| Click on the question-mark icons to display help windows. |
|---|
| The information provided will enable you to file a more complete return and reduce the chances the IRS has to contact you |

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

2018

OMB No 1545-1150

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

Open to Public Inspection

| Inte | Internal Revenue Service Go to www.irs.gov/Form990EZ for instructions and the latest information. | | | | | |
|------------|--|---|--|----------------------|----------------------------|--|
| Ā | For the | For the 2018 calendar year, or tax year beginning . July 1 , 2018, and ending | | | 0 ,20 19 | |
| В | Check if ap | pplicable | Employer is | dentification number | | |
| | Address c | hange | Santa Fe Skating Club, Inc | | 38-388937 | |
| | Name cha | ange | Number and street (or P O box, if mail is not delivered to street address) | Telephone r | number | |
| | Initial retu | | PO Box 28921 | 5 | 05-795-9639 | |
| H | | n/terminated | City or town, state or province, country, and ZIP or foreign postal code | Group Exe | emption | |
| Ħ | Amended Applicatio | n pending | Santa Fe, NM 87592 | Number | · | |
| G | | ting Method | ☐ Cash 🗸 Accrual Other (specify) ► H Ch | eck ▶ ☑ | if the organization is not | |
| | Website | _ | | | tach Schedule B | |
| J 1 | Tax-exen | | | • | 0-EZ, or 990-PF) | |
| | | | ☑ Corporation ☐ Trust ☐ Association ☐ Other | - | · | |
| | | | 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total as | sets | | |
| | | | 500,000 or more, file Form 990 instead of Form 990-EZ | ▶ 9 | 88,812 00 | |
| _ | art I | | e, Expenses, and Changes in Net Assets or Fund Balances (see the ins | struction | s for Part I) 🔯 | |
| _ | G, C, | | the organization used Schedule O to respond to any question in this Part I | | | |
| 4 | 1 | | ns, gifts, grants, and similar amounts received | . 1 | 390 | |
| 1 | | | ervice revenue including government fees and contracts | 2 | ± 82,200 | |
| 7 | | - | ip dues and assessments | . 3 | 6,220 | |
| | - 1 | Investment | • | 4 | 2 | |
| عا | 5a | | unt from sale of assets other than inventory | 0 | | |
| | b | | or other basis and sales expenses | - | | |
| | C | | ss) from sale of assets other than inventory (Subtract line 5b from line 5a) | . 5c | 0 | |
| | 6 | | d fundraising events: | . 00 | • | |
| | a | - | ome from gaming (attach Schedule G if greater than | | | |
| क | _ | \$15,000) . | | ٥ | ~ | |
| Ĕ | h | | me from fundraising events (not including \$ 0 of contributions | - | 0 | |
| Revenue | b | | aising events reported on line 1) (attach Schedule G if the | | | |
| Œ | | | o | | | |
| | | | h gross income and contributions exceeds \$15,000) 6b t expenses from gaming and fundraising events 6c | <u> </u> | | |
| | d | | e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra | act | | |
| | " | line 6c) | RECEIVED! | . 6d | 0 | |
| | 70 | , | s of inventory, less returns and allowances | 0 | | |
| | 7a | | | 0 | | |
| | b | Cross prof | ଫୁ goo ଖର୍ଷ୍ଟର୍ଷ୍ଠାଣୁ 8 .2019 . ୁମ | . 7c | 0 | |
| | C | | | . 8 | 0 | |
| | 8 | Total | nue (describe in Schedule O) | 9 | 88,812 | |
| | 10 | | similar amounts paid (list in Schedule O) | . 10 | 00,072 | |
| | | | uid to or for members | 11 | 0 | |
| ۰, | 11 | | ther compensation, and employee benefits 🔯 | | 0 | |
| š | 12 13 | | al fees and other payments to independent contractors 🔯 | | 23,323 | |
| Expenses | 13 | 1.0 | r, rent, utilities, and maintenance | | 900 | |
| 꿄 | 14 | | | | 941 | |
| نت | 1 | | ublications, postage, and shipping | | 53,856 | |
| | 16 , | <u> </u> | · | | 79,020 | |
| | 17 | Total expe | nses. Add lines 10 through 16 | 1 | 9,792 | |
| its | 18 | | | | 9,792 | |
| SSe | 19 | | or fund balances at beginning of year (from line 27, column (A)) (must agree w r figure reported on prior year's return) | | 22 470 | |
| Net Assets | | - | | | 33,178 0 | |
| Š | 20 | | ges in net assets or fund balances (explain in Schedule O) | | | |
| _ | 21 | Net assets | or fund balances at end of year. Combine lines 18 through 20 | ▶ 21 | 42,970 | |

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642!

