Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Form 990 (2020)

Α	For the	e 2020 calendar y	year, or tax year beg	jinning	09-0	01 , 2020, a	and endin	ıg	08	-31 ,20 21		
В	Check if	applicable:	C Name of organization	NORTH DAKOTA AI						yer identification number		
	Address	Address change Doing business as								45-0411123		
	Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite								T-1			
П	Initial return PO BOX 262								relepii	one number		
Ħ									(701) 269-2595			
П		City or town, state or province, country, and ZIP or foreign postal code RUGBY . ND 58368								receipts		
Н			RUGBY, ND 58				e Name		\$	640,569		
	Applicati	on pending	France over the	principal officer:MATT S	TOCKERT			H(a) Is this a gr	oup return fo	or subordinates? Yes X No		
		चित्री	Same as C abo	ove				H(b) Are all su	bordinate	s included? Yes No		
<u> </u>		npt status: X 501) 4 (insert no.)	4947(a)(1) or	527		if "No," a	ttach a list	. See instructions		
_	Website		daha.org					H(c) Group ex	emption n	umber >		
Distribution of the last of th			poration Trust X A	ssociation Other		L Year of formation	on: 1980	M St	ate of lega	I domicile: ND		
H	in I	Summary										
	1	Briefly describe	the organization's mis	ssion or most significa	nt activities: HOCI	KEY YOUTH	ACTIV	ITIES A	DMINI	STRATION		
a)								NAME OF TAXABLE PARTY.				
nç									deciment of			
Ę				SALANCE CO SO SO SOCIETA CONTRA CONTR				(
ove	2	Check this box ▶	► ☐ if the organizati	on discontinued its ope	erations or disposed	of more than 2	25% of its	net assets				
Ğ	3	Number of voting	g members of the gov	verning body (Part VI,					3	15		
Activities & Governance	4			ers of the governing bo					4	15		
E e	5	Total number of	individuals employed	in calendar year 2020) (Part V. line 2a)				5	13		
÷	6	Total number of	volunteers (estimate						6			
Ä	7a			n Part VIII, column (C)) line 12					25		
	b	Net unrelated bu	siness tavable incom	e from Form 990-T, P	ort Llino 11				7a	0		
	1-	140t dill'oldtod ba	OITICOO TAXABIC ITICOTT	ie iioiii 1 0iiii 990-1, F	arr, iiie ii	• • • • • • •	· · · ·		7b	0		
	8	Contributions an	d grante (Dart VIII lin	e 1h)			-	Prior Year	476	Current Year		
Revenue	9								,176	32,614		
	0.50	Investment incom	ne (Dest) (III. esterne	ne 2g)				420,		606,708		
eve	10	Other record (F	ne (Part VIII, column	(A), lines 3, 4, and 7d))			1,	226	1,247		
00	111			lines 5, 6d, 8c, 9c, 10d						0		
	12			(must equal Part VIII				438,	256	640,569		
	13	Grants and simila	ar amounts paid (Par	t IX, column (A), lines	1-3)					0		
	14	Benefits paid to	or for members (Part	IX, column (A), line 4)						0		
Ø	15			ee benefits (Part IX, c						14,750		
Expenses	16a	Professional fund	draising fees (Part IX	, column (A), line 11e)						0		
bei	b			olumn (D), line 25)		0						
ũ	17			lines 11a-11d, 11f-24e			The second contract of	316,	319	493,634		
	18			st equal Part IX, colum	nn (A), line 25)			316,	319	508,384		
	19	Revenue less ex	penses. Subtract line	e 18 from line 12				121,	937	132,185		
50	8						Beginn	ing of Current	version (T-VIII) Fig.	End of Year		
Net Assets or	20	Total assets (Par	rt X, line 16)				C 100 / 100	409,	510	529,598		
ASS	21	Total liabilities (P	art X, line 26)						500	6,000		
Net	22	Net assets or fun	nd balances. Subtrac	t line 21 from line 20				403,		523,598		
Pa	rt II	Signature I								0.007000		
Unde	er penalti	es of perjury, I declare	that I have examined this re	eturn, including accompanyir	ng schedules and statemen	ts, and to the best	t of my know	ledge and beli	ief, it is			
true,	correct, a	and complete. Declarat	ion of preparer (other than	officer) is based on all inform	nation of which preparer has	any knowledge.						
		BETTY T	RIPLETT									
Sig	n	Signature of o				<u> </u>			Date			
Her	е	BETTY T	RIPLETT, TREA	SURER								
		Type or print r		DOKEK								
***********		Print/Type preparer		Preparer's signature		Date		T	7 16	TIN		
Pai	d						2.4	Check _	- "			
	_u parer	Rich Bross		Rich Brossart		12-14-202		self-emplo	oyed	P00410175		
	Only		PO Box	ossart EA Inc				n's EIN ▶				
J36	. Jilly	Filli s address					Pho	ne no.				
Max	the IDC	discuss this ret	Rugby N		: .				/01-7	76-5718		
				hown above? (see ins					• • •	X Yes No		
LOL I	aperw	rork neduction A	ici notice, see the s	eparate instructions.				1		Form 990 (2020)		

