SCANNED
000
ಲ

6	orm	์ ฏล	U	Return	or orga	anization	Exempt Fr	om in	come	ıax		66	10
				Under section 501(c), 527, or 49	47(a)(1) of the I	nternal Revenue (Code (exc	ept private	o tounda	ations)	-30	10
				▶ Do not	enter social :	security numbe	rs on this form a	s it may t	oe made pi	Jblic./	ハん	Open t	o Public
- [Depar ntem	tment of t al Revenu	the Treasury e Service	▶ Go to	www.irs.go	v/Form990 for	Instructions and I	the latest	informatio	on. /Y			ection
7				ndar year, or tax year	r beginning	June 1	2018,2018,	and endi	ng Ma	11 3	<u> </u>	, 20 19	
Ī	В	Check if a	applicable	C Name of organization	Skokie	Valler	1 Stratin	a C	طر			identification	
[] /	Address	change	Doing business as								1772	4
[] ı	Name ch	ange	Number and street (or				Room/s	uite		elephone	e number ++b- '	1181-
(ו	nitial retu	ım	CloLois C. T.			Wood Kac d	<u> </u>			<u> </u>	446	7600
[_ F	inal retun	n/terminated	City or town, state or p				2		-			
Į		Amended		Northfield		· MIA	- 600				ross rec		<u> </u>
l	/	Application	on pending	F Name and address of p		Pood. No	Toold, Tre		2 1 7			bordinates?	-
				321 Regent			Madel 1					ıncluded? 🔲 ıst. (see instr	Yes No
			npt status	501(c)(3)	∑ 501(c) () < (insert n	o) 4947(a)(1) or	<u>⊔</u> 827	-				uctions)
		Website:			Skatu		Com	ear of forma		1 0 1		iumber >	ale. IL
		orm of c	<u> </u>	Corporation Trust	t Associati	onOther	1154	ear or torm	ation FT	10 1 10	State	f legal domic	ale. (L
	L C		Summ Briefly de	escribe the organiza	tion's missi	on or most sig	nificant activities						
		•		part recre		λ and	Competit	. Vo	ice	<1>	ati	~~~	
	ä		ب	berchine en	L' COM		Comp.				<u></u>	- //4	
`	Activities & Governance	2	Check th	is box ▶☐ if the or	ganization c	discontinued its	s operations or o	disposed	of more t	han 25	% of it	ts net asse	ets.
_	Š			of voting members	-					[3		14
	æ			of independent votil	_	-		/I, line 1b	o)		4		14
	ties	5	Total nur	mber of individuals e	employed in	calendar year	2018 (Part V, III	ne 2a)			5		0
	tivil	6	Total nur	mber of volunteers (estimate if r	necessary) .					6		50
	Ac	7a	Total unr	related business rev	enue from F	Part VIII, colum	n (C), line 12				7a		58
		b	Net unre	lated business taxal	ble income	from Form 990)-T, line 38 .	<u> </u>		·_ · _	7b		
					- DE	CENTER			ļ	or Year			nt Year
	ē	8	Contribu	tions and grants (Pa	art VIII, libet	m)-, C. I V. C. C			21	773		36	680
	Revenue	9	Program	service revenue (Pa	art VIII, line 2	2g)	191		8 4	420	$\overline{}$	713	<u> </u>
	Je H	10	Investme	ent income (Part VIII	, dolumn (A)	Elmes 3/4/lan	a /4).yl			اماا	7		58
	_	11	Other rev	venue (Part VIII, colu	ımı (A), line	s 5, 6d, 8c, 9d	, 10cmand 11e)		11-	1 3 3	\overline{a}		
		12		enue-add lines 8 th ind similar amounts				line 12)	 ' ' '	1 22		140	306
		14		paid to or for memb			_						
	"	15		other compensation,			•	 s 5–10)					
7)Se:	16a		onal fundraising fees									
SCAN	Expenses	b		draising expenses (3/3			
	ă	17		penses (Part IX, col									
T J		18	Total exp	penses. Add lines 13	3~17 (must (equal Part IX,	column (A), line a	25) .	126	556	>4	132	2 510
J		19	Revenue	less expenses. Sub	otract line 1	8 from line 12			(0	33	8)	16	. 736
>	è s								Beginning	of Currer	it Year	End	of Year
OCT 2 9 2010	Net Assets or Fund Balances	20		sets (Part X, line 16)					11:	3 5	17	189	<u> 3ంరీ</u>
در	ad B	21		bilities (Part X, line 2	•						P		
9	_			ets or fund balances	. Subtract li	ne 21 from line	<u> 20</u>	<u></u>	170	ر ک	111	189	7 308
	_	art II		ture Block									
<u> </u>				ury, I declare that I have e plete_Declaration of prepa								ny knowledge	and belief, it is
_			1		1	-01							
	Sig	เก	Sign	nature of officer		000	· 7			Date			
	He		l'	1215	To	00 7	reasure			Date	9-1	3-20	19
		. •	Тур	e or print name and title	<u> </u>	· ·		<u> </u>			<u> </u>		·/
	D-			ype preparer's name		Preparer's signat	ure		Date			PTIN	
	Pa							- 1			Check (self-emp	_J If	
		epare se On	1	name ►						Firm's			
			יי עי	address ▶						Phone			
	Ma	y the II		ss this return with th	e preparer :	shown above?	(see instruction	s)	<u> </u>			<u>.</u> . C	Yes 🗌 No
	For	Paper	work Red	uction Act Notice, se	e the separa	te instructions.		Cat	No 11282\	1		F	om 990 (2018)