Form **990-EZ** (2018)



| Cash, savings, and investments 33,348 22 43,87 Land and buildings 0 23 24 Other assets (describe in Schedule O) 0 24 25 Total assets 33,348 25 43,87 Total liabilities (describe in Schedule O) 170 26 99 26 Net assets or fund balances (line 27 of column (B) must agree with line 21) 33,178 27 42,97 26 Total liabilities (describe in Schedule O) 170 26 99 Net assets or fund balances (line 27 of column (B) must agree with line 21) 33,178 27 42,97 27 Little 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 Check if the organization used Schedule O to respond to any question in this Part III Check if the organization's primary exempt purpose? Encouraging instruction and advancement of figure skating services, smeasured by expenses. In a clear and concise manner, describe the services provided, the number of errors benefited, and other relevant information for each program title. 28 Learn to Skate program are from September 2018 through May 2018 Over 175 skaters participated This is a curriculum-based program developed by figure skating's governing body 29 (Grants \$) If this amount includes foreign grants, check here | Part II | Balance Sheets (see the instructions | for Part II) | | | | |
|--|--------------------------------------|--|---|--|---|----------------|-----------------|
| 23 | | Check if the organization used Schedul | e O to respond to a | | | <u> </u> | <u>v</u> |
| 23 24 And and buildings 0 23 24 24 25 24 25 24 25 26 26 26 27 26 28 27 26 28 28 28 28 28 28 28 | | | | | (A) Beginning of year | (B) | End of year |
| 24 | 22 Ca | ash, savings, and investments | | [| 33,348 | 22 | 43,870 |
| Total labilities (describe in Schedule O) 70 to respond to any question in this Part III 70 check if the organization very program service accomplishments for each of its three largest program services, seasured by expenses. In a clear and concise manner, describe the services provided, the number of ersons benefited, and other relevant information for each program Ittle. 70 | 23 La | and and buildings | | [| 0 | 23 | 0 |
| Total liabilities (describe in Schedule O) 77 Net assets or fund balances (line 27 of column (B) must agree with line 21) 78 Net assets or fund balances (line 27 of column (B) must agree with line 21) 79 At 29 Tat III Statement of Program Service Accomplishments (see the instructions for Part III) 79 Check if the organization used Schedule O to respond to any question in this Part III Check if the organization used Schedule O to respond to any question in this Part III Check if the organization sporgram services (add lines 28 at through 30 states participated 30 states participated 30 states (and other relevant information for each program title 28 Laam to State Learn to State Learn to State program are from September 2018 Brough May 2018 Over 175 skaters participated 30 states (and other relevant information for each program title 28 Carrestion Annual three-day regional renewable program developed by figure skating's governing body 79 Carrestion Annual three-day regional renewable program developed by figure skating's governing body 70 Carrestion School States (and other relevant information for each make a state st | 24 Of | ther assets (describe in Schedule O) | | [| 0 | 24 | 0 |
| Net assets or fund balances (line 27 of column (B) must agree with line 21) 33,178 27 42,97 | 25 To | otal assets | | [| 33,348 | 25 | 43,870 |
| 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 | 26 To | otal liabilities (describe in Schedule O) . | | [| 170 | 26 | 900 |
| 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 December 1 December 2 D | | • | n (B) must agree wit | h line 21) 🗀 | 33,178 | 27 | 42,970 |
| Check if the organization used Schedule O to respond to any question in this Part III | Part III | | | | Part III) | | |
| ### In the organization's primary exempt purpose? Encouraging instruction and advancement of figure skating Global State | | | e O to respond to a | ny question in this! | Part III 🔒 . 🗹 | | • |
| escribe the organization's program service accomplishments for each of its three largest program services is measured by expenses. In a clear and concise manner, describe the services provided, the number of seroson benefited, and other relevant information for each program title. 28 Learn to Skate usern to Skate program ran from September 2018 through May 2018 Over 175 skaters participated This is a curriculum-based program developed by figure skating's soverning body 29 Competition Annual three-day regional non-qualitying competition in May 2018 Approximately 160 skaters and similar levels of skating development (Grants \$) If this amount includes foreign grants, check here | Vhat is th | | Encouraging instruction | and advancement of figu | re skating | , , | |
| 282 Grants \$ If this amount includes foreign grants, check here | s measi ersons t 28 Lea | ured by expenses. In a clear and concise is benefited, and other relevant information for each to Skate Learn to Skate program ran from September 2 | manner, describe th each program title. 2018 through May 2018 O | e services provided ver 175 skaters participate | , the number of | organiza | |
| Competition Annual three-day regional non-qualifying competition in May 2019 Approximately 160 skaters competed Skaters further their individual skating skalls by competing against other individuals who are of similar age and similar levels of skating development [Grants \$) If this amount includes foreign grants, check here | | | | | · | | 20.076 |
