

Form **990EZ**
Department of the Treasury
Internal Revenue Service

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)

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

▶ Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
CHANCELLOR SWIM CLUB INC

Number and street (or P O box, if mail is not delivered to street address) Room/suite
6040 PLANK RD

City or town, state or province, country, and ZIP or foreign postal code
FREDERICKSBRG, VA 22407

D Employer identification number
54-0786464

E Telephone number

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶

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

I Website: ▶ www.chancellorswimclub.com

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(7) ◀ (insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

(see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	
1	Contributions, gifts, grants, and similar amounts received 0
2	Program service revenue including government fees and contracts 0
3	Membership dues and assessments 72,930
4	Investment income 0
5a	Gross amount from sale of assets other than inventory 0
5b	Less cost or other basis and sales expenses 0
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 0
6	Gaming and fundraising events
6a	Gross income from gaming (attach Schedule G if greater than \$15,000) 0
6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 0
6c	Less direct expenses from gaming and fundraising events 0
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 0
7a	Gross sales of inventory, less returns and allowances 4,439
7b	Less cost of goods sold 2,937
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 1,502
8	Other revenue (describe in Schedule O) 17,876
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ 92,308
Expenses	
10	Grants and similar amounts paid (list in Schedule O) 0
11	Benefits paid to or for members 0
12	Salaries, other compensation, and employee benefits 0
13	Professional fees and other payments to independent contractors 0
14	Occupancy, rent, utilities, and maintenance 8,178
15	Printing, publications, postage, and shipping 172
16	Other expenses (describe in Schedule O) 94,546
17	Total expenses. Add lines 10 through 16 ▶ 102,895
18	Excess or (deficit) for the year (Subtract line 17 from line 9) -10,587
Net Assets	
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 66,102
20	Other changes in net assets or fund balances (explain in Schedule O) 0
21	Net assets or fund balances at end of year Combine lines 18 through 20 55,515

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	31,854	22	23,736
23 Land and buildings	43,479	23	46,224
24 Other assets (describe in Schedule O)	13,784	24	16,743
25 Total assets	89,117	25	86,703
26 Total liabilities (describe in Schedule O).	23,015	26	31,189
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	66,102	27	55,514

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

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose?
Seasonal Swimming Pool provided to approximately 200 members

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 See Additional Data Table			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		28a	
29		29a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
30		30a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>		32	0

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

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Steven Kilinski	10	0	0	0
Treasurer				
Jeffery Pugmire	10	0	0	0
President				
Roya Yazdi	5	0	0	0
Vice President				
Kristie Fairbanks	3	0	0	0
Secretary				
Theresa Martino	1	0	0	0
Director				
Kista Marker	5	0	0	0
Director				
Keri Rayford	1	0	0	0
Director				
Tom Melenga	1	0	0	0
Director				
Mike Walsh	1	0	0	0
Director				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No response columns. Rows include questions 33 through 41e regarding organizational activities, financials, and tax shelter status.

42a The organization's books are in care of Steven Kilnski Telephone no (540) 538-8163 Located at 11908 Teesdie Drive FREDERICKSBRG, VA ZIP + 4 22407

Table with columns for question number, question text, and Yes/No response columns. Rows include questions 42b and 42c regarding foreign financial accounts and offices.

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

Table with columns for question number, question text, and Yes/No response columns. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, and controlled entities.

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		No

Part VI Section 501(c)(3) organizations only
 All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.
 Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		No
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		No
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		No
b If "Yes," was the related organization a section 527 organization?	49b		No

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ▶ 0

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000. ▶ 0

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer	2019-11-11 Date
Steven Kilinski Treasurer Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no			

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

Additional Data

Software ID:
Software Version:
EIN: 54-0786464
Name: CHANCELLOR SWIM CLUB INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 0 (Grants \$) <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	

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.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Name of the organization
CHANCELLOR SWIM CLUB INC

Employer identification number

54-0786464

990 Schedule O, Supplemental Information

Return Reference	Explanation
Schedule O	Part 116 Other expenses describe in Schedule O Insurance Expense 8642 Pool Supplies and Operation including Pool management company 49195 Office Supplies 279 Corporation Fees 110 Property Taxes 2442 Swim Team Expenses Trophies Swim Suits RSL Fees Coaching 19069 Capital Improvements 5112 Pool Repairs Maintenance 2432 Other Taxes 321 Stock Sale Refunds 4000 Merchant Deposit Fees 380 Lawn Service 2050 Pest Control 345 Bank Service Fees 165 Part 224 Other assets describe in Schedule O Accounts Receivable 14584 Undeposited Funds 2150 Part 226 Total liabilities describe in Schedule O Payroll Liabilities 150 Accounts Payable 2331 Shareholder investment in pool stock 28698 Filer checked that Part 5 uses Schedule O Line 35b 4439 Income from sale of snacks