efile	e GR		orint Submission Date - 2021-11-05			D	N: 93	493309034251
(	00	90	Return of Organization Exen	npt Fre	om Ind	come Tax	0	MB No. 1545-0047
Form	33	50	Under section 501(c), 527, or 4947(a)(1) of the Internal F	-				2020
			Do not enter social security numbers on this				,	2020
		nt of the	► Go to <u>www.irs.gov/Form990</u> for instructio	ns and the	latest info	rmation.	C	pen to Public
Treas Interr		evenue	<u> </u>					Inspection
Aervie	ទ័r th	e 2020 c	alendar year, or tax year beginning 07-01-2020 ,and d	ending 06-3	30-2021			
B Che	ck if a	pplicable:	C Name of organization Deerfield High School Hockey Foundation Inc			D Employer	dentific	ation number
		change				51-016363	30	
O Nai		-	Doing business as			—		
		n/terminated			•.			
	endeo	d return	Number and street (or P.O. box if mail is not delivered to street addre PO Box 1085	ess) Room/s	uite	E Telephone n		
Grend	ing	011	City or town, state or province, country, and ZIP or foreign postal coo	le		(312) 909-	6215	
			Deerfield, IL 60015					
			F Name and address of principal officer:			G Gross rece		9,785
			Iris Keene			this a group return	n for	
			1700 Saunders Road Bannockburn, IL 60015		su H(b) Ar	bordinates? e all subordinates		🗌 Yes 🗹 No
Tax	-exen	npt status:		O	ine	cluded?		Yes No
			✓ 501(c)(3) □ 501(c) ( ) ◀(insert no.) □ 4947(a)(1) or	527		"No," attach a list. oup exemption nu		
J VVO	ebsit	<b>e:</b> DH:	5Hockey.com		inter Gr	oup exemption nu	mber 🕨	
K Form	of an	aspization	✓ Corporation □ Trust □ Association □ Other ►		L Year of fo	ormation: 2006	State of	legal domicile: IL
	1010	yanization:						
Pa	rt I	Sum	mary					
			cribe the organization's mission or most significant activities:					
Ce	-	leach, dev	elop and encourage sportsmanship in the game of hockey					
lan	-							
len	-							
60			s box	disposed of I	more than 2	5% of its net asse	ts. 3	9
*8			of independent voting members of the governing body (Part V	L line 1b)			4	0
es			ber of individuals employed in calendar year 2020 (Part V, lir	5	0			
M			ber of volunteers (estimate if necessary)		6	10		
Activities & Governance			elated business revenue from Part VIII, column (C), line 12				7a	0
			ated business taxable income from Form 990-T, line 39				7b	0
	b					Prior Year		Current Year
-	8	Contribut	ions and grants (Part VIII, line 1h)			226,163	L	219,754
Revenue	9	Program	service revenue (Part VIII, line 2g)					0
eve	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d )			63		31
æ	11	Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					0
	12	Total reve	nue—add lines 8 through 11 (must equal Part VIII, column (A	), line 12)		226,222	2	219,785
	13	Grants ar	d similar amounts paid (Part IX, column (A), lines 1-3 )					0
	14	Benefits	paid to or for members (Part IX, column (A), line 4)					0
8	15	Salaries,	other compensation, employee benefits (Part IX, column (A),	lines 5–10)				0
Expenses	16a	Professio	nal fundraising fees (Part IX, column (A), line 11e)					0
be	b	Total fundr	aising expenses (Part IX, column (D), line 25) 🕨					
£	17	Other exp	enses (Part IX, column (A), lines 11a-11d, 11f-24e)	· ·		217,673		172,954
	18	Total exp	enses. Add lines 13-17 (must equal Part IX, column (A), line 2	5)		217,673		172,954
	19	Revenue	less expenses. Subtract line 18 from line 12			8,553		46,831
ces					Beginn	ing of Current Yea	r	End of Year
tan	20	Total	Atc (Part V line 16)			20.52		75 252
Net Assets or Fund Balances			ets (Part X, line 16)	• •		28,523	-	75,352
Net Unc			lities (Part X, line 26)			28,52		75,352
	zz tll		ature Block			20,32.	1	10,002
			erjury, I declare that I have examined this return, including ac	companying	schedules a	and statements, a	nd to th	e best of my
	edge	and belie	f, it is true, correct, and complete. Declaration of preparer (ot					
ану К	IUWIE	lage.				2021-11-04		
Sign		Signat	ure of officer			Date		
Here	ł	Iric Ko	ene Treasurer					
			r print name and title					
		P	rint/Type preparer's name Preparer's signature		Date	Charle Z if POD		
Pai	d				2021-11-05	Check dif P00 self-employed	490765	
Pre		rer 「	rm's name 🜗 Martin Paltzer Jr CPA			Firm's EIN 🕨		
Use	-		rm's address 🕨 5407 W LINCOLN AVE			Phone no. (847) 687	-6624	
-		-	SKOKIE, IL 60077					
Mav t	ne IR	S discuss	this return with the preparer shown above? (see instructions)				🗹 Yes	; 🗆 No
,					·			