| competed Skaters further their individual skating skalls by competing against other individuals who are of similar age and similar levels of skating development Grants \$) If this amount includes foreign grants, check here . ▶ 29a 20,20 Show Annual ice show held in December 2018 Approximately 100 skaters participated Skaters learn new programs, skaters gain experience performing in front of an audience, and skaters fearn what it takes to produce a show Grants \$) If this amount includes foreign grants, check here . ▶ 30a 8,94 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here . ▶ 31a 14,73 Total program service expenses (add lines 28a through 31a) . ▶ 32 76,86 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 Check if the organization used Schedule O to respond to any question in this Part IV Check if the organization used Schedule O to respond to any question in this Part IV Tamara Berendzen 30 2,400 0 Tamara Berendzen 30 0 Tamara Berend | | | | | <u> P 📙 </u> | 28a | 32,976 |
| and similar levels of skating development (Grants \$) If this amount includes foreign grants, check here Days a skaters garn experience performing in Iron' of an audience, and skaters participated Skaters learn way programs, skaters garn experience performing in Iron' of an audience, and skaters learn what it takes to produce a show. (Grants \$) If this amount includes foreign grants, check here Days a skaters garn experience performing in Iron' of an audience, and skaters learn what it takes to produce a show. (Grants \$) If this amount includes foreign grants, check here Days a skaters garn experience expenses (add lines 28a through 31a) Days a skaters garn experience expenses (add lines 28a through 31a) Days a skaters garn experience expenses (add lines 28a through 31a) Days a skaters garn experience expenses (add lines 28a through 31a) Days a skaters garn experience expenses (add lines 28a through 31a) Days a skaters garn experience expenses (add lines 28a through 31a) Days a skaters garn experience expenses (add lines 28a through 31a) Days a skaters garn experience expenses (add lines 28a through 31a) Days a skaters garn experience expenses (add lines 28a through 31a) Days a skaters garn experience expenses (add lines 28a through 31a) Days a skaters garn experience expenses (add lines 28a through 31a) Days a skaters garn experience expenses (add lines 28a through 31a) Days a skaters garn experience expenses (add lines 28a through 31a) Days a skaters garn experience expenses (add lines 28a through 31a) Days a skaters garn experience expenses (add lines 28a through 31a) Days a skaters garn experience expenses (add lines 28a through 31a) Days a skaters garn experience expenses (add lines 28a through 31a) Days a skaters garn experience expenses (add lines 28a through 31a) Days a skaters garn experience expenses (add lines 28a through 31a) Days a skaters garn experience expenses (add lines 28a through 31a) Days a skat | 4 3 | • | | | | | |
| Grants \$ Show Annual ice show held in December 2018 Approximately 100 skaters participated Skaters learn new programs, skaters gain experience performing in front of an audience, and skaters learn what if takes to produce a show Show Annual ice show held in December 2018 Approximately 100 skaters participated Skaters learn new programs, skaters gain experience performing in front of an audience, and skaters learn what if takes to produce a show Show Annual ice show held in December 2018 Approximately 100 skaters participated Skaters learn new programs, skaters gain experience performing in front of an audience, and skaters learn what if takes to produce a show Show Annual ice show held in December 2018 Approximately 100 skaters participated Skaters learn new programs, skaters gain experience performing in front of an audience, and skaters learn what if takes to produce a show Show Annual ice show held in December 2018 Approximately 100 skaters participated Skaters learn new programs, skaters gain experience performing in front of an audience, and skaters learn what if takes to produce a show Show Annual ice show held in December 2018 Approximately 100 skaters participated Skaters learn new programs, skaters learn new programs, skaters learn new programs, skaters learn new programs, skaters learn what if takes to produce a show Show Annual ite show Annu | | | npeting against other indivi | uudis wiiu die di siiriidi di | | | |
| Show Annual ice show held in December 2018 Approximately 100 skaters participated. Skaters learn new programs, skaters gain experience performing in front of an audience, and skaters learn what it takes to produce a show. Grants \$ If this amount includes foreign grants, check here | | | | | | 1 1 | |
| **Skaters gain experience performing in front of an audience, and skaters learn what it takes to produce a show (Grants \$ | (Gra | ints \$) If this amoun | it includes foreign gra | ants, check here | <u> ▶ 🛄</u> | 29a | 20,204 |
| Grants \$ | | | | | ms, | | |
| Authors Auth | ska | ters gain experience performing in front of an audience, af | no skaters learn what it tak | es to produce a snow | | | |
| Authors Auth | | | | | | | |
| Grants \$ If this amount includes foreign grants, check here 31a 14,73 Total program service expenses (add lines 28a through 31a) 32 76,86 Part IV | (Gra | ints \$) If this amoun | it includes foreign gra | ants, check here . | ▶ □ | 30a | 8,947 |
