#### Form

(Rev. January 2020) Department of the Treasury

Internal Revenue Service

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/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

08-31 ,2020

		2019 calendar v	ear, or tax year beginn	ina	0.9	-01 , 2019, ar	nd ending	08	-31 ,2020	
	1000000		C Name of organization NO					D Emplo	yer identification num	ber
_		oplicable:	Doing business as BE						45-0411123	
	idress ch		Number and street (or P.0				Room/suite	E Teleph	one number	
一	eme char			J. DOX II Mail is not delive	indicate address /	0			(701) 776-58	30
Ini	itial retun	return PO BOX 262								
∐ Fi	nal returr	all return/terminated  City or town, state or province, country, and ZIP or foreign postal code  \$ 438,256								
Ar	mended r	return	RUGBY, ND 58368				H/a)	s this a group return fo		[]
Ap	plication	pending	F Name and address of prin		EVENSON			Are all subordinate		□ No
			Same as C above	THE STATE OF THE S		7			. (see instructions)	
I Ta	x-exemp	ot status: X 50°	1(c)(3) 501(c) (	) (insert no.)	4947(a)(1) or	527		Group exemption		
J W	ebsite:	▶ N/A				1		M State of lega	TIGHT 100	
		3-	rporation Trust X Ass	ociation Other		L Year of formation	n. 1980	IN State of legs	a dominione.	
Par	tl	Summary			1 1 11	ATTENTO	TEC ADMI	TTCTDATT	`	
	1	Briefly describe	the organization's missi	on or most significa	nt activities: YO	OUTH ACTIVIT	TIES ADMI	MISIKATIC		
ø										
Governance								- 100 m		
ern						1 f 4b 2F	0/ of its not a	seate		
ò			▶ ☐ if the organization				70 UI ILS TICL O	3		15
			g members of the gover					4		0
Se	4	Number of indep	pendent voting members	s of the governing b	ody (Part VI, line 1b	)		5		0
Activities &			individuals employed in					6		
Cţi			volunteers (estimate if r							
⋖			business revenue from F					7a		0
	b	Net unrelated by	usiness taxable income	from Form 990-T, li	ne 39 · · · ·			7b		0
								r Year	Current Year	
	8	Contributions ar	nd grants (Part VIII, line		16,398		6,176			
ne	9	Program service	470,365		0,854					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)								1,226 0
Re	11	Other revenue (	Part VIII, column (A), lin	nes 5, 6d, 8c, 9c, 10	ic, and 11e) · ·		•	407 402	12	8,256
	12		add lines 8 through 11 (i					487,483	43	0
	13		ilar amounts paid (Part I		/				3	0
	14		or for members (Part IX				•			0
S	15	Salaries, other of	compensation, employe	e benefits (Part IX,	column (A), lines 5-	10)	•			0
Expenses			ndraising fees (Part IX, o				•	en sandra en Esta	ndedini de deces	0
per	b		g expenses (Part IX, col			0		471 400	21	6,319
ŭ	17		s (Part IX, column (A), lir		-,			471,422	The second secon	6,319
	18	Total expenses.	. Add lines 13-17 (must	equal Part IX, colui	nn (A), line 25)			471,422		1,937
	19	Revenue less e	expenses. Subtract line	18 from line 12 •		· · · · · · · · ·		16,061	End of Year	1,931
or							Beginning	of Current Year		9,510
sets	20	Total assets (Pa					•	5,500		6,500
Net Assets or Fund Balances	21	Total liabilities (					·	281,073		3,010
			und balances. Subtract	line 21 from line 20			•	201,073	- 30	3,010
Pa	rt II	Signature	BIOCK	* 1 P	ine askedulor and statem	ents, and to the hest o	f my knowledge a	and belief, it is		
Unde	r penalti	es of perjury, I declare and complete. Declar	e that I have examined this retu ation of preparer (other than of	irn, including accompany ficer) is based on all info	mation of which preparer	has any knowledge.	,			
C:~	_	(2005)	TRIPLETT					Da	te	-
Sig		Signature o								
Her	е	10000		SURER						
		P	nt name and title	Bronasaria nigogiusa		Date		Check if	PTIN	
		Print/Type prepar	ers name	Preparer's signature	100		20	self-employed	P00410175	
Pai		Rich Bro		Rich Brossa		09-22-20	Firm's I		1004101/3	
	pare			ossart EA In	С		Phone		- HANGES	
Use	Only	Y Firm's address					Friorie		776-5718	
-			Rugby N		1 -1:>			701-	X Yes	□No
May	the IRS	S discuss this ret	urn with the preparer sh	iown above? (see ir	nstructions) · ·				Fel 160	