For Donomicarly Doduction Act No	atica, can the compute instructions
For Paderwork Reduction Act No	otice, see the separate instructions.

Cat. No. 11282Y

	990 (2020)				Page <b>2</b>
Pai	t III Stateme	ent of Program Service	Accomplishments		
			e or note to any line in this Part III $\cdot$ .		🗆
1	,	ne organization's mission:			
High	School Varsity and	Junior Varsity Hockey Program	n Participating in interscholastic competion	ons locally and regionally	
_					
2	•		program services during the year which v	were not listed on	
	•	0 or 990-EZ?			🗌 Yes 🗹 No
_		these new services on Schedu			
3	•		e significant changes in how it conducts,	any program	
	services?				🗌 Yes 🛛 No
		these changes on Schedule O			
4	Section 501(c)(3)		complishments for each of its three large are required to report the amount of gran reported.		
4a	(Code:	) (Expenses \$	171,689 including grants of \$	0 ) (Revenue \$	219,785)
	Provided Hockey t encourages good		or about 30 High School Age Boys. Program em	phasizes good sportsmanship, prom	otes physical fitness, and
4b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other program	services (Describe in Schedul	e O.)		
	(Expenses \$	inclu	ding grants of \$	) (Revenue \$	)
4e	Total program	service expenses 🕨	171,689		
					Earne 000 (2020)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	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		No
4	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		No
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		No
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? <i>If "Yes," complete Schedule D</i> ,Part I.	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		No
	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		No
	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	11c		No
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
	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	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
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		No
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No

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Checklist of Required Schedules (continued)

Part IV

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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? <i>If "Yes," complete Schedule J</i>	23		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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? $\ldots$ .	24d		
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		No
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		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	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		
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		No
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		No
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		No
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	•		
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   0		Yes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . <b>1b</b> 0			

**c** Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Yes

1c

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Form 990 (2020)
Part V Statements Reg

Page	5

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		
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		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	
3a	Did the organization have unrelated business gross income of $1,000$ or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
	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	No
b	If "Yes," enter the name of the foreign country:		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\cdot$ .	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	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	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? $\cdot$ .	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	_
9	Sponsoring organizations maintaining donor advised funds.		
а	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:		
а	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>		
11 a	Section 501(c)(12) organizations. Enter:         Gross income from members or shareholders         Gross income from members or shareholders		
	Gross income from other sources (Do not net amounts due or paid to other sources		
2	against amounts due or received from them.)		
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		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
с	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	

Par	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, and for a "Ne 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI		nse to l	ines V
Se	ction A. Governing Body and Management			
-			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <b>1a</b>	-		
	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 <b>1b</b>			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? $\cdot$	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $$ .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
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		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
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		No
b	Other officers or key employees of the organization	15b		No
	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 with a taxable entity during the year?	16a		No
b	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		
	ction C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Von made these available: energy and that approximate the operation of the ope			

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20

State the name, address, and telephone number of the person who possesses the organization's books and records: Firis Keene 1700 Saunders Road Bannockburn, IL 60015 (312) 909-6215

### 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, or 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.

See instructions for the order in which to list the persons above.