| Tamara Berendzen Total program service expenses (add lines 28a through 31a) 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 (b) Average hours per week devoted to position (c) Reportable (c) (d) Health benefits, contributions to employee benefit plans, and deferred compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) Tamara Berendzen 30 2,400 0 Amark Tamoglia Vice President Dale Kellogg 3 Secretary 1,140 0 0 Martin Levy 1 Director 0 O George Yankura 3 Total program service expenses (add lines 28a through 31a) (b) Average hours per week devoted to any question in this Part IV (c) Reportable (c) (d) Health benefits, contributions to employee benefit plans, and deferred compensation of the compensatio | 31 Oth | er program services (describe in Schedule O) | | | | 1 | |
| 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 (b) Average hours per week devoted to position (Forms W-2/1099-MISC) (if not paid, enter -0-) (If not paid | | | | | | 31a | 14,737 |
| Check if the organization used Schedule O to respond to any question in this Part IV (b) Average hours per week devoted to position (From W-2/1099-MISC) (if not paid, enter -0-) Tamara Berendzen President Mark Tamoglia Vice President Dale Kellogg Secretary L Jackie Gadret Treasurer Martin Levy Director George Yankura Name and title (b) Average hours per week devoted to position (From W-2/1099-MISC) (if not paid, enter -0-) (c) Reportable (C) (d) Health benefits, contributions to employee benefit plans, and deferred compensation of their compensation of the compensa | 32 Tota | al program service expenses (add lines 28a | through 31a) | | > | 32 | 76,864 |
| (b) Average hours per week devoted to position (roms W-2/1099-MISC) (rinot paid, enter -0-) Tamara Berendzen 30 2,400 0 Mark Tamoglia 4 1,520 0 Dale Kellogg 3 3 Secretary 1,140 0 L Jackie Gadret 3 Treasurer 0 0 0 Martin Levy 1 Director George Yankura 1 Director Nancy Yankura 3 | Part IV | List of Officers, Directors, Trustees, and Ke | ey Employees (list eac | h one even if not comp | pensated—see the i | nstructio | ns for Part IV) |
| (a) Name and title | | Check if the organization used Schedul | e O to respond to a | ny question in this | Part IV | | 🗀 |
| President 2,400 0 Mark Tamoglia 4 1,520 0 Vice President 1,520 0 Dale Kellogg 3 1,140 0 Secretary 3 1,140 0 L Jackie Gadret 3 3 3 Treasurer 0 0 0 Martin Levy 1 0 0 Director 0 0 0 George Yankura 1 0 0 Nancy Yankura 3 0 0 | | (a) Name and title | hours per week | compensation (Forms W-2/1099-MISC) | contributions to employ benefit plans, and | othe | |
| Mark Tamoglia 4 Vice President 1,520 Dale Kellogg 3 Secretary 1,140 L Jackie Gadret 3 Treasurer 0 Martin Levy 1 Director 0 George Yankura 1 Director 0 Nancy Yankura 3 | Tamara E | Berendzen | 30 | | | | |
| Vice President 1,520 0 Dale Kellogg 3 1,140 0 Secretary 1,140 0 0 L Jackie Gadret 3 0 0 Martin Levy 1 0 0 Director 0 0 0 George Yankura 1 0 0 Nancy Yankura 3 0 0 | Presiden | t | | 2,400 | | o | 0 |
| Vice President 1,520 0 Dale Kellogg 3 1,140 0 Secretary 1,140 0 0 L Jackie Gadret 3 0 0 Martin Levy 1 0 0 Director 0 0 0 George Yankura 1 0 0 Nancy Yankura 3 0 0 | Mark Tan | noglia | 4 | | | | |
| Secretary | | | · - 1 | 1,520 | , | o | 0 |
| Secretary | Dale Kell | ogg | 3 | | | | |
| L Jackie Gadret 3 Treasurer 0 Martin Levy 1 Director 0 George Yankura 1 Director 0 Nancy Yankura 3 | | | •- | 1,140 | | 0 | 0 |
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| George Yankura 1 Director 0 0 Nancy Yankura 3 | | | · | 0 | | ი | 0 |
| Director 0 0 Nancy Yankura 3 | | /ankura | 1 | - | | - | |
| Nancy Yankura 3 | | ainvia | · | | | <u> </u> | 0 |
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| | Part | instructions for Part V.) Check if the organization used Schedule O to respond to any question in this | | | \Box |
|---|----------|---|-----------------|-----|----------|
| | | mistraction for fact v./ entesten and organization assaults a to respect to any question in this | J i air | Yes | No |
| | 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | 33 | | · |
| 7 | 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 | 34 | | · |
| | 35a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | | · |
| | b | If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35b | | |
| | C | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35c | | |
| | 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 | 36 | | <u> </u> |
| | 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0 | | | |
| | ь 38а | Did the organization file Form 1120-POL for this year? | 37b 38a | | |
| | 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 | - | | |
| | ь 40а | Gross receipts, included on line 9, for public use of club facilities | | | |
| | b | Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 | 40b | | |
| | С | Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization | | | |
| | е | 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 | 40e | | |
| | 41 | List the states with which a copy of this return is filed ► New Mexico | | | |
| | 42a | The diganization's books are in care of P | 505-60 87508 | |) |
| | h | Located at ► 10 Carlito Road, Santa Fe, NM ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over | 07300 | Yes | No |
| | - | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 42b | | <u>v</u> |
| | | If "Yes," enter the name of the foreign country ▶ | | | |
| | | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| | С | At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶ | 42c | | |
| | 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 | · • | Yes | No. |
| | 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a | | <u></u> |
| | 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 | 44b | | ~ |
| | c d | Did the organization receive any payments for indoor tanning services during the year? | 44c 44d | | <u> </u> |
| | 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | ✓ |
| | b | 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 | AFL | | |
| | | Form 990-EZ. See instructions | 45b | | |