Page 2

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	and the state of t		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
8	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
5	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
c	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
6	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		x
~	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
•	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
8	complete Schedule D, Part III	8		х
_	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
9	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		x
40	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10		10		х
	or in quasi endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
11				
	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,"	****************		
а	complete Schedule D, Part VI	11a		x
	ether cognities in Part X line 12 that is 5% or more			
b	of its total assets reported in Part X. line 162 If "Yes." complete Schedule D. Part VII	11b		x
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
С	Did the organization report an amount for investments - program related in Fart VIII	11c		x
514	of its total assets reported in Part X, line for it Post V line 15 that is 5% or more of its total assets			
d	Did the organization report an amount for other assets in Part X, line 15, that is 5 % of more of the total assets	11d		х
	reported in rail A, into 10: in rea, complete deliberation 2, restaura	11e	- 00.000mm	х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		X
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12a		12a		x
•00	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year? If			
b	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
40	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
14a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
b	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		х
4-	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
15	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
40	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			10
16	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
45	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
40	Part IX, column (A), lines of and Ties in Test, complete scribballo 6, 1 art (cost modestries)			
18	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
40	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
19	If "Yes," complete Schedule G, Part III	19		X
22	the second of th	20a		X
20 a	and the second state of the second state of the suddited financial statements to this return?	20b		
24	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	domestic government officiality, obtaining off most in the state of th	_	10	040)

Par	t IV Checklist of Required Schedules (continued)		Yes	No
	the first individuals on		100	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		х
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			
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	23		X
	employees? If "Yes " complete Schedule J	20		
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	24a		v
	through 24d and complete Schedule K. If "No," go to line 25a	24b		<u>x</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25-		
	transaction with a disgualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
b	le 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?	0.51		
	If "Ves" complete Schedule I, Part I	25b		<u>x</u>
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%	00		
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		_X
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? If "Yes " complete Schedule L. Part III	27		_X
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		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u>x</u>
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Voc." complete Schedule I. Part IV	28c		<u>x</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		
	conservation contributions? If "Yes." complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Bit the experimental exchange dispose of or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N Part II	32		X
33	Bit the exemptation our 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		X
34	the substitute related to any tay exempt or tayable entity? If "Yes" complete Schedule K, Part II, III,			
		34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	0.51-		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Did the analysis make any transfers to an exempt non-charitable			
	related organization?If "Yes." complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			3000
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
10000	403 Nata: All Form 990 filers are required to complete Schedule O.	38	X	
Pa	Ct-to-menta Baggarding Other IPS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
		Carro	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
ŀ	P. Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
c	- Did the erganization comply with backun withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c Form	390 (	2010)

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a 22 Statements, filed for the calendar year ending with or within the year covered by this return 0 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . X b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? .... 3a X 3a 3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X If "Yes," enter the name of the foreign country b See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . . . . . . . . . . . . . 5a X 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . . . . . X b C Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a 6a X organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or b 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . . . 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · · · · a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ..... b 11 Section 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 13a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which b the organization is licensed to issue qualified health plans C X Did the organization receive any payments for indoor tanning services during the tax year? 14a 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 15 excess parachute payment(s) during the year? X If "Yes." see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? X 16 If "Yes," complete Form 4720, Schedule O. Form 990 (2019)

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NORTH DAKOTA AMATEUR HOCKEY ASSOCIA