Cat No 11282Y

VE 5.31-2019

om 99	(2018) 5	KOKIE VALLEY	SKATING CLUB & 36	×611724	Page 2
Part I		ment of Program Service			_
			esponse or note to any line in this Pa	<u>rt III </u>	<u> L</u>
1	Briefly descr	ribe the organization's mission			
		post secrease	nal Ice Stating		
2	prior Form 9	990 or 990-EZ?	ficant program services during the year		
3		scribe these new services on ganization cease conducting	Schedule O. g, or make significant changes in he	ow it conducts, any program	
	-				☐ Yes 💢 No
	•	scribe these changes on Sch			
4	expenses. S	Section 501(c)(3) and 501(c)(rvice accomplishments for each of its 4) organizations are required to report for each program service reported.		
4a	(Code:	\(Fynenses \$	including grants of \$	\ (Revenue \$	
70	(00de.	inchiance les S	rating ice dancing	Figure Skating	
	and a	testing for 15	including grants of \$ xating ice dancing orecreations and a	iompetitive sigure	skaters
					••••
4b	(Code:	\ (Expenses \$	including grants of \$	\ /Revenue \$	
7.5	(0000.	/ (Experieds #			'
		**			
					·
		v			
		,,,,			

4c	(Code:	\/Evpapasa ¢	including grants of ¢) (Daviery) (**	
40	(Code:	(Expenses \$	including grants of \$) (Revenue \$)
			•		
		,			
			,		
4d 	Other prog (Expenses	ram services (Describe in Sc including		\$	
4e	Total progr	ram service expenses			

m 990	1(2018) Skoke Valley Skating Club \$36-611 1124 1-6 1-31-26	17	Р	age 3
art l	Checklist of Required Schedules		V [
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1		<u>X</u>
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
	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	3	_	X
	Section 501(c)(3) organizations. 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	4		X
5	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 "Yes," complete Schedule C, Part III	5		X
6	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 "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	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 "Yes," complete Schedule D, Part IV.	9		У
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		×
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 "Yes," complete Schedule D, Part VII	11b		Х
С	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 "Yes," complete Schedule D, Part VIII	110		X.
d	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 "Yes," complete Schedule D, Part IX	11d		У
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		У
f	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 "Yes," complete Schedule D, Part X	111		X
12a	Schedule D, Parts XI and XII	12a		×
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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 "Yes," complete Schedule F, Parts I and IV.	14b		×
15	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 "Yes," complete Schedule F, Parts II and IV	15		×
16	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 "Yes," complete Schedule F, Parts III and IV.	16		X
17	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 "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
20 a	,	20a		×
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b	-	├.
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	i	X