| | EŽ (2018) | | | | | | T | Page 4 |
|--|--|--|---|---|------------------------------|---------------------------|----------|--------|
| | id the organization engage, directly or | | | | | | Yes | No |
| art VI | Section 501(c)(3) Organization All section 501(c)(3) organization 50 and 51. | s Only | | | | | for line | es |
| | Check if the organization used So | hedule O to respond | d to any question in | this Part VI | | · · · | | |
| | oid the organization engage in lobbying | | • • | | _ | | Yes | No |
| year? If "Yes," complete Schedule C, Part II | | | | | . 48 | | ~ | |
| b If | ed the organization make any transfers "Yes," was the related organization a s | ection 527 organization | on? | | | . 49b | | - |
| | complete this table for the organization's mployees) who each received more that | | | | | | | |
| | (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health contributions benefit plans, compen | to employee and deferred | (e) Estimat other co | | |
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| | | • | | | | | | |
| | | | | | | | | |
| f To | otal number of other employees paid o | ver \$100,000 | . • | | | | | |
| ı C | otal number of other employees paid or complete this table for the organization 100,000 of compensation from the org | and a five highest companies and a five highest companies from the second companies from the sec | ensated independent | | | receiveo | <u></u> | thar |
| 1 C | complete this table for the organization 100,000 of compensation from the org | and a five highest companies and a five highest companies from the second companies from the sec | ensated independent one, enter "None." | | | | <u></u> | thar |
| ı C | complete this table for the organization 100,000 of compensation from the org | and a five highest companies and a five highest companies from the second companies from the sec | ensated independent one, enter "None." | | | | <u></u> | thar |
| 1 C | complete this table for the organization 100,000 of compensation from the org | and a five highest companies and a five highest companies from the second companies from the sec | ensated independent one, enter "None." | | | | <u></u> | thar |
| 1 C | complete this table for the organization 100,000 of compensation from the org | and a five highest companies and a five highest companies from the second companies from the sec | ensated independent one, enter "None." | | | | <u></u> | thar |
| 1 C | complete this table for the organization 100,000 of compensation from the org | and a five highest companies and a five highest companies from the second companies from the sec | ensated independent one, enter "None." | | | | <u></u> | thar |
| d To | complete this table for the organization 100,000 of compensation from the org | actors each receiving | ensated independent one, enter "None." (b) Type of ser | vice | (c) | Compensa | <u></u> | thar |
| d To | complete this table for the organization 100,000 of compensation from the org (a) Name and business address of each independent on the organization complete Schedompleted Schedule A | actors each receiving ule A? Note: All se | ensated independent one, enter "None." (b) Type of ser over \$100,000 | ▶_ ents, and to the | ust attach | Compensa a ▶☑ Yes | s | No |
| d To | complete this table for the organization 100,000 of compensation from the org (a) Name and business address of each independent of the organization complete Sched completed Schedule A | actors each receiving ule A? Note: All se | ensated independent one, enter "None." (b) Type of ser over \$100,000 | ▶_ ents, and to the | ust attach | Compensa a ▶☑ Yes | s | No |
| d To | complete this table for the organization 100,000 of compensation from the org (a) Name and business address of each independent of the organization complete Schedompleted | actors each receiving ule A? Note: All se | ensated independent one, enter "None." (b) Type of ser over \$100,000 | ▶_ ents, and to the | ust attach best of my knodge | a ▶ ✓ Yes | s | No |
| d To | complete this table for the organization 100,000 of compensation from the org (a) Name and business address of each independent of the organization complete Schedompleted | actors each receiving ule A? Note: All se | ensated independent one, enter "None." (b) Type of ser over \$100,000 | ▶_ Inizations m | ust attach best of my knodge | a ▶ ✓ Yes | s | No |
| d To | complete this table for the organization 100,000 of compensation from the organization from the organization and business address of each independent control of the organization complete Schedompleted Schedule A | actors each receiving ule A? Note: All se | ensated independent one, enter "None." (b) Type of ser over \$100,000 | ▶_ Inizations m | ust attach best of my knodge | a ▶☑ Yes owledge an ZO (9 | s | No |
| d To | complete this table for the organization 100,000 of compensation from the org (a) Name and business address of each independent control of the organization complete Schedompleted Schedule A | actors each receiving ule A? Note: All second and actors in contractor actors and actors and actors | ensated independent one, enter "None." (b) Type of ser over \$100,000 | anizations m ents, and to the has any knowled that the has a firm | ust attach best of my knodge | a ▶☑ Yes owledge an ZO (9 | s | No |