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or charges in denedure of security and check if Schedule O contains a response or note to any line in this Part VI			X
	Check if Goricadic C contains a response of moterial			
Sec	tion A. Governing Body and Management		Vac	No
	[4-]	200	Yes	INO
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15			
	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 on Schedule O.		10.00	
b	Enter the number of voting members included in line 1a, above, who are independent 1b 0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		_X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
J	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		_X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		_X
	Did the organization have members or stockholders?	6		X
6	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
7a		7a		X
	one or more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members,			
b	stockholders, or persons other than the governing body?	7b		X
_	Did the organization contemporaneously document the meetings held or written actions undertaken during			
8				- 4
	the year by the following:	8a	х	
а	The governing body?	8b	X	
b	Each committee with authority to act on behalf of the governing body?	-		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	9		x
_	the organization's maining address? If Tes, provide the names and dataresses on sentences	1 -		21
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
		10a	165	X
10a	Did the organization have local chapters, branches, or affiliates?	100		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10h		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		77
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by	Herosia		0.000
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
-	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			
Ioa	with a taxable entity during the year?	16a		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
b	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		х
500	tion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed  North Dakota		20.00	
17	LIST THE STATES WITH WHICH a copy of this Form 300 is required to be filed NOT LIT DANCE.	1		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website			
	1 Own website			
19	Describe on 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 resorted			
	BETTY TRIPLETT (701)776-5830, PO BOX 262, RUGBY, ND 58368			

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Pan	0	7

Form 990 (2019)

EEA

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Part VII **Independent Contractors** Check if Schedule O contains a response or note to any line in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

					(C)			ficer, director, or tr			
(A)	(B)				sition			(D)	(E)	(F)	
Name and title	Average					nan one both an	,	Reportable	Reportable	Estimated amount	
	hours					/trustee)		compensation from the	compensation from related	of other compensation	
	per week (list any					_	organization	organizations	from the		
	hours for	indi or d	Insti	Officer	Key	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations	
	related	Individual trustee or director	nstitutional trustee	čer	Key employee	loye	ner			related organizations	
	organizations	or tru	nal t		loye	еод					
	below dotted line)	stee	ruste		0	pens					
	dotted line)	95	Ö			ated			=		
						3000					
(1) KEITH OLSON	2.00								2		
WOMANS LEAGUE DIRECTOR		<u>X</u>						0	0	0	
(2) MATT STOCKERT	2.00					ı					
YOUTH LEAGUE DIRECTOR		X						0	0	0	
(3) LEE HAUGEN	2.00					1					
HIGH SCHOOL LEAGUE DIRECTOR		X						0	0	0	
(4) JAY MCCLINTOCK	2.00					(4)					
NE DISTRICT DIRECTOR		X						0	0	0	
(5) JAY KLEVEN	2.00					i			-		
NE DISTRICT DIRECTOR		Χ.						0	0	0	
(6) BOB BYE	2.00										
SE DISTRICT DIRECTOR		X						0	0	0	
(7) JAY MARSHALL	2.00										
SE DISTRICT DIRECTOR		Х						0	0	0	
(8) BRIAN BAUMAN	2.00					a					
NW DISTRICT DIRECTOR		Х						0	0	0	
(9) GREG BENDER	2.00					1					
NW DISTRICT DIRECTOR		X						0	0	0	
(10)TERRY HALSTENGARD	2.00										
SW DISTRICT DIRECTOR		X						0	0	0	
(11) TOM FOLSKE	2.00					1					
SW DISTRICT DIRECTOR		Х	1					0	0	0	
(12)GREG_EVENSON	5.00										
PRESIDENT				X				0	0	0	
(13)BETTY TRIPLETT	5.00										
TREASURER				Х				0	0	0	
(14)SUZZANNE_FUCHS	5.00					7.					
SECRETARY				X				0	0	0	