-	1 990 (2020) NORTH DAKOTA AMATEUR HOCKEY ASSOCIA 45-0411123 Pag
7	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	HOCKEY YOUTH ACTIVITIES ADMINISTRATION
_	D'11
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others
	the total expenses, and revenue, if any, for each program service reported.
a	(Code:) (Expenses \$387,784 including grants of \$) (Revenue \$ 464,460)
	PROVIDE ADMINISTRATION OF NORTH DAKOTA AMATEUR HOCKEY PLAYER DEVELOPMENT FALL LEAGUE FOR YOUT
	PLAYERS (BOYS AND GIRLS).
b	(Code:) (Expenses \$ 72,300 including grapts of \$) (Pougus \$ 03,005)
	Tayou moldaring grants of ϕ (Revenue & 82 qub)
	PROVIDE ADMINISTRATION OF AMATEUR ICE HOCKEY PROGRAM IN NORTH DAKOTA. 5527 REGISTERED YOUTH
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	PROVIDE ADMINISTRATION OF AMATEUR ICE HOCKEY PROGRAM IN NORTH DAKOTA. 5527 REGISTERED YOUTH PLAYERS AND COACHES (BOYS AND GIRLS) (Code:) (Expenses \$ 48,300 including grants of \$) (Revenue \$ 93,204)
	PROVIDE ADMINISTRATION OF AMATEUR ICE HOCKEY PROGRAM IN NORTH DAKOTA. 5527 REGISTERED YOUTH PLAYERS AND COACHES (BOYS AND GIRLS) (Code:) (Expenses \$48,300 including grants of \$) (Revenue \$93,204) PROVIDE ADMINISTRATION OF NORTH DAKOTA AMATEUR HOCKEY. PLAYER DEVELOPMENT AND HIGH PERFORMANCE
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Part IV

Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 X 2 Is the organization required to complete Schedule B, Schedule of Contributors See instructions? 2 X Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 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) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 X 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 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 X 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 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 complete Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 X Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a X b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X c 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 X d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Х 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 X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a X 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 12h X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X Did the organization maintain an office, employees, or agents outside of the United States? 14a 14a X 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 X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 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 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 X Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 X 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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 X

Part IV

2	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		1	es N
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.			
23	bid the organization answer Yes to Part VII, Section A, line 3, 4, or 5 about compensation of the	. 2	2	X
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	2	3	Х
24	ta. 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			
	trirough 24d and complete Schedule K. If "No," go to line 25a	. 24	la	х
	bid the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24	lb	
3 8	and time during the year			
	to defease any tax-exempt bonds?	. 24	С	
25	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	. 24	d	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.			
ŀ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	. 25	а	X
	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	0.5	.	
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	. 25	b	X
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	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			
28	persons? If "Yes," complete Schedule L, Part III.	27		X
	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				
	Yes "complete Schedule I Part IV			
b		28a	-	Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28b	-	X
	Yes," complete Schedule L, Part IV	200		7
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c	-	X
30	bid the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		_ ^
24	conservation contributions? If "Yes," complete Schedule M	30		Х
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31		Х
32	bid the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
33		32		X
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-32 If "Vos." complete School P. P. P. H.			
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		X
	or IV, and Part V, line 1			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
b	res to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		X
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule B. Part V. line 2	35b		v
6	section 30 (C)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		X
	related organization?If "Yes," complete Schedule R, Part V, line 2	36		X
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
8	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37		X
0	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
ari	19? Note: All Form 990 filers are required to complete Schedule O. Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
	Check if Schedule O contains a response or note to any line in this Part V			
	The second and a response of note to any line in this part v	• • •		
í a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	(800) (800)	Yes	No
d	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	56.5555555
EA		Form		2020)

