,905
LIABILITY INSURANCE	316
LIFEGUARD SWIMSUITS	377
SWIM TEAM EXPENSES	704
PAYROLL TAXES	5,661
INTEREST	789

TY 2008 Other Liabilities Schedule

Name: NASSAU SWIM CLUB INC

EIN: 35-1160711

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS PAYABLE	0	213
PAYROLL LIABILITIES	0	390
SALES TAX PAYABLE	0	26
MORTGAGE PAYABLE	17,467	9,004

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TY 2008 Other Revenues Schedule

Name: NASSAU SWIM CLUB INC

EIN: 35-1160711

Description	Amount
INTEREST	180