Part V	Section A. Officers, Directors, Trustees,	Key Employ	ees, a	nd H	ligh	est C	Compe	ensa	ted Employees (c	ontinued)	
	9				(	C)					
	(A)	(B)	(do n	not che		sition	nan one		(D)	(E)	(F)
	Name and title	Average					both ar		Reportable	Reportable	Estimated amount of other
		hours	offic	er and	d a di	rector	/trustee)		compensation from the	compensation from related	compensation
		per week (list any							organization	organizations	from the
		hours for	Indi or d	Insti	Officer	Key	High	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
</td <td></td> <td>related</td> <td>vidua</td> <td>tutio</td> <td>cer</td> <td>emp</td> <td>nest o</td> <td>ner</td> <td></td> <td></td> <td>Totalog organizations</td>		related	vidua	tutio	cer	emp	nest o	ner			Totalog organizations
		organizations	Individual trustee or director	nal tr		Key employee	omp				
		below dotted line)	stee	Institutional trustee			Highest compensated employee				
							ted				
(4.5)		5.00									
	ROD OLSON	5 .00			х				0	0	0
	PRESIDENT										
(16)											
(17)											
7/											
(18)									i e		
1.2/											
(19)											
<u> </u>											
(20)											
(21)											
					_						
(22)											
			-		_						
(23)											
(0.1)						-					
(24)											
(25)											
(25)											
1b	Subtotal										
c ·	Total from continuation sheets to Part VII, Sect	ion A .						. »			
d	Total (add lines 1b and 1c)							. »	. 0	0	0
2	Total number of individuals (including but not limite	d to those lis	ted abo	ove)	who	rec	eived r	nore	e than \$100,000 of		
1	reportable compensation from the organization	<b>&gt;</b>									
											Yes No
	Did the organization list any former officer, director				or h	ighe	st com	pens	sated		3 x
	employee on line 1a? If "Yes," complete Schedule								action from the		3 X
4	For any individual listed on line 1a, is the sum of re	eportable con	npensa	ition "	and	Otne	er com	pens	or such		
	organization and related organizations greater than	\$150,000? 11	165,	COII	ipie						4 x
	individual			anv	unr	 عاجاد	q oras	niza	tion or individual		
	Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes,"										5 X
	n B. Independent Contractors	complete del	icauic	0 101	Suc	ii po	, 00,,				
1	Complete this table for your five highest compensation	ated independ	dent co	ntra	ctor	s tha	t recei	ved	more than \$100,00	0 of	
	compensation from the organization. Report comp	ensation for t	the cal	enda	ar ye	ar e	nding v	with	or within the organi	zation's tax year.	
-	(A)		en en						(B)		(C)
	Name and business address	SS							Description of servi	ces	Compensation
	2	Service Co.									
	T T		741520153								
		7									W 185
								-			
		70 20 20 20 20							- Salatana - Managara		
	Total number of independent contractors (including					ed al	pove) v	wno			
	received more than \$100,000 of compensation fro	m the organi.	zation		<b>P</b>					I Sankara Car	Form <b>990</b> (2019)

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (C) (B) (A) Revenue excluded Unrelated Total revenue Related or exempt from tax under business revenue function revenue sections 512-514 Federated campaigns . . . . . . . . . 1b Membership dues Contributions, Gifts, Grants and Other Similar Amounts 1c C Fundraising events 1d d Related organizations . . . . . . . . 1e Government grants (contributions) - -All other contributions, gifts, grants, 1f and similar amounts not included above 16,176 Noncash contributions included in lines 1a-1f · · · · · · · · · 1g 16,176 h Total. Add lines 1a-1f **Business Code** 1,300 1,300 900001 2a AFFILIATE FEES Program Service Revenue 111,990 111,990 900001 b REGISTRATION FEES 282,256 282,256 900001 C PLAYER DEVELOPMENT 21,450 21,450 900001 d TOURNAMENT FEES 3,858 3,858 900001 e MISC INCOME f All other program service revenue . . . . . . 420,854 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,226 1,226 Income from investment of tax-exempt bond proceeds (ii) Personal (i) Real 6a Gross rents · · · · · b Less: rental expenses . . c Rental income or (loss) 6c d Net rental income or (loss) (ii) Other (i) Securities 7a Gross amount from sales of assets other than inventory 7a Less: cost or other basis 7b Other Revenue and sales expenses 7c c Gain or (loss) d Net gain or (loss) · · · · · 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a 8b b Less: direct expenses . . . . . . . c Net income or (loss) from fundraising events 9a Gross income from gaming 9a activities, See Part IV, line 19 ..... b Less: direct expenses . . . . . . . . . 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less 10a returns and allowances . . . 10b b Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Aiscellanous Revenue 11a C . . . . . . . . . . . . . . . . . . . e Total. Add lines 11a-11d 0 422,080 438,256 Form 990 (2019) Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must complete all column	ns. All other organization			<u>x</u>
	Check if Schedule O contains a response or note to an	(A)	(B)	(C)	(D)
	ot include amounts reported on lines 6b, 7b,	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	b, and 10b of Part VIII.		expenses		
1	Grants and other assistance to domestic organizations				ANGERSTEINE STEINER ST
	and domestic governments. See Part IV, line 21			ne Subanisha a	andula (for meaning
2	Grants and other assistance to domestic	12		herania de la composición del composición de la composina de la composición de la composición de la composición de la co	
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign			and the property of the large	Kirker Maker Medical Ac
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
1922	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons deconsed in each in the text of th				
7	Other salaries and wages  Pension plan accruals and contributions (include				
8					
0	section 401(k) and 403(b) employer contributions)			5	
9	Payroll taxes				
10	Fees for services (nonemployees):	9			
11	Management · · · · · · · · · · · · · · · · · · ·				8
a	Legal				
b	Accounting · · · · · · · · · · · · · · · · · · ·				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.)		14.500.50		
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties · · · · · · · · · · · · · · · · · · ·				
16	Occupancy · · · · · · · · · · · · · · · · · · ·				
17	Travel				
18	Payments of travel or entertainment expenses		*		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest · · · · · · · · · · · · · · · · · · ·	AND THE RESERVE OF THE PARTY OF			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance		- CHARLES		
24	Other expenses. Itemize expenses not covered		MENTAL PARTY	<b>自由的基础的</b>	
	above (List miscellaneous expenses on line 24e. If				Per and the second second
	line 24e amount exceeds 10% of line 25, column			A MARKET LE	1500 0100 0100 0100 0100 0100 0100 0100
	(A) amount, list line 24e expenses on Schedule O.)		40 455		
а	HOCKEY ADMINISTRATION	43,457			
b	PLAYER DEVELOPMENT	209,787	The state of the s		
С	COACHES SEMINARS	3,723			Tr.
d	REGISTRAR FEES	2,000			
е	All other expenses	57,352	No. of the Control of		1 0
25	Total functional expenses. Add lines 1 through 24e	316,319	316,319	0	
26	Joint costs. 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)				

**Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (A) End of year Beginning of year 1 178,829 72,096 Cash - non-interest-bearing 1 2 137,833 105,819 2 3 Pledges and grants receivable, net 3 4 250 Accounts receivable, net 250 4 Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 7 8 92,598 108,408 4ssets Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ..... 10a 10c Less: accumulated depreciation . . . . . . . . . | 10b 11 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 Total assets. Add lines 1 through 15 (must equal line 33) 16 409,510 286,573 16 5,500 17 6,500 17 18 18 19 Deferred revenue 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 6,500 26 5,500 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Balances 27 403,010 281,073 Net assets without donor restrictions 27 28 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here Net Assets or Fund and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 32 403,010 Total net assets or fund balances 281,073 32 33 409,510 286,573 Total liabilities and net assets/fund balances 33 Form 990 (2019)

Forn	n 990 (2019) NORTH DAKOTA AMATEUR HOCKEY ASSOCIA 45-0	411123	Pa	age 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			$\cdot \sqcup$
1	Total revenue (must equal Part VIII, column (A), line 12)		438,	256
2	Total expenses (must equal Part IX, column (A), line 25)		316,	319
3	Revenue less expenses. Subtract line 2 from line 1		121,	937
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		281,	073
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses	i i		
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))		403,	010
Pa	rt 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: X 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		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for 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 on			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		
EEA		Forr	n <b>990</b> (2	2019)

