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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2010**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).
All other organizations with gross receipts less than \$200,000 and total assets less than \$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.

A For the 2010 calendar year, or tax year beginning January 1st, 2010, and ending December 31st, 20 10

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

C Name of organization
Sokol/Sokolice Milwaukee

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
3030 S. Superior Street

City or town, state or country, and ZIP + 4
Milwaukee, Wisconsin 53207-3009

D Employer identification number
39-6058690

E Telephone number
414-769-1441

F Group Exemption Number ►

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ►

I Website: ► **www.sokol-milwaukee.org**

J Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) () ◀ (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 \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

H Check ► ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **37,879.49**

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 ☒

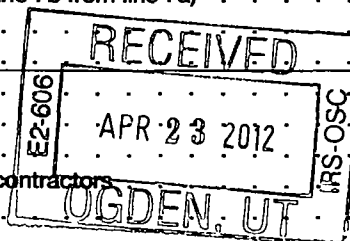
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	591.00
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	4,411.00
	4	Investment income	4	4,955.27
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
Expenses	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	13,626.98
	c	Less: direct expenses from gaming and fundraising events	6c	8,261.08
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	5,365.90
	7a	Gross sales of inventory, less returns and allowances	7a	14,295.24
	b	Less: cost of goods sold	7b	8,796.07
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	5,499.17
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	20,822.34
	10	Grants and similar amounts paid (list in Schedule O)	10	5,730.50
	Net Assets	11	Benefits paid to or for members	11
12		Salaries, other compensation, and employee benefits	12	7,063.60
13		Professional fees and other payments to independent contractors	13	
14		Occupancy, rent, utilities, and maintenance	14	
15		Printing, publications, postage, and shipping	15	800.21
16		Other expenses (describe in Schedule O)	16	2,461.59
17		Total expenses. Add lines 10 through 16	17	16,055.90
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,766.44	
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	259,356.00	
20	Other changes in net assets or fund balances (explain in Schedule O)	20	(380.99)	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	263,741.45	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2010)

SCANNED MAY 23 2012



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	252,306.00	22 258,089.45
23 Land and buildings	-----	23 -----
24 Other assets (describe in Schedule O)	7,050.00	24 5,652.00
25 Total assets	259,356.00	25 263,741.45
26 Total liabilities (describe in Schedule O)	-----	26 -----
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	259,356.00	27 263,741.45

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 Attached Brochure**

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, and other relevant information for each program title.

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

28 ----- ----- ----- (Grants \$) If this amount includes foreign grants, check here ☐	28a
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 (describe in Schedule O) (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.)Check if the organization used Schedule O to respond to any question in this 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
Gregory Schoepke 5246 S. Guerin Pass, New Berlin, Wisconsin	President	135.00		
Cheryl LoCicero 198 E. Gauer Circle	Secretary	135.00		
John Kozlik 2426 S. 96th Street, West Allis, Wisconsin	1st Vice President	115.00		
Sonia Riecan 2035 N. 86th Street, Wauwatosa, Wisconsin	2nd Vice President	110.00		
Patricia Hron 2138 W. Birchwood, Milwaukee, Wisconsin	Treasurer	135.00		
Harold Kralik 3030 S. Superior Street, Milwaukee, Wisconsin	Financial Secretary	110.00		
Mary Zelenka 2852 N. 78th Street, Milwaukee, Wisconsin	Newsletter Editor	50.00		
S. Jaskulski Greenfield, Wisconsin	Gymnastics Instructor	420.00		
Rebecca Schoepke New Berlin, Wisconsin	Gymnastics Instructor	383.00		
Cindy Stevens Greenfield, Wisconsin	Gymnastics Instructor	487.50		
S. Feldmeier Milwaukee, Wisconsin	Gymnastics Instructor	220.50		
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	☐	☒
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	☐	☒
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, explain in Schedule O why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	☐	☒
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	☐	☒
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	☐	☒
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b Did the organization file Form 1120-POL for this year?	☐	☒
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 outstanding at the end of the tax year covered by this return?	☐	☒
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
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 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	☐	☒
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. ▶		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	☐	☒
41 List the states with which a copy of this return is filed. ▶ None		
42a The organization's books are in care of ▶ Harold Kralik - Treasurer Telephone no. ▶ 414-769-1441 Located at ▶ 3030 S. Superior Street, Milwaukee, Wisconsin ZIP + 4 ▶ 53209-3009		
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)?	☐	☒
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.? 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		☐
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	☐	☒
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	☐	☒
c Did the organization receive any payments for indoor tanning services during the year?	☐	☒
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	☐	☒

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	✓
a 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 "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a	✓
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	46	✓

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts 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? If "Yes," complete Schedule C, Part II	47	✓
48 Is the organization 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 a section 527 organization?	49b	

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 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

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 address of each independent contractor paid more than \$100,000	(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 and 4947(a)(1) nonexempt charitable trusts 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  **4/14/2012**
 Signature of officer Date
Harold Kralik - Treasurer
 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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