rafti	Checkist of Required Schedules (Continued)		77.	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	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 "Yes," complete Schedule J	23		X
24a	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 "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		メ
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		×
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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 "Yes," complete Schedule L, Part I	25b		
26	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 "Yes," complete Schedule L, Part II	26		Х
27	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 "Yes," complete Schedule L, Part III	27		Х
28	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):	200		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		×
С	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 "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
33	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 "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	X
ь	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 "Yes," complete Schedule R, Part V, line 2.	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	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 "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Chester School Contains a response of note to any line in this rait v	<u> </u>	Yes	No No
1a b c	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	reportable gaming (gambling) winnings to prize winners?	1c	X	

Form 990 (2018)

Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . 2b Fx: 7. Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . Did the organization have unrelated business gross income of \$1,000 or more during the year? За If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. . . 3ь 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)? 4a If "Yes." enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . 5a 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b b 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . **7**f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g a If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h Sponsoring organizations maintaining donor advised funds, Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter-Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ... 10b Section 501(c)(12) organizations. Enter-11 а 11a Gross income from other sources (Do not net amounts due or paid to other sources 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. . . 12b Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which 13b 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O.

orm 99	0(2018) Skokie Valley Stating Club #36-6/117124 Y-E 3-31-201	9	Page 6
Part \		and for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Si		
	Check if Schedule O contains a response or note to any line in this Part VI	··	. 🗆
Section	on A. Governing Body and Management		
	= 1 1	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar		
	committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent . 1b		
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?	2	X_
3	Did the organization delegate control over management duties customarily performed by or under the direct		1.,
_	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	12
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	6	$\frac{1}{X}$
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint		
' a	one or more members of the governing body?	7a	_X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	.,	1-4-
	stockholders, or persons other than the governing body?	7b X	1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		
	the year by the following:		
a b	The governing body?	8a X 8b X	+
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	9	X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Code	1.)
		Ye	s No
10a	Did the organization have local chapters, branches, or affiliates?	10a	<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	106	}
11a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	12-
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	+~
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		
	describe in Schedule O how this was done	12c	1
13	Did the organization have a written whistleblower policy?	13	Â
14	Did the organization have a written document retention and destruction policy?	14	X
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?		
а	The organization's CEO, Executive Director, or top management official	15a	X
b	Other officers or key employees of the organization	15b	女
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		الربيا ال
	with a taxable entity during the year?	16a	<u> </u>
þ	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?	16b	
Sect	ion C. Disclosure	1.55	
17	List the states with which a copy of this Form 990 is required to be filed ►		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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.		
40	Own website Another's website Dupon request Other (explain in Schedule O)		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	terest pol	cy, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords >	
	Lois C. Told 321 Regent Wood Road Northfield I 60093	.50,00 F	

Form 990 (201,8) Skokje Valley Skating Club #36.6117724 Y-E 5.31-2019

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 no	any related	d orga	aniz	atio	n co	mpe	nsa	ted any curren	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, of lindividua	unles	s pe	Ition more rson	that highest compensated employee	ee) Forme	(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
(1) Elaine Paque President	3			X				0	0	0
(2) Blair Klein V. fresident	3			X				0	0	0
(3) have knecked Treesurer	10			X				٥	0	0
(4) Courtney receive tecording	3			X				0	0	٥
(5) Angle Soprans Corresponding Secretary				X				٥	ď	D
(6) Lois Todd Governor	0	X						σ	0	O
17) Tom Reif Governor	0	X						ъ	ပ	٥
(8) tanh Scharer Governor	6	¥						0	0	0
(9) Richard Rossman Governo		X						٥	ပ	o
(10) Sanda Champers Forernor	0	火						6	0	o
111) Florence Kriegor Governo	J	*						٥	v	ی
(12) DG Garnty, Governor	0	*						•	Ø	ð
(13) Lisa Kaplan Hodernor	O	×						O	o	0
(14) Florence Krieger Governor	Q	×						0	6	0