EEA

#### 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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 2019

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Inspection

		DAKOTA AMATEUR HOCKEY A					45-04111	
	art I						rt.) See instruction	S.
The	orga	inization is not a private foundation be						18
1	Ц	A church, convention of churches, or	association of chur	ches described in <b>sectio</b> r	170(b)(1)	(A)(i).		
2		A school described in section 170(b	)(1)(A)(ii). (Attach S	chedule E (Form 990 or	990-EZ).)			
3		A hospital or a cooperative hospital s	service organization	described in section 170	(b)(1)(A)(ii	i).		
4		A medical research organization ope	erated in conjunction	with a hospital described	in section	170(b)(1)(	A)(iii). Enter the	
		hospital's name, city, and state:						
5		An organization operated for the ber	nefit of a college or u	iniversity owned or opera	ited by a go	overnmenta	I unit described in	V
		section 170(b)(1)(A)(iv). (Complete	Part II.)					
6		A federal, state, or local government	or governmental uni	t described in section 17	0(b)(1)(A)(	v).		
7		An organization that normally receive	es a substantial part	of its support from a gov	ernmental	unit or from	the general public	
	described in section 170(b)(1)(A)(vi). (Complete Part II.)							
8		A community trust described in section						
9	Ш	An agricultural research organization	described in section	n 170(b)(1)(A)(ix) operat	ed in conju	nction with	a land-grant college	
		or university or a non-land-grant colle	ege of agriculture (s	ee instructions). Enter the	e name, cit	y, and state	of the college or	
		university:						
10	X	An organization that normally received						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		receipts from activities related to its						
		support from gross investment incom	ne and unrelated but	siness taxable income (le	ess section	511 tax) fro	om businesses	
		acquired by the organization after Jur						
11	H	An organization organized and opera	ted exclusively to tes	t for public safety. See se	ection 509	a)(4).		
12	Ш	An organization organized and opera	ited exclusively for the	ne benefit of, to perform t	he function	ns of, or to o	carry out the purposes	
		of one or more publicly supported org	anizations described	l in section 509(a)(1) or s	section 50	9(a)(2). See	e section 509(a)(3).	
		Check the box in lines 12a through 13	2d that describes the	e type of supporting orga	nization an	d complete	lines 12e, 12f, and 12g	
	а	Type I. A supporting organization	operated, supervise	ed, or controlled by its sup	ported org	anization(s)	, typically by giving	
		the supported organization(s) the	power to regularly	appoint or elect a majorit	y of the din	ectors or tru	ustees of the	
	6	supporting organization. You mu						
	b	Type II. A supporting organization	supervised or contr	olled in connection with it	s supporte	d organizati	on(s), by having	
		control or management of the su	pporting organization	n vested in the same per	sons that c	ontrol or m	anage the supported	
	•	organization(s). You must comp			AV VOMES	W 81 025		
	С	Type III functionally integrated.	A supporting organi	zation operated in connec	ction with, a	and function	ally integrated with,	
	d	its supported organization(s) (see						
	u	Type III non-functionally integrated	The arranianting of	rganization operated in co	onnection v	vith its supp	orted organization(s)	
		that is not functionally integrated. requirement (see instructions). You	rrie organization ge	enerally must satisfy a dis	stribution re	quirement	and an attentiveness	
	е	Check this boy if the organization	received a written	latermination from the ID	o, and Pan	. V.		
	·	Check this box if the organization functionally integrated, or Type III				a Type I, Ty	pe II, Type III	
	f	Enter the number of supported organi	rion-iunctionally little	egrated supporting organ				
		Provide the following information about						
		Name of supported organization	(ii) EIN		T (5. A) 1- (6			
			(11) 2.11	(iii) Type of organization (described on lines 1-10	100000000000000000000000000000000000000	organization or governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))	docun	nent?	instructions)	instructions)
					Yes	No		
					163	140		
(A)								
(D)								
(B)								
(0)								
(C)					_			
(D)				1				
(-)		-24						
(E)				100				
								A STATE OF THE STA
Total			appelled a series and the series	and the same of the same of the same of	F120 - F120 - F1			

990 or 990-EZ) 2019 NORTH DAKOTA AMATEUR HOCKEY ASSOCIA
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.)

Sec	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees					- <sub>K</sub> si	Ý
	received. (Do not include any "unusual grants.")	468,252	549,957	532,510	486,763	437,030	2,474,512
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				3		10
3	Gross receipts from activities that are not an				-		
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the				- A Comment		
10 ER	organization's benefit and either paid to		n *		-32		
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	468,252	549,957	532,510	486,763	437,030	2,474,512
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3	0.00			7		
	received from other than disqualified					30	
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from					un reactive will be	
	line 6.)					Baltarrana tradical all III	2,474,512
	ction B. Total Support						
	endar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	468,252	549,957	532,510	486,763	437,030	2,474,512
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,		ă.		n		
	royalties, and income from similar sources · ·	264	257	543	720	1,226	3,010
b	Unrelated business taxable income (less	=			-		
	section 511 taxes) from businesses					1	
	acquired after June 30, 1975				3.		
C	Add lines 10a and 10b	264	257	543	720	1,226	3,010
11	Net income from unrelated business						
	activities not included in line 10b, whether		Ĩ.	8			
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)		2				
13	Total support. (Add lines 9, 10c, 11,						
2.0	and 12.)	468,516	550,214	533,053	487,483	438,256	2,477,522
14	First five years. If the Form 990 is for the org						
	organization, check this box and stop here						
Sec	ction C. Computation of Public Suppo	rt Percentage	t dhuling 12 a	selumn (fl)		15	00 00 %
15	Public support percentage for 2019 (line 8, c	olumn (t), alvide	ea by line 13, c	column (i)) · ·		16	99.88 %
	Public support percentage from 2018 Sched					101	97.20 %
	ction D. Computation of Investment In	come Percen	tage	12 anlumn (f)		17	2 22 0/
17	investment income percentage for 2019 (line	TUC, COIUMN (f)	, aivided by line	e 15, column (f)	,	18	0.00 %
18	Investment income percentage from 2018 Sc	nedule A, Part I	II, IINE 1/ · · ·	ina 14 and 11-	15 io mara th	10000000000000000000000000000000000000	3.00 %
19a	33 1/3% support tests - 2019. If the organization of the standard the same than 32 1/3% should this bound	ation did not che	ck the box on	ine 14, and line	e to is more th	arrad arganizati	on F
	17 is not more than 33 1/3%, check this box	and stop nere.	rie organizatio	on qualines as a	a publicly supp	orted organizati	on ▶ 🔀
b	33 1/3% support tests - 2018. If the organization 40 in and warm than 23 4/38/ should this be	auon did not che	The argent	e 14 01 III 198	a, and mid 10 li	s more man 33	iization ► □
00	line 18 is not more than 33 1/3%, check this t	oox and stop he	re. The organi	or 10h obook	as a publicity s	a instructions	
20	Private foundation. If the organization did no	ot check a box o	ni iine 14, 19a,	or 190, check	uns box and se	C ITISH UCHOTIS	> []