SOKOL / SOKOLICE MILWAUKEE

Employer identification number

39 6058690

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).**
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33¹/₃% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 ¹ / ₃ % or more, check this box and stop here. The organization qualifies as a publicly supported organization		☐
b 33¹/₃% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 ¹ / ₃ % or more, check this box and stop here. The organization qualifies as a publicly supported organization		☐
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		☐
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		☐
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,632	6,337	3,463	2,630	3,571	19,633
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	42,459	41,327	38,596	30,549	29,248	182,179
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	46,091	47,664	42,059	33,179	32,819	201,812
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						201,812

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	46,091	47,664	42,059	33,179	32,819	201,812
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,157	11,219	10,236	8,495	4,955	44,062
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	9,157	11,219	10,236	8,495	4,955	44,062
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	55,248	58,883	52,295	41,674	37,774	245,874
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	82.08 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	82.66 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	17.92 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	17.33 %
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☒		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐		

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

JATERNICE DINNER

A traditional Czech dinner is held in February featuring Jaternice, a Bohemian sausage. The event draws hundreds of hungry guests who enjoy the delicious fare. The great team work of members and other volunteers make this event a great success year after year.

EUROPEAN VILLAGE

Stroll down the cobble stoned street in a Milwaukee Public Museum exhibit, through the central plaza, turn to the right and you will come to the Czech Domicel (home), as it might have been in the 1800's. The Czechs are a part of this unique exhibit and participate in the holiday entertainment and special presentations held at the museum. We also sponsor the Sisel Home and Shoe Shop at Old World Wisconsin.

OTHER EVENTS

The Sokol/Sokolice Milwaukee organization is an active one with dinners for members, social gatherings and other special projects. We work hard and have fun while we are doing it.

GET INVOLVED - COME JOIN US!!!

NEED MORE INFORMATION?

Just dial a Chairman

MEMBERSHIP

Marcella Wenzel 414-453-9072
mwenzel@sokol-milwaukee.org

OR

Harold Kralik 414-769-1441
hkralik@sokol-milwaukee.org

GYMNASTICS PROGRAM

James Hron 414-217-0070
jhron@sokol-milwaukee.org

HOLIDAY FOLK FAIR

Mary Zelenka 414-258-0833
mzelenka@sokol-milwaukee.org

DANCE GROUP

Sonia Riecan 414-313-3063
srieacan@sokol-milwaukee.org

NEWSLETTER

Mary Zelenka 414-258-0833
mzelenka@sokol-milwaukee.org

ON THE WEB

www.sokol-milwaukee.org
Harold Kralik 414-769-1441
hkralik@sokol-milwaukee.org

AMERICAN SOKOL EDUCATIONAL & PHYSICAL CULTURAL ORGANIZATION



OF
MILWAUKEE, WISCONSIN



SOKOL/SOKOLICE - MILWAUKEE

HISTORY

The world-wide American Sokol Educational and Physical Culture Organization is founded on a spirit of national heritage, democratic beliefs, morality and liberty. The Milwaukee based unit was formed in 1868 and has flourished over the years through participation in community activities, national events and the preservation of the Czech culture. The women's auxiliary, Sokolice, was formed in 1899 In 1994 the two organizations merged into one unit.

PURPOSE

To provide for the physical and moral training of those of Czechoslovakian descent in the United States and encourage succeeding generations to preserve the Czech culture, heritage, language and traditions.

Although membership has strong roots to the Czech nationality, it is not restricted and prospective members of varied ethnic backgrounds are encouraged to join the organization.

GOALS

To conduct Sokol training programs in gymnastics and to inform others of Czech cultures and traditions through strength, brotherly love and community service as a non-profit ethnic society.

MEETINGS

Meetings are held monthly from September to June at 7:00 pm on the first Monday of the month at:
Norway House
7507 West Oklahoma Avenue
Milwaukee, WI

GYMNASTICS PROGRAM

The Sokol belief is that bodily health produces mental and moral health and is achieved through gymnastics. The program is opened to the general public.

Weekly coed classes for children ages 4 and up are held from September to May. Skills in calisthenics, vault tumbling, parallel bars, balance beam and rings are taught by trained instructors. Inter-class competition is held at the end of the season. We also participate in the Holiday Folk Fair in November, as well as Sokol district and national competitions.

SCHOLARSHIP

Two college scholarships are awarded each year; one to a high school graduate who is a close relative of a member or associate member, and the other to a member or associate member seeking an advanced degree. Both must be of good moral standing, scholastic achiever and have been of service to the organization.

HOLIDAY FOLK FAIR

The largest indoor ethnic festival in the United States has been featuring ethnic cultures to the general public for over 50 years. Sokolice has participated since its beginning in 1944.

Czech heritage and traditions are portrayed in all areas of the Holiday Folk Fair; the children in the Young Peoples Showcase, the International Marketplace, the Czech Dancers in the International Showcase and Music Pavilion, and our industrious cooks in the International Cafe. We also depict our culture and traditions in the Culture Exhibits.

Members and volunteers work year round in preparation for this festive event held every November.

VECIREK

An evening of food, fun and fellowship is held annually to say thank you and to show our appreciation to all the volunteers who make the Czech portion of the Holiday Folk Fair, special events and programs a success.

CZECH-SLOVAK DANCERS

An adult group (16 or older) learn authentic Czech dances at their weekly rehearsals. The group is open to the general public. The affiliate group performs in beautiful costumes throughout the Mid-West, at the Holiday Folk Fair, Summerfest, Parades, Festivals, weddings, church gatherings and other social events