🗹 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

		ř					, .			
(A) Name and title	(B) Average hours per week (list any hours for		ne bo	ox, u n of	t che Inles ficer	ss pers and a	son	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) Rory Margulis President	2.00			х				0	0	0
(2) Iris Keene	2.00									
Treasurer				х				0	0	0
(3) Brian Crane Secretary	2.00			х				0	0	0
(4) Terry Platt 	1.00 	х						0	0	0
(5) Chris Lutz Director	1.00	х						0	0	0
(6) Chris Conway Director	1.00	x						0	0	0
(7) Lorelei Sanford Director	1.00 	х						0	0	0
(8) Steve Backstone Director	1.00	х						0	0	0
(9) Steve Becker Director	1.00	х						0	0	0
-										
										Form <b>990</b> (2020)

t VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)	
--	--

Par	t VII Section A. Officers, Direct	ors, Trustees	, Key I	mpl	oye	es,	and I	Higl	nest Compensate	ed Employees (co	ntinued)	
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	than o is b	ne bo	ox, u n off tor/ti	t che Inles ficer ruste	and a	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F Estim amount of comper from organizat relat organiz	ated of other isation the cion and ted
	Sub-Total						<u> </u>					
	Fotal (add lines 1b and 1c)					•	•					
2	Total number of individuals (including reportable compensation from the org		to those	liste	d ab	ove	) who r	rece	ived more than \$10	0,000 of		
										-	Yes	No
3	Did the organization list any <b>former</b> of line 1a? If "Yes," complete Schedule J			e, ke	y em	ploי י	yee, or	hig •	hest compensated e	, ,	3	No
4	For any individual listed on line 1a, is organization and related organization	the sum of repo	rtable co								,	NU
	individual			-						-	L	No
5	Did any person listed on line 1a receiv services rendered to the organization											
54	ection B. Independent Contract	•		aulej	, 101	Saci	pers				5	No
1	Complete this table for your five high	est compensate	d indepe	ender	nt co	ntra	ctors t	hat	received more than	\$100,000 of compe	nsation from	n
	the organization. Report compensation	n for the calend	ar year i	endin	g wi	th 0	r withi	n th	e organization's tax	year.	<b>—</b>	-,

	(A) Name and business address	(B) Description of services	(C) Compensation				
2	2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►						