Form 990 (2020) NORTH DAKOTA AMATEUR HOCKEY ASSOCIA Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
28	Tanismilia of Wage and Tax			
Ł	Statements, filed for the calendar year ending with or within the year covered by this return	0		
•	an equired entire Ea, and the organization me an required rederal employment tax returns?	. 2b	Х	
3a	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	•		
b	g-matter ratio difficulties gross income of \$1,000 of fillote during the year?	. 3a		X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	. 3b		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			
b	If "Yes," enter the name of the foreign country	4a		X
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		v
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?.	5c		Λ_
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		Х
៦	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			
1.	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
d	required to file Form 8282?	7c		Х
e	If "Yes," indicate the number of Forms 8282 filed during the year			
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h	*******	X
	sponsoring organization have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.	8		X
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		300000000
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	-	X
0	Section 501(c)(7) organizations. Enter:	35		A
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
0-	against amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ь 3	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			
ч	Note: See the instructions for additional information the organization must report on Schedule O.	13a	5703000 50075	8888888
b	Enter the amount of reserves the organization is required to maintain by the states in which			
~	the organization is licensed to issue qualified by the			
С	Enter the amount of reserves on hand			
4a	Did the examination receives	4.4-		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a		X
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b	-	
	excess parachute payment(s) during the year?	15		U
	If "Yes," see instructions and file Form 4720, Schedule N.	10	2	X
3	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	· · · · · · · · · · · · · · · · · · ·	K
	If "Yes," complete Form 4720, Schedule O.	1		
ĒΑ			***********	CONTROL CARLO

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. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 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. 15 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 2 X Did the organization delegate control over management duties customarily performed by or under the direct 3 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 X Did the organization have members or stockholders? 6 6 X 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 X Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following: 8a X 8b X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? 10a X If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 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. 12a X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?. . . b 12b X Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X 13 13 14 14 X Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a X 15b X If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 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 X 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? X Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ North Dakota Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website 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.

State the name, address, and telephone number of the person who possesses the organization's books and records

BETTY TRIPLETT (701)776-5830, PO BOX 262, RUGBY, ND 58368

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NORTH DAKOTA AMATEUR HOCKEY ASSOCIA

45-0411123

Page 7

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

Check this box if neither the organization nor ar					(C)					
(A) Name and title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	employee Key employee		ormer	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organization.
(1) MATT STOCKERT	5.00						+		:	***************************************
PRESIDENT				X				4,400	0	0
(2) BETTY TRIPLETT TREASURER	5.00			Х				4,150	0	0
(3) DALLAS KUNTZ YOUTH LEAGUE DIRECTOR	2.00	Х						1,075	0	0
(4) CHAD ARENDT HIGH SCHOOL LEAGUE DIRECTOR	2.00	х						1,000	0	0
(5) KEITH OLSON WOMANS LEAGUE DIRECTOR	2.00	х						1,000	0	0
(6) SUZZANNE FUCHS SECRETARY	5.00			Х				750	0	. 0
(7) JARROD OLSON VICE PRESIDENT	5.00			х				550	0	0
(8) JAY KLEVEN NE DISTRICT DIRECTOR	2.00	х						500	0	0
(9) TERRY HALSTENGARD SW DISTRICT DIRECTOR	2.00	Х						500	0	0
(10)BRIAN BAUMAN NW DISTRICT DIRECTOR	2.00	Х	151					325	0	0
(11)GREG_BENDER NW DISTRICT DIRECTOR	2.00	Х						250	0	0
(12)JAY MCCLINTOCK NE DISTRICT DIRECTOR	2.00	Х						250	0	0
(13)TOM FOLSKE SW DISTRICT DIRECTOR	2.00	Х						0	0	0
(14)DON WALZ SE DISTRICT DIRECTOR	2.00	х						0	0	0