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047 2018

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number 38-3889372 Santa Fe Skating Club, Inc. 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 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 331/3% 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 331/3% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (ii) EIN (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 isted in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

| Part | Complete only if you checked the | ations Descr he hox on line | 1 bea in Sect - 5-7 or 8 of | וווס ns ו /טנס) Part I or if th | i)(A)(IV) and e organizatio | 17 0(b)(1)(A)(v on failed to gu | l) alify under |
|----------------|---|---|---------------------------------------|---|-------------------------------------|---|------------------------|
| | Part III. If the organization fails to | | | | | | uniy under |
| Secti | on A. Public Support | | | | | | / |
| Calen | ndar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 / | (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 faulities 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 | | | | | | |
| | on B. Total Support | | | | | | |
| | idar year (or fiscal year beginning in) | (a) 2014 | (b) 2015/ | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 7 | Amounts from line 4 | | X_ | | | | |
| 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 VI) | | | | | | |
| 11 12 13 | Total support. Add lines 7 through 10 Gross receipts from related activities, etc First five years. If the Form 990 is for the organization, check this box and stop he | ne organization | n's first, secon | | | 12 ear as a sectio | n 501(c)(3) |
| Sacti | on C. Computation of Public Suppor | | | · · · · · | | \ | |
| 14 | Public support percentage for 2018 (line 6 | | | 1 column (fl) | | 14. | % |
| 15 | Public support percentage from 2017 Sch | | | 1, oolamii (i) | | 15 | |
| 16a | | zation did not | check the box | | nd line 14 is 33 | | |
| b | 331/3% support test—2017. If the organithis box and stop here. The organization | | | | | is 33 ¹ / ₃ % or m | ore, check ✓· · ► □ |
| 17a | 10%-facts-and-cifcumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization | eets the "facts facts-and-circ | -and-circumsta umstances" te | ances" test, ch st. The organi: | neck this box a zation qualified | and stop here. s as a publicly | Explain in supported |
| b | 10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Explain in Part VI how the organization in supported organization | ation meets the neets the "factorial". | e "facts-and-c ts-and-circums | circumstances' stances" test | ' test, check The organizati | this box and son qualifies as | a publicly . |
| 18 | Private foundation. If the organization di instructions | d not check a | box on line 13, | 16a, 16b, 17a | i, or 17b, chec | k this box and | see ▶ □ |
| | / | | | | Sch | nedule A (Form 990 | or 990-EZ) 2018 |

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

(Complete only if you checked the box on line 10 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.)