Form	990	(2020)
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Page **9** 

Part	VIII Statement o	of Revenue	•					ruge <b>J</b>
	Check if Sched	ule O contain	s a respo	onse or note to any	line in this Part VIII			🛛
					<b>(A)</b> Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
						exempt function	business revenue	excluded from tax under sections
	<b>b</b>					revenue		512 - 514
s 2	1a Federated campaig		1a	217.250				
Grants mounts	<b>b</b> Membership dues		1b	217,359				
			1c	2,395				
Gifts, ilar Al	<ul> <li>d Related organizatio</li> <li>e Government grants (co</li> </ul>		1d					
s, G	f All other contributions,		1e					
r Si	and similar amounts ne	ot included	1f					
Contributions, Gift and Other Similar	g Noncash contributions	included in						
d fi	lines 1a - 1f:\$		1g					
a C	h Total. Add lines 1a-	1f	• •		219,754			
				Business Code				
	2a							
nue				_				
Program Service Revenue	b							
Se F	c							
ervic				_				+
ů.	d							
grar	e			_				
Pro				_				+
	<b>f</b> All other program s	ervice revenu	ie.					
	9 Total. Add lines 2a	a-2f <b></b>	. ►				F	-
	3 Investment income ( similar amounts)			nterest, and other	3	1		0 0
	4 Income from investn			nd proceeds	•			-
	5 Royalties				<b>&gt;</b>			
	[	(i) F	leal	(ii) Personal				
	6a Gross rents	6a						
	b Less: rental							
	expenses	6b			_			
	c Rental income or (loss)	6c						
	d Net rental income	or (loss)		· · · •				
	[	(i) Sec	urities	(ii) Other	_			
		7a						
	assets other than inventory							
	<b>b</b> Less: cost or	7b						
	other basis and sales expenses	/5						
	<b>c</b> Gain or (loss)	7c						
	<b>d</b> Net gain or (loss)							
	8a Gross income from fur	draising events		-				
nue	(not including \$ contributions reported	2,395 on line 1c).	of					
eve	See Part IV, line 18		8a					
ď	<b>b</b> Less: direct expens	es	8b					
Other Revenue	<b>c</b> Net income or (loss	s) from fundra	ising eve	ents 🕨				
ō	<b>9a</b> Gross income from g	aming activitie	es.					
	See Part IV, line 19	• • •	9a					
	<b>b</b> Less: direct expens							
	<b>c</b> Net income or (loss	s) from gamin	g activiti	es				
	<b>10a</b> Gross sales of inver	ntory, less						
	returns and allowar	nces	10a					
	<b>b</b> Less: cost of goods	sold	10b					
	c Net income or (loss	-	of invent					
	Miscellaneou 11a	is Revenue		Business Code				
	b							
				ļ		-	-	+
	c							
					_		_	
	d All other revenue e Total. Add lines 11							
	12 Total revenue. Se	e instructions	• • •	· · · •	219,78	5	31	0 0
								Form <b>990</b> (2020)

Pa	art IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must c		-		
	Check if Schedule O contains a response or note to a	ny line in this Part IX			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members	1 1			
	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management	55,955	55,955	0	0
k	DLegal				
c	Accounting				
c	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
ç	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	2,528	1,263	1,265	0
14	Information technology	141	141	0	0
15	Royalties				
16	Occupancy	99,120	99,120	0	0
17	Travel	510	510	0	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a Tournament Fees	8,179	8,179	0	0
	<b>b</b> Uniforms	6,521	6,521	0	0
	c				
	d	ļ ļ			
	e All other expenses				
	Total functional expenses. Add lines 1 through 24e	172,954	171,689	1,265	0
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here 🕨 🗍 if following SOP 98-2 (ASC 958-720).				

## Part X Balance Sheet

		Check if Schedule O contains a response or note	e to any line in this Part IX .			U
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing		28,521	1	75,352
	2	Savings and temporary cash investments	(		2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other payables to any current or form	er officer, director, trustee, key			
		employee, creator or founder, substantial contril			5	
	6	or family member of any of these persons . Loans and other receivables from other disgualit			-	
	Ŭ	section 4958(f)(1)), and persons described in sec			6	
	7	Notes and loans receivable, net			7	
ssets	8	Inventories for sale or use			8	
SS	9	Prepaid expenses and deferred charges			9	
A	_	Land, buildings, and equipment: cost or other			5	
	104	basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities .	· · · · · · · · · · · · · · · · · · ·		11	
	12	Investments-other securities. See Part IV, line	11		12	
	13	Investments—program-related. See Part IV, line	11		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equ		28,521	16	75.352
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Pa			21	
es						
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contril or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pa			25	
	-	and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	).			
	26	Total liabilities. Add lines 17 through 25		0	26	0
ŝ	20	5	-	0	20	0
ce		Organizations that follow FASB ASC 958, ch complete lines 27, 28, 32, and 33.	neck here 🕨 🗹 and			
lan	27	Net assets without donor restrictions		28,521	27	75,352
Fund Balances	28	Net assets with donor restrictions			28	
pu		Organizations that do not follow FASB ASC	958, check here 🕨 🗌 and			
Fu		complete lines 29 through 33.	$\mathbf{S}_{\mathbf{S}_{\mathbf{S}}}$ , check here $\mathbf{F}_{\mathbf{S}}$ and			
or	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equ	uipment fund		30	
Assets	31	Retained earnings, endowment, accumulated inc	come, or other funds		31	
t A	32	Total net assets or fund balances		28,521	32	75,352
Net	33	Total liabilities and net assets/fund balances		28,521	33	75,352
00000						

Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			219,785
2	Total expenses (must equal Part IX, column (A), line 25)	2			172,954
3	Revenue less expenses. Subtract line 2 from line 1	3			46,831
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			28,521
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 32, column (B))	10			75,352
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🗌 Accrual 🗌 Other				
_	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on separate basis, consolidated basis, or both:	а			
	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate ba consolidated basis, or both:	asis,			
	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedu	ule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Singl Audit Act and OMB Circular A-133?	е	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	d audit	3b		
					<b>0</b> (2020)

efile GRAPHIC print Sub				mission Date	e - 2021-11-05			DLN:	93493309034251
(Fo		ULE A 990 or	Co	mplete if the c	narity Statu organization is a sec 4947(a)(1) nonexe ► Attach to Form	a section	OMB No. 1545-0047		
Depa Trea		t of the	•	Go to <u>www.irs</u>	<u>s.gov/Form990</u> for in	structions and	I the latest info	ormation.	Open to Public Inspection
Maen	ie ad fRich	<b>æorganizati</b> n School Hocke		Inc				Employer identific	ation number
-	art I				t <b>us</b> (All organization e it is: (For lines 1 thro			ee instructions.	
1					ssociation of churches	<b>J</b>	, ,	A)(i).	
2		A school de	scribed in <b>s</b>	ection 170(b)(	1)(A)(ii). (Attach Sche	edule E (Form 99	0 or 990-EZ).)		
3		A hospital o	r a coopera	tive hospital ser	vice organization desc	ribed in section	170(b)(1)(A)(i	ii).	
4		A medical r name, city,		anization operat	ted in conjunction with	a hospital descr	ribed in <b>section</b>	170(b)(1)(A)(iii). Er	ter the hospital's
5				ed for the benef nplete Part II.)	it of a college or unive	rsity owned or o	perated by a gov	ernmental unit descr	ibed in <b>section</b>
6		A federal, s	tate, or loca	l government or	r governmental unit de	scribed in <b>section</b>	on 170(b)(1)(A)	(v).	
7				rmally receives (vi). (Complete	a substantial part of it Part II.)	s support from a	i governmental u	nit or from the gener	al public described in
8		A communi	ty trust desc	ribed in <b>sectio</b>	n 170(b)(1)(A)(vi). ((	Complete Part II.)	)		
9		non-land gr	ant college	of agriculture. S	escribed in <b>170(b)(1)</b> ee instructions. Enter t	the name, city, a	and state of the c	ollege or university:	
10		activities re income and	lated to its o unrelated b	exempt function	income (less section !	xceptions, and (	2) no more than	331/3% of its support	from gross investment
11		An organiza	tion organiz	ed and operate	d exclusively to test fo	r public safety. S	ee section 509	(a)(4).	
12		more public	ly supporte	d organizations	d exclusively for the be described in <b>section 5</b> the type of supporting o	509(a)(1) or sec	ction 509(a)(2).	See section 509(a)	
а		organizatio	n(s) the pow		ated, supervised, or co appoint or elect a majo				
b		Type II. A s manageme	upporting o nt of the sup	rganization sup	ervised or controlled in ation vested in the sar				ring control or anization(s). <b>You must</b>
с		Type III fu	nctionally i	ntegrated. A s				d functionally integra	ted with, its supported
d		Type III no functionally	n-function integrated.	ally integrated The organization	d. A supporting organized on generally must satis	ation operated i fy a distribution	in connection wit requirement and		
е		Check this	oox if the or	ganization recei	ved a written determir	ation from the II		e I, Type II, Type III fu	nctionally integrated,
f	Enter				upporting organization				
g					t the supported organiz				
	(i) Name of supported organization			(ii) EIN	<ul> <li>(iii) Type of organization</li> <li>(described on lines</li> <li>1-10 above (see instructions))</li> </ul>		anization listed ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
				I					
Tota	l.								0
For	Paperv	work Reduc or 990-EZ.	ion Act No	tice, see the I	nstructions for	Cat. No. 1128	35F	Schedule A (Form	990 or 990-EZ) 2020