	300	non A. Officers, Directors, Trus	stees, Key Emp	loyees	s, an			st Co	mpe	nsated Employee	s (continued)	
							(C)					
		(A)	(B)	(do	not cl		osition more	n than one	e	(D)	(E)	(F)
		Name and title	Average	box	ess pe	erson	is both a	an	Reportable	Reportable	Estimated amount	
			per week	Omoci and a directoritidati						compensation from the	compensation from related	of other compensation
			(list any	2 5	- 5	10		0 1	п	organization	organizations	from the
			hours for	or director	stitu	Officer	ey e	mplo	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organization
			related organizations	ctor	tiona		Key employee	st co yee	Y			Totaled Organization
			below	or director	Institutional trustee		yee	mpe				
			dotted line)	ō	tee			Highest compensated employee			7	
								ď.	-			H 18
	OB BYE		2.00									
200103-022	DISTRICT DI	RECTOR		X						0	0	0
(16)												
(47)												
(17)_								1.55		2		
(10)												
(18)_												
(19)					.5				-			
(10)_												
(20)					-				-			
'-							-	- 1		= = =		
(21)	in in						-		+			
(22)									_			
(23)									1			
(24)												
(0.5)		· ·									+	
(25)												
1b	Subtotal .								_			
c		ntinuation sheets to Part VII, S			٠.	• •			-			
d	Total (add line									14 750		
2		f individuals (including but not lin	ited to those list	ted abo	ove)	who	rec	eived	more	14,750	0	0
	reportable com	pensation from the organization	▶	ica abi	300)	WIIC	7160	civeu	more	: man \$100,000 or		
	-											Yes No
3	Did the organiz	ation list any former officer, dire	ctor, trustee, key	empl	oyee	e, or	high	est co	mpe	nsated		165 140
	employee on lir	ne 1a? If "Yes," complete Sched	ule J for such ind	dividua	1	¥5 19						3 X
4	For any individu	ual listed on line 1a, is the sum o	f reportable com	pensa	tion	and	othe	r com	pens	ation from the		
	organization an	d related organizations greater t	han \$150,000? <i>Ii</i>	f "Yes,	" coi	mple	ete S	Schedu	ile J	for such		
_	individual											4 X
5	Did any person	listed on line 1a receive or accru	ue compensation	from	any	unre	late	d orga	nizat	ion or individual		
200ti	for services ren	dered to the organization? If "Ye	s," complete Sci	hedule	J fo	or su	ch p	erson				5 X
1		endent Contractors								_		
, !	compensation for	able for your five highest comper	nsated independe	ent coi	ntrac	ctors	that	recei	ved r	nore than \$100,00	0 of	
	compensation	rom the organization. Report cor	ripensation for th	ie cale	ndar	r yea	ar en	iding w	/ith o		zation's tax year.	
		(A) Name and business add	7000							(B)		(C)
		Traine and business and	000			× 1111				Description of services		Compensation
						E.						
	4				the second second			+				
					III.		5					A CONTRACT OF THE CONTRACT OF
2	Total number of	independent contractors (includ	ing but not limited	d to the	ose	listed	d ab	ove) w	rho			
	received more th	nan \$100,000 of compensation for	om the organiza	tion	>							