| | | | | , I | | | |
|----------|--|-----------------|-------------------|--|-------------------|-----------------|-----------------|
| | on A. Public Support | | | | | | |
| Calen | dar year (or fiscal year beginning in) 🕨 | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| | received. (Do not include any "unusual grants.") | 4,300 | 4,955 | 4,183 | 5,302 | 6,610 | 25,350 |
| 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 | 30,277 | 35,171 | 50,443 | 58,976 | 82,200 | 257,067 |
| 3 | Gross receipts from activities that are not an | - 00,27. | | 30,110 | 00,010 | | |
| J | unrelated trade or business under section 513 | o | o | o | 0 | o | 0 |
| _ | | 0 | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid to | | _ | | _ | _ | _ |
| | or expended on its behalf . | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | <u>'</u> | |
| | organization without charge | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 | Total. Add lines 1 through 5 . | 34,577 | 40,126 | 54,626 | 64,278 | 88,810 | 282,417 |
| | Amounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons | o | 0 | o | 0 | 0 | 0 |
| h | Amounts included on lines 2 and 3 | | | | | | |
| b | received from other than disqualified | | |] | | | |
| | persons that exceed the greater of \$5,000 | | | | | | |
| | or 1% of the amount on line 13 for the year | o | o | o | 0 | 0 | 0 |
| | | 0 | 0 | 0 | 0 | 0 | |
| | Add lines 7a and 7b | ļ · | 0 | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| | line 6) | | | | | | 282,417 |
| | on B. Total Support | | | | | | |
| Calen | dar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 9 | Amounts from line 6 | 34,577 | 40,126 | 54,626 | 64,278 | 88,810 | 282,417 |
| 10a | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, rents, | | | | | | |
| | royalties, and income from similar sources | 1 1 | 1 | 2 | 2 | 2 | 8 |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | 0 | 0 | o | 0 | 0 | 0 |
| С | Add lines 10a and 10b | 1 | 1 | 2 | 2 | 2 | 8 |
| 11 | Net income from unrelated business | | | | | | |
| • • | activities not included in line 10b, whether | | | | | | |
| | or not the business is regularly carried on | o | О | o | o | 0 | 0 |
| 40 | * · | - | | | | | |
| 12 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | ا ہ | ا ۾ ا | , | | | ^ |
| | (Explain in Part VI) | 0 | 0 | 0 | 0 | 0 | 0 |
| 13 | Total support. (Add lines 9, 10c, 11, | | 40.45- | = 4 000 | 04.000 | 20.010 | 000 105 |
| | and 12.) | 34,578 | 40,127 | 54,628 | 64,280 | 88,812 | 282,425 |
| 14 | First five years. If the Form 990 is for the | - | 's first, secon | d, third, fourth | , or titth tax ye | ear as a sectio | n 501(c)(3) |
| | organization, check this box and stop he | | <u></u> | | | · · · | · · > |
| Secti | on C. Computation of Public Suppor | | | | | | |
| 15 | Public support percentage for 2018 (line 8 | | • | | | 15 | 100 % |
| 16 | Public support percentage from 2017 Sch | | | <u> </u> | <u> </u> | 16 | 100 % |
| Secti | on D. Computation of Investment In | come Percei | ntage | | | | |
| 17 | Investment income percentage for 2018 (| line 10c, colum | nn (f), divided b | y line 13, colu | mn (f)) . | 17 | 0 % |
| 18 | Investment income percentage from 2017 | | | | | 18 | 0 % |
| 19a | 331/3% support tests-2018. If the organ | | | | | ore than 331/39 | |
| | 17 is not more than 331/3%, check this box | | | | | | |
| b | 331/3% support tests - 2017. If the organiz | | - | | | | _ |
| 5 | line 18 is not more than 331/3%, check this l | | | | | | |
| 20 | Private foundation. If the organization di | | = | | | | |
| | roundation in the organization of | unoun a | | | | | |

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

| Secti | on A. All Supporting Organizations | | 1 | 1 |
|-------|--|-----|-----|----|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by | | Yes | No |
| | class or purpose, describe the designation. If historic and continuing relationship, explain. | 1 | ļ | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | 3b | | |
| С | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below. | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | 4b | | |
| С | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document). | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | _ | |
| С | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | _ | _ |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described | | | |
| b | in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which | 9a | | |
| c | the supporting organization had an interest? If "Yes," provide detail in Part VI. Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit | 9b | | |
| 10a | from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . Was the organization subject to the excess business holdings rules of section 4943 because of section | 9c | | |
| | 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below. | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to | 405 | _ | |