Page <b>2</b>
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art II	Sup	port Sc	hedu	le for	r <b>Or</b> g	gan	izations	5 Des	crit	bed	in S	Sectio	ons	17(	0(b)(1)(	<b>A)(</b> i	iv) i	anc	11	.70(b)(	1)(A)(	(vi)	

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

S	ection A. Public Support							
	lendar year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 202	0	(f) Total
	fiscal year beginning in)					, ====		
1	Gifts, grants, contributions, and membership fees received. (Do not							
	include any "unusual grant.")							
2	Tax revenues levied for the		1					
2	organization's benefit and either paid							
	to or expended on its behalf.							
3	The value of services or facilities		1					
_	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							
6	shown on line 11, column (f) <b>Public support.</b> Subtract line 5 from							
0	line 4.							
S	ection B. Total Support							1
	lendar year	( ) 2012	(1) 2017	( ) 2272	( 1) 2222	( ) =		
	fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	( <b>d</b> ) 2019	<b>(e)</b> 202	20	(f) Total
7	Amounts from line 4.							
8	Gross income from interest,							
-	dividends, payments received on							
	securities loans, rents, royalties and			1				
	income from similar sources							
9	Net income from unrelated business			1				
	activities, whether or not the			1				
• •	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	<b>Total support.</b> Add lines 7 through							
11	10							
12	Gross receipts from related activities, e	etc. (see instructio	ons)			12		
	First 5 years. If the Form 990 is for th						) organiz	ation chock
	this box and <b>stop here</b>							
	ection C. Computation of Publi		-				1	
	Public support percentage for 2020 (lir					14		0 %
15	Public support percentage for 2019 Sci	hedule A, Part II, li	ne 14			15		
<b>16</b> a	33 1/3% support test-2020. If the o	rganization did no	t check the box	on line 13, and li	ne 14 is 33 1/3% or	more, cheo	k this box	<
	and stop here. The organization quali							
b		organization did n	ot check a hove	n line 13 or 162	and line 15 is 33		· · · ·	his
D								
	box and <b>stop here.</b> The organization							. 🕨 🗋
17a	<b>10%-facts-and-circumstances test</b> is 10% or more, and if the organization							
	is 10% or more, and if the organization in Part VI how the organization meets t							
	5			5		2 11		
	organization							. 🏲 🗆
b							d líne	
	15 is 10% or more, and if the organization						chu	
	Explain in Part VI how the organization				5 1			
	supported organization							🕨 🗆
18	Private foundation. If the organization							
-	instructions							
		<u></u>			Sch	edule Δ (F	orm 990	or 990-EZ) 2020
					JUI			