Part VIII Statement of Revenue

		Check if Schedule O contains a respons			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
	1a	Federated campaigns	1a					sections 512-514
(0	b		1b		\dashv			
ants	C	- management and the second	1c		\dashv			
mot Gr	d		1d		-			
Contributions, Gifts, Grants and Other Similar Amounts	е		1e		4			
mils,	f	All other contributions, gifts, grants,			7			
tior er Si		and similar amounts not included above	1f					
ribu	g	Noncash contributions included in						
nd (lines 1a-1f	1g	\$				
0 %	h	Total. Add lines 1a-1f			32,614			
				Business Code				
ø	2a	AFFILIATE FEES		900001	1,500	1,500		
r Vic	5	REGISTRATION FEES		900001	82,905			
Se		PLAYER DEVELOPMENT		900001	481,814	481,814		
ram leve		TOURNAMENT GAME FEES		900001	22,356	22,356		
Program Service Revenue		CLOTHING EQUIPMENT SALE		900001	14,650	14,650		
<u>P</u>	1	All other program service revenue		900001	3,483	3,483		
		Total. Add lines 2a-2f			606,708			
	4	Investment income (including dividends, interestment income from investment of tax-exempt bond Royalties	proce		1,247			1,24
		(i) Real		(ii) Personal				
	6a	Gross rents 6a		(ii) i cisonai				
		Less: rental expenses 6b						
		Rental income or (loss) 6c			+			
		Net rental income or (loss)						
		Gross amount from (i) Securities		(ii) Other				
		sales of assets		(,, 0()	-			
		other than inventory 7a						
	b	Less: cost or other basis			†			
ne		and sales expenses 7b						
ven	C	Gain or (loss) 7c						
Re	d l	Net gain or (loss)						
Other Revenue	8a (Gross income from fundraising						
ŏ		events (not including \$						
		of contributions reported on line						
		1c). See Part IV, line 18	8a	11				
		Less: direct expenses	8b					
		Net income or (loss) from fundraising events						
		Gross income from gaming						
		activities, See Part IV, line 19	9a					
		.ess: direct expenses	9b					
		let income or (loss) from gaming activities		▶				
	10a (Gross sales of inventory, less						
		32.0	10a					
		ess: cost of goods sold	10b					
	C IV	let income or (loss) from sales of inventory						
	110		-	Business Code				
Revenue	11a b		- -					
en	-		-					
Kev	c _	Il other revenue	- -					
		otal. Add lines 11a-11d	-					Sec. 1000
		otal revenue. See instructions						

Form 990 (2020) NORTH DAKOTA AMATEU Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.	. All other organizations must complete column (A).

	Check if Schedule O contains a response or note to	any line in this Part IX			X
Do	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B)	(C)	(D)
8b,	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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	8 8			
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	14,750	14,750	n i	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	100			
	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)	10 2 3		N N	
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):			I = V	
a	Management				
b	Legal				
С	Accounting	1,104	1,104		
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		_		
2000	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	206	206		
14	Information technology	5,000	5,000		
15	Royalties				
16	Occupancy				
17	Travel	8,339	8,339		
18	Payments of travel or entertainment expenses	=			
	for any federal, state, or local public officials	, and the same of			5
19	Conferences, conventions, and meetings	7,162	7,162		
20	Interest				
21	Payments to affiliates	14,100	14,100		
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
	HOCKEY ADMINISTRATION	14,471	14,471		-
	PLAYER DEVELOPMENT	418,072	418,072		-
	NP DISTRICT ASSESSMENT	500	500		
	REGISTRAR FEES	2,000	2,000		
	All other expenses	22,680	22,680		12
5 6	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	508,384	508,384	0	0
	organization reported in column (B) joint costs				
	from a combined educational campaign and			100	
	fundraising solicitation. Check here		of a final		
	following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet**

- 10		Check if Schedule O contains a response or note to any line in this Part X			Г
			(A)	1	(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing		1	109,784
	2	Savings and temporary cash investments		_	294,770
	3	Pledges and grants receivable, net	1017000	3	254,110
	4	Accounts receivable, net	250	-	
	5	Loans and other receivables from any current or former officer, director,	250		
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined		5	
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	02 500	-	100
ASS	9	Prepaid expenses and deferred charges	92,598	8	125,044
	10a			9	
		basis. Complete Part VI of Schedule D 10a			
	b				
	11	Investments - publicly traded securities		10c	
	12	Investments - other securities. See Part IV, line 11		11	
	13	Investments - program-related. See Part IV, line 11		12	
	14	Integrable assets		13	
	15	Intangible assets		14	14,
	16	Other assets. See Part IV, line 11		15	
	17	Total assets. Add lines 1 through 15 (must equal line 33)	409,510	16	529,598
	18	Accounts payable and accrued expenses	6,500	17	6,000
	19	Grants payable		18	
	20	Deferred revenue		19	
	21	Tax-exempt bond liabilities		20	
	22	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director,			
pilli		trustee, key employee, creator or founder, substantial contributor, or 35%			
Lia	00	controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
1	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third	1.0		
		parties, and other liabilities not included on lines 17-24). Complete Part X			
2	00	of Schedule D		25	II s s
	26	Total liabilities. Add lines 17 through 25	6,500	26	6,000
	74	Organizations that follow FASB ASC 958, check here			
ces	077	and complete lines 27, 28, 32, and 33.			
an	27	Net assets without donor restrictions	403,010	27	523,598
Ba	28	Net assets with donor restrictions		28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here			
4		and complete lines 29 through 33.			
000		Capital stock or trust principal, or current funds		29	
set		Paid-in or capital surplus, or land, building, or equipment fund		30	
AS		Retained earnings, endowment, accumulated income, or other funds		31	
et		Total net assets or fund balances	403,010	32	523,598
	33	Total liabilities and net assets/fund balances		33	529,598