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Name of the organization NORTH DAKOTA AMATEUR HOCKEY ASSOCIA Employer identification number 45-0411123

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	∑ 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
5. (5)	ed by the <b>General Rule</b> or a <b>Special Rule</b> . , or (10) organization can check boxes for both the General Rule and a Special Rule. See					
General Rule						
	Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 perty) from any one contributor. Complete Parts I and II. See instructions for determining a utions.					
Special Rules						
regulations under section 13, 16a, or 16b, and the	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line at received from any one contributor, during the year, total contributions of the greater of (1) amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
contributor, during the y	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one rear, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
contributor, during the y contributions totaled me during the year for an ex General Rule applies to	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
	t covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, nswer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its					

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

45-0411123 NORTH DAKOTA AMATEUR HOCKEY ASSOCIA Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (c) (a) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. Person 1 USA HOCKEY GRANT Payroll Noncash 16,176 PO BOX 262 (Complete Part II for noncash contributions.) Rugby, ND 58368 (d) (c) (b) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. Person Payroll Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person Payroll Noncash (Complete Part II for noncash contributions.) (d) (c) (a) (b) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person Payroll Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. Person Payroll Noncash (Complete Part II for noncash contributions.) (a) Name, address, and ZIP + 4 Total contributions Type of contribution No.

Person Payroll Complete Part II for noncash contributions.)

## 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.

90-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2019

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Go to www.irs.gov/Form990 for the latest information.

45-0411123 NORTH DAKOTA AMATEUR HOCKEY ASSOCIA 01. Form 990 governing body review (Part VI, line 11) FORM 990 AVAILABLE TO GOVERNING BODY UPON COMPLETION 02. Conflict of interest policy compliance (Part VI, line 12c) NO OFFICER DIRECTOR CAN REPRESENT A AFFILIATE 03. Governing documents, etc, available to public (Part VI, line 19) GOVERNING DOCUMENTS AVAILABLE TO PUBLIC ONLY UPON WRITTEN REQUEST TO GOVERNING BODY 04. Explanation of other changes in net assets or fund balances (Part XI, line 9) CHANGES IN NET ASSETS OR FUND BALANCES 05. List of other fees for services expenses (Part IX, line 11g) ADMINISTRATION FEES 06. List of other expenses (Part IX, line 24e) ADMINISTRATION EXPENSES

990	Overflow Statement	2019 Page 1	
Name(s) as shown on return		FEIN	
	AMATEUR HOCKEY ASSOCIA	45-0411123	

### OTHER EXPENSES

Description		Amount
Description Fine and AMADRO	\$	5,879
TOURNAMENT FEES AND AWARDS		5,295
USA STATE DISTRICT FEES AND MEETINGS		
BACKGROUND SCREENINGS		15,964
		12,150
TOURNAMENT HOSTS		14,745
CLOTHING AND EQUIPMENT		
MISC EXPENSES		1,231
		2,088
MEMORIALS Total	· s	57,352
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