Costion A

# 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.) Public Support

- 36	ction A. Public Support		-		-		
	endar year fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	( <b>d</b> ) 2019	<b>(e)</b> 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .	187,266	207,109	230,676	226,222	219,	785 1,071,058
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						0
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	187,266	207,109	230,676	226,222	219,	785 1,071,058
	Amounts included on lines 1, 2, and	107,200	207,200	200,070	220,222	210)	
	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified						0
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						0
с	Add lines 7a and 7b.						0
8	Public support. (Subtract line 7c						1,071,058
_	from line 6.)						1,071,030
Se	ection B. Total Support						
Cale	endar year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	fiscal year beginning in) 🕨						.,
9	Amounts from line 6	187,266	207,109	230,676	226,222	219,	785 1,071,058
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	46	41	73	61		31 252
b	(less section 511 taxes) from businesses acquired after June 30, 1975.						
с	Add lines 10a and 10b.	46	41	73	61		31 252
11	Net income from unrelated business activities not included in line 10b, whether or not the business is						
12	regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.).						1,071,310
14	First 5 years. If the Form 990 is for th	ne organization's f	first, second, third	, fourth, or fifth ta	x year as a sectio	n 501(c)(3) or	anization,
	check this box and <b>stop here</b>						- 0
54	ection C. Computation of Public						
	Public support percentage for 2020 (lir			column (f))		1 1 5	
15						15	99.980 %
16	Public support percentage from 2019 S					16	99.970 %
Se	ection D. Computation of Invest					<u> </u>	
17	Investment income percentage for 20	<b>20</b> (line 10c, colur	mn (f) divided by l	ine 13, column (f)	)	17	0.020 %
18	Investment income percentage from 2	019 Schedule A,	Part III, line 17			18	0.030 %
	331/3% support tests—2020. If the o						
	than 33 1/3%, check this box and <b>stop h</b> <b>33 1/3% support tests—2019.</b> If the	<b>ere.</b> The organiza organization did r	ation qualifies as a not check a box or	a publicly supportent in line 14 or line 19	ed organization . 9a, and line 16 is r		► ✓ 3% and line 18 is not
	more than 33 1/3%, check this box and	stop nere. The o	organization quali	nes as a publicly s	supported organiza	ation	
20	Private foundation. If the organizati	on did not check a	a box on line 14, 1	9a, or 19b, check			► 🗌 90 or 990-EZ) 2020

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

## Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.			
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 <b>Part VI</b> how the organization determined that the supported organization was described	1		
	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 lines 3b and			
	3c 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 <b>Part VI</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use.	Зc		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 <b>Part VI</b> 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 <b>Part VI</b> 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 lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and ElN 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 <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).			
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as	8		
	defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting	54		
	organization had an interest? If "Yes," provide detail in Part VI.	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.			
		10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		

Part IV Supporting Organizations (continued)									
			Yes	No					
11	Has the organization accepted a gift or contribution from any of the following persons?								
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the								
	governing body of a supported organization?								
b	A family member of a person described in 11a above?	11b							
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in <b>Part</b>	<b>11c</b>							
Se	<u>VI.</u> ection B. Type I Supporting Organizations								

- Did the officers, 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 organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 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 VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.

### Section C. Type II Supporting Organizations

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).

### Section 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 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 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
	maintaineu a ciose and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's income or assets at all times			
	during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		

## Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
  - a \_\_\_\_ The organization satisfied the Activities Test. Complete line 2 below.
  - **b** 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 instructions)
- 2 Activities Test. Answer lines 2a and 2b below.
- Yes No 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 **b** Did the activities described in line 2a 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. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of 3a the supported organizations? If "Yes" or "No" provide details in Part VI. **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its
  - **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI.** the role played by the organization in this regard.