Personal	rm 990 (2020) NORTH DAKOTA AMATEUR HOCKEY ASSOCIA	5-04	11123	Page 1
P	art XI Reconciliation of Net Assets	- 0 1	11123	1 age 1
	Check if Schedule O contains a response or note to any line in this Part XI			X
1	rotal revenue (must equal Part VIII, column (A), line 12)	1		640,569
2	Total expenses (must equal Part IX, column (A), line 25)	2		508,384
3	Revenue less expenses. Subtract line 2 from line 1	3		132,185
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		403,010
5	Net unrealized gains (losses) on investments	5		403,010
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 on Schedule O)	9		/11 505
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	9		(11,597
	32, column (B))	40		F00 F00
Pa	art XII Financial Statements and Reporting	10		523,598
	Check if Schedule O contains a response or note to any line in this Part XII			
	possession and maintain attention at		• • • • •	
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		1000000	Yes No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	_		
	Schedule O.			
28	Were the organization's financial statements compiled or reviewed by an independent accountant?			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		2a	X
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Word the organization of financial states and separate basis			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		2b	X
	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?			
	If the organization changed either its oversight process or selection process during the tax year, explain on		2c	
	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			
	Cinale A It A. I. LOMB Of the Annual			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3a	X
~	required audit or audits, explain why on Schodulo O and describe any other states to the			
EEA	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			
			Earm	000 (2020)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trus

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Y		ne organization					Employer identification	tion number	
F. 4. 4. C. 4.		DAKOTA AMATEUR HOCKEY		× 2		538,517	45-041111		
	art i		rity Status. (All	organizations must	complet	e this pa	rt.) See instructior	is.	
	e orga	anization is not a private foundation b							
1	Ц		or association of churches described in section 170(b)(1)(A)(i).						
A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
3									
4	Enter the								
		hospital's name, city, and state:							
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in							
section 170(b)(1)(A)(iv). (Complete Part II.)									
6		A federal, state, or local governme	nt or governmental u	nit described in section	170(b)(1)(A)(v).			
7		An organization that normally rece	ives a substantial pa	rt of its support from a go	vernmenta	al unit or fro	m the general public		
		described in section 170(b)(1)(A)(vi). (Complete Part II.)							
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)							
9		An agricultural research organizati	on described in sect	ion 170(b)(1)(A)(ix) oper	rated in cor	njunction wi	ith a land-grant college		
		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or							
		university:							
10	X	An organization that normally recei	ives: (1) more than 3	3 1/3% of its support fror	n contributi	ions, memb	ership fees, and gross		
		receipts from activities related to its exempt functions - subject to certain exceptions; and (2) no more than 33 1/3% of its							
		support from gross investment inco							
		acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)							
11		An organization organized and ope	rated exclusively to	est for public safety. See	section 5	i09(a)(4).			
12		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes							
		of one or more publicly supported of							
		Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.							
	а	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving							
		the supported organization(s) t							
		supporting organization. You must complete Part IV, Sections A and B.							
	b	Type II. A supporting organizat							
		control or management of the supporting organization vested in the same persons that control or manage the supported							
		organization(s). You must complete Part IV, Sections A and C.							
Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.									
	d	Type III non-functionally integ						3)	
		that is not functionally integrate	d. The organization of	generally must satisfy a c	distribution	requiremen	t and an attentiveness		
		requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.							
	е	Check this box if the organization	on received a written determination from the IRS that it is a Type I, Type II, Type III III non-functionally integrated supporting organization.						
	f	Enter the number of supported orga							
	g	Provide the following information ab	out the supported or	ganization(s).					
	(i)	Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the c	rganization	(v) Amount of monetary	(vi) Amount of	
				(described on lines 1-10 above (see instructions))	listed in you docum	ur governing	support (see instructions)	other support (see	
				above (ace mandenoma))	docum	ient:	iristiuctions)	instructions)	
		*			Yes	No			
(A)				9					
(B)				1. 1					
		,							
(C)									
(D)									
(E)						2.4			
Total									

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.)