	(A) Name and title	(8) Average hours per week (list any	box, u	ot ch unles rand	Posi eck s pe l a d	more rson irecte	than o	an Reportable compensation	(E) Reportable compensation related	l	(F) Estimated amount of other	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS	SC)	compensation from the organization and related organizations
15)						 		 				
16)								} }				
17)					-	-					_	
18)						-		-		 	_	
19)					-	-		-			_	
(20)					<u> </u>	-		-		 	_	
(21)						-		-	 			
(22)				-	-	-		-				
(23)			-	 -	-	-		 	 			
(24)			-		<u> </u>	1	-	\vdash	 			
(25)			-		+	-	-	\vdash	 		_	
1b c	Sub-total	VII, Section	on A	· ·	۱ <u>.</u> •	<u>. </u>	 	▶	<u>Ø</u>	0		0
<u>d</u> 2	Total (add lines 1b and 1c)		d to t	nose	e lis	ted	abov	▶ e) w	who received m	nore than \$10	0,000 0	0
3	Did the organization list any former o employee on line 1a? If "Yes," complete	fficer, direc	etor,					emį	ployee, or hig	hest comper	nsated	Yes N
4	For any individual listed on line 1a, is the organization and related organizations individual											
5	Did any person listed on line 1a receive of for services rendered to the organization on B. Independent Contractors									zation or indi		5
1	Complete this table for your five highest compensation from the organization. Re year.	compensa port compe	ted in	dep on f	enc or t	dent	cont	raci dar	tors that receiv year ending w	ed more than	n \$100,0 he orgar	00 of nization's tax
	(A) Name and business ad	dress							(B) Description of	services	Со	(C) mpensation
	Total number of independent contract					_		E				

Form 990 (2018) Skolcie Valley Skating Club #31. [117124 YE 5-31-2019 Page 9

Part	VIII	Statement of Reve							
<u> </u>	ار در ا	Check if Schedule O	contains	a res	ponse or note t	o any line in this (A) Total revenue	Part VIII (B) Related or	(C) Unrelated	(D) Revenue
ا در د مرادی					, ,	Total revenue	exempt function revenue	pasiuess	excluded from tax under sections 512-514
t s	1a	Federated campaigns		1a			,	` , , , , , , , , , , , , , , , , , , ,	, ,
E 2	ь	Membership dues .		1b	36680	<u> </u>			
Am Am	C	Fundraising events .		1c	<u></u>		,	ŀ	u- 1
直	d	Related organizations		1d	<u> </u>	ſ.	1		1 1
S. E	е	Government grants (con		1e	<u></u>	<u>'</u>			·
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gi				l,		į	. ' 1
혈美		and similar amounts not inc		1f	<u></u> _	<u>[</u>			`
E D	g	Noncash contributions includ	ed in lines 1a	-1f \$, , , , , , , , , , , , , , , , , , ,) ⁵ .)	1
	h	Total. Add lines 1a-1	<u>f</u>	<u> </u>	<u> ▶</u>	36680	<u>'l </u>	<u> </u>	, ,
Ę		· ~ \-			Business Code	7 . 7		· · · · · · · · · · · · · · · · · · ·	. 1
yer	2a	Dance Test			713 990	74759	24159		
<u> </u>	þ	Moves Fls Te	25ts		713990	24803	24803		
Ş	С	USTSA Fees			113990	40 293	40293		<u> </u>
Ser	d	Schokurship	Fund		7.3 990	21529.	21529		
E a	е	Social troops			713 990	1184	1184		
Program Service Revenue	f	All other program sen							
<u>-</u>	g	Total. Add lines 2a-2				112568	32 (11)	<u></u>	
	3	Investment income				58		58	_
]	and other similar amo	-			28	0	٥٥	0
	4	Income from investmen	t of tax-exe	mpt b	ond proceeds			ļ	
	5	Royalties	· · · · ·						i Farance
		_	(i) Rea	31 	(ii) Personal	.			
	6a	Gross rents	<u></u>		 	.		í	,
	b	Less: rental expenses				_∯ 、;		,	
	С	Rental income or (loss)			<u> </u>				
	d	Net rental income or		<u> </u>		 			
	7a	Gross amount from sales of	(i) Securi	ties	(ii) Other	4		<u>'</u>	,
	ļ	assets other than inventory			ļ	<u>l</u> i ,			, ,
	b	Less: cost or other basis						, ,	, ,
i		and sales expenses .	ļ		<u> </u>	- `	,		'
	C	Gain or (loss)	L			 	<u> </u>		
1	ď	Net gain or (loss) .			· · · · · · · · · · · · · · · · · · ·	ļ	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
nue	g _a	Gross income from fu	ındraicına			1		,	
ē	68	events (not including \$	and along				٩	-	}
ě		of contributions reporte	ed on line 1	i c\				,	1
F.	ĺ	-				į.	'		- 1
Other Reve					· — — —	- [, ,]	- (•	, ,
Ö		Less: direct expenses Net income or (loss) f				<u>'</u>			·
	02	Gross income from ga			events .		<u> </u>		
	""				.1			[
	ь	Less: direct expenses		-		-{			
	1	Net income or (loss) f			<u> </u>		1		<u> </u>
		Gross sales of in				 		 ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		returns and allowance			.[<u> </u> ,		(, ,)
	ь	Less: cost of goods s			ļ 		·	ļ.	
	C	Net income or (loss) f				 	 	<u> </u>	<u> </u>
	├ ~	Miscellaneous F		31 111	Business Code				,
	11a				24311.033 0000	 	·	<u> </u>	<u> </u>
) ''a				 	 	 	 	
						 	 		