#### Schedule A (Form 990 or 990-EZ) 2020

3b

Yes No

2

Yes

No

Part 1	<ul> <li>Type III Non-Functionally Integrated 509(a)(3) Supporting Or</li> <li>Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organiza</li> </ul>	st on N		
ç	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 1	let short-term capital gain	1		
<b>2</b> F	Recoveries of prior-year distributions	2		
3 (	Other gross income (see instructions)	3		
4 /	Add lines 1 through 3	4		
<b>5</b> [	Depreciation and depletion	5		
i	Portion of operating expenses paid or incurred for production or collection of gross ncome or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 (	Other expenses (see instructions)	7		
84	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
9	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short ax year or assets held for part of year):	1		
a A	Average monthly value of securities	1a		
<b>b</b> /	Average monthly cash balances	1b		
сF	air market value of other non-exempt-use assets	1c		
d٦	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors explain in detail in <b>Part VI</b> ):			
2 /	Acquisition indebtedness applicable to non-exempt use assets	2		
<b>3</b> S	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see nstructions).	4		
5 1	let value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Aultiply line 5 by 0.035	6		
<b>7</b> F	Recoveries of prior-year distributions	7		
8 1	Minimum Asset Amount (add line 7 to line 6)	8		
S	Section C - Distributable Amount			Current Year
1 /	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
<b>2</b> E	Enter 85% of line 1	2		
<b>3</b> N	Ainimum asset amount for prior year (from Section B, line 8, Column A)	3		
<b>4</b> E	nter greater of line 2 or line 3	4		
<b>5</b>	ncome tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency emporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in	tearate	d Type III supporting org	anization (see instruct

Part V Type III Non-Functionally Integrated	509(a)(3) Supporting Or	ganization	<b>s</b> (c	ontinue	d)
Section D - Distributions		5			Current Year
1 Amounts paid to supported organizations to accomplish	n exempt purposes		1		
2 Amounts paid to perform activity that directly furthers		organizations			
in	organizations,	2			
excess of income from activity					
<b>3</b> Administrative expenses paid to accomplish exempt pu	3				
4 Amounts paid to acquire exempt-use assets			4		
5 Qualified set-aside amounts (prior IRS approval required	d - provide details in <b>Part VI</b> )		5		
6 Other distributions ( <i>describe in Part VI</i> ). See instruction			6		
<ul> <li>Other distributions (<i>describe in Part VI</i>). See instructions</li> <li>7 Total annual distributions. Add lines 1 through 6.</li> </ul>					
			7		
8 Distributions to attentive supported organizations to wh details in <b>Part VI</b> ). See instructions	nich the organization is respons	sive ( <i>provide</i>	8		
9 Distributable amount for 2020 from Section C, line 6			9		
10 Line 8 amount divided by Line 9 amount			10		
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdis	ii) tributi 2020	ions	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6					
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required explain in Part VI). See instructions.					
<b>3</b> Excess distributions carryover, if any, to 2020:					
<b>a</b> From 2015					
<b>b</b> From 2016					
<b>c</b> From 2017					
d From 2018 e From 2019					
f Total of lines 3a through e					
<b>g</b> Applied to underdistributions of prior years					
h Applied to 2020 distributable amount					
<ul> <li>Carryover from 2015 not applied (see instructions)</li> </ul>					
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
<b>4</b> Distributions for 2020 from Section D, line 7:					
\$					
Applied to underdistributions of prior years					
<b>b</b> Applied to 2020 distributable amount					
c Remainder. Subtract lines 4a and 4b from line 4.					
<ul> <li>5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i>. See instructions.</li> </ul>					
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.					
<b>7 Excess distributions carryover to 2021.</b> Add lines 3j and 4c.					
8 Breakdown of line 7:					
a Excess from 2016					
<b>b</b> Excess from 2017					
c Excess from 2018					
<b>d</b> Excess from 2019					
			Sche	dule A	(Form 990 or 990-EZ) (2020)



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).

#### **Facts And Circumstances Test**

Return Reference	Explanation
	Schedule A (Form 990 or 990-EZ) 2020

efile GRAPH	IC print	Submission Date	- 2021-11-05			DLN	: 93493309034251
SCHEDUL (Form 990 990-EZ) Department of t	or	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.			OMB No. 1545-0047		
Nameuoy the orc Dearier Reveau Service	anization Sol Hockey Fou	ndation Inc				Employer identifi 51-0163630	cation number
Return Reference				Explanati	on		
		rning Board, which and Treasurer to s		embers, is ele		he Board Memb	ers choose a
Reference Pt VI, Line	President	<b>J</b>	erve as officers.	embers, is ele	ected annually. T		ers choose a