| Dage | |
|------|---|
| raue | • |

| Part | Supporting Organizations (continued) | | | |
|----------|--|-------------|----------|----------|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | l | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| | A family member of a person described in (a) above? | 11b | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | L | L |
| Secti | on B. Type I Supporting Organizations | | | T |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | ł | } | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| _ | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | | | 1 |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | |] |
| | supervised, or controlled the supporting organization | 2 | | |
| Secti | on C. Type II Supporting Organizations | | , | , |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | } | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | | | |
| Cook | on D. All Type III Supporting Organizations | 1 | <u> </u> | l |
| Secu | on D. All Type III Supporting Organizations | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | 163 | 140 |
| , | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | 1 | 1 | |
| | 'organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s) | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard | | | |
| 0 | | 3_ | | |
| | on E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i | netru | ction | <u></u> |
| 1 | The organization satisfied the Activities Test Complete line 2 below. | nsu u | Clioni | 3/ |
| a b | The organization satisfied the Activities rest Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below | | | |
| C | The organization supported a governmental entity Describe in Part VI how you supported a government entity (| see in | struct | ions) |
| 2 | Activities Test Answer (a) and (b) below. | | Yes | |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| _ | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities | 2a | ļ | <u> </u> |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | | | |
| _ | • | 2b | | - |
| 3 | Parent of Supported Organizations <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| а | trustees of each of the supported organizations? Provide details in Part VI. | 3a | | |
| L | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | <u> </u> | | |
| b | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard | 3b | | |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non | gani | izations | |
|--|-------|---------------------------|--------------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ | - | | , |
| Section A—Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3 | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Section B—Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d | 3 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | ••• | |
| 6 Multiply line 5 by .035 | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C-Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1 | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3 | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| emergency temporary reduction (see instructions). | 6 | | |
| 7 Check here if the current year is the organization's first as a non-functionall instructions) | y int | egrated Type III supporti | ng organization (see |

| Part | V Type III Non-Functionally Integrated 509(a)(3 | 3) Supporting Organi | izations (continued) | |
|------------|--|-----------------------------|--|---|
| Sect | Current Year | | | |
| 1 | Amounts paid to supported organizations to accomplish | exempt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity | empt purposes of suppo | orted | |
| 3 | Administrative expenses paid to accomplish exempt purp | oses of supported orga | nizations | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI) See instructions | | | |
| 7 | Total annual distributions. Add lines 1 through 6 | | | |
| 8 | Distributions to attentive supported organizations to whic (provide details in Part VI) See instructions | h the organization is res | sponsive | |
| 9 | Distributable amount for 2018 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| Sect | ion E – Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2018 | (iii) Distributable Amount for 2018 |
| 1 | Distributable amount for 2018 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions | | | |
| 3 | Excess distributions carryover, if any, to 2018 | | | |
| а | From 2013 | | | |
| b | From 2014 | | | |
| | From 2015 | | | |
| | From 2016 | | | |
| е | From 2017 | | | |
| f | Total of lines 3a through e | | | |
| | Applied to underdistributions of prior years | | | |
| <u>h</u> | Applied to 2018 distributable amount | | | |
| i_ | Carryover from 2013 not applied (see instructions) | | | |
| <u>j</u> _ | Remainder Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2018 from Section D, line 7 \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2018 distributable amount | | | |
| С | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions | | | |
| 6 | Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2019. Add lines 3 _j and 4c. | | | |
| 8 | Breakdown of line 7 | | | |
| а | Excess from 2014 | | | |
| b | Excess from 2015 | | | |
| С | Excess from 2016 | | | |
| d | Excess from 2017 . | | | |
| | Excess from 2018 | - | | |

| Page 8 | E |
|--------|---|
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| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
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SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

| Santa Fe Skating Club, Inc | 38-3889372 |
|---|------------|
| Line Number Part I, Line 16 | |
| Other Expenses | |
| Website & PO Box = 195 | |
| D&O Insurance = 575 | |
| General Supplies = 142 | |
| Government Fees & Licenses = 45 | |
| Office Supplies & Copies = 270 | |
| Club Meetings & Membership Events = 163 | |
| Education, Seminars, Clinics, & Governing Council = 2,297 | |
| EntryEeze Membership Setup = 50 | |
| Ice Rental - Club Ice & Membership Events = 2,100 | |
| Learn to Skate USA Membership = 2,975 | |
| Other Learn to Skate Expenses = 9,907 | |
| Publicity = 719 | |
| Other Show Expenses = 8,567 | |
| Other Competition Expenses = 20,061 | |
| Test Sessions Expenses = 1,615 | |
| USFS Membership Fees = 3,402 | |
| Volunteer Recognition = 773 | |
| | |
| Line Number Part II, Line 26(A) | |
| Outstanding check for Learn to Skate independent contractor = 170 | |
| | |
| Line Number Part II, Line 26(B) | |
| Outstanding check for storage unit rental = 900 | |

| Schedule O (Form 990 or 990-EZ) (2018) | Page 2 |
|---|---|
| Name of the organization Santa Fe Skating Club, Inc | Employer Identification number 38-3889372 |
| Line Number Part III, Line 31 | |
| Education, Seminars, Clinics, & Governing Council = 5,836 | |
| General Club Membership Events = 3,884 | |
| USFS Membership Fees = 3,402 | |
| Test Sessions = 1,615 | |
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