	C	All other revenue .						 	
	d e	Total. Add lines 11a-		•		0	 	, , ,	<u> </u>
	١ -						\	58	
	12	Total revenue. See i	netruction	9	-	149 306	112568		

33 711

132 510

e

25

All other expenses

Total functional expenses. Add lines 1 through 24e

711

733

7837

33

124

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year <u> ۱۲۰ مح</u>د 12898 Cash—non-interest-bearing 2 2 78 F 3 3 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 Assets 7 Inventories for sale or use 8 8 9 Prepaid expenses and deferred charges . . . 9 Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 10c Investments—publicly traded securities 11 11 12 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related, See Part IV, line 11 13 14 14 15 Other assets. See Part IV, line 11 15 172572 16 Total assets. Add lines 1 through 15 (must equal line 34) 189 308 16 Accounts payable and accrued expenses 17 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, Liabilities 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 25 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 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 Temporarily restricted net assets 28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Net Assets Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 189 33 Total liabilities and net assets/fund balances . . 308 34 Form 990 (2018)

	J-E	\$	-31-2	LOIG	1
orm 99	0 (2018) Skokje Valley Skating Club # 36-6117724				_{je} 12
Part					
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	_, _,	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	144.	306	
2	Total expenses (must equal Part IX, column (A), line 25)	2	132	51c	
3	Revenue less expenses. Subtract line 2 from line 1	3	16	131	0
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	172	57	<u>ــــــــــــــــــــــــــــــــــــ</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	189	30	8
Part		10	·		
	Check if Schedule O contains a response or note to any line in this Part XII				\Box
	onder a deligation of deligation at the artificial arti	_ <u></u>	····	Yes	No.
1	Accounting method used to prepare the Form 990: 🔀 Cash 🔲 Accrual 🔲 Other		20		70 0
	If the organization changed its method of accounting from a prior year or checked "Other," exp Schedule O.	laın i	n		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	iled o	r	1000	r
	reviewed on a separate basis, consolidated basis, or both:		= .		-32
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. <u>2b</u>		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on	a 🎉		q
	separate basis, consolidated basis, or both:		N. E		
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov of the audit, review, or compilation of its financial statements and selection of an independent account			{ {	
	If the organization changed either its oversight process or selection process during the tax year, exp Schedule O.	Jiain 1			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set f	orth i	n [V
	the Single Audit Act and OMB Circular A-133?		. 3a	$oxed{oxed}$	\overline{x}
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		e 3b		
		wito.	(70		

Form **990** (2018)

Skokie Valley Skating Club \$36-6117724 YE 5-31-2019

CHEDULE Q (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer Identification number Name of the organization anagemen trogram Total and General 36680 0