S	ection A. Public Support	<u>, </u>	oto notog bore	ovv, picase coi	inpicte i ait ii	·)	Million Company of the Company of th
Ca	alendar year (or fiscal year beginning in)>	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees				(,	(0) 2020	(i) i otai
	received. (Do not include any "unusual grants.")	549,957	532,510	486,763	437,030	639,322	2,645,582
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				137,7030	037,322	2,043,382
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.			20			
4	The second of the the			20			
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge			0.2			
6	Total. Add lines 1 through 5	549,957	532,510	486,763	437,030	639,322	2,645,582
7,8	Amounts included on lines 1, 2, and 3						
100	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000			= -			
	or 1% of the amount on line 13 for the year				182		
	Add lines 7a and 7b						
ŏ	Public support. (Subtract line 7c from						
<u>-</u>	line 6.)						2,645,582
	ction B. Total Support	(1) 0010	(1)				-
	endar year (or fiscal year beginning in) Amounts from line 6	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gross income from interest, dividends,	549,957	532,510	486,763	437,030	639,322	2,645,582
100	payments received on securities loans, rents,						
	royalties, and income from similar sources	255					
h	Unrelated business taxable income (less	257	543	720	1,226	1,247	3,993
~	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	257	543	720	1 224	4 013	
	Net income from unrelated business	257	543	720	1,226	1,247	3,993
	activities not included in line 10b, whether				*		
	or not the business is regularly carried on						
2	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)		24,00				
3	Total support. (Add lines 9, 10c, 11,					-	
	and 12.)	550,214	533,053	487,483	438,256	640,569	2,649,575
4	First 5 years. If the Form 990 is for the organ	nization's first, se	econd, third, for	ourth, or fifth ta	x vear as a se	ction 501(c)(3)	
	organization, check this box and stop here.						▶ □
,60	tion c. computation of Public Suppor	t Percentage					
5	Public support percentage for 2020 (line 8, co	olumn (f), divided	by line 13, co	olumn (f))		15	99.85 %
6	Public support percentage from 2019 Schedu	ile A, Part III, line	e 15			16	99.88 %
ec	tion D. Computation of Investment Inc	ome Percenta	ige				
7	Investment income percentage for 2020 (line	10c, column (f),	divided by line	e 13, column (f))	17	0.00%
8	Investment income percentage from 2019 Sc	hedule A, Part II	I, line 17			18	0.00%
ya	33 1/3% support tests - 2020. If the organiza	ation did not che	ck the box on	line 14, and lin	e 15 is more th	nan 33 1/3%, ar	nd line
L	17 is not more than 33 1/3%, check this box a	and stop here. T	he organization	on qualifies as	a publicly supp	oorted organizat	ion⊳ 🕱
D	33 1/3% support tests - 2019. If the organization 18 is not more than 22 1/20% when the control is	ation did not che	ck a box on lin	ne 14 or line 19	a, and line 16	is more than 33	1/3%, and
n	line 18 is not more than 33 1/3%, check this b	ox and stop her	e. The organi	zation qualifies	as a publicly	supported organ	nization >
0	Private foundation. If the organization did no	ot check a box or	n line 14, 19a,	or 19b, check	this box and s	ee instructions	🕨 🗍

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

NORTH DAKOTA AMATEUR HOCKEY ASSOCIA

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

2020

45-0411123 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** 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 Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and Ii. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. 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, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. 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 Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "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

NORTH DAKOTA AMATEUR HOCKEY ASSOCIA

Employer identification number 45-0411123

(a) No.	(b)	(c)	(d)
NO.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	USA HOCKEY GRANT 1775 BOB JOHSON DRIVE	\$32,614	Person 🗓 Payroll 🗍 Noncash
	Colorado Springs CO 80906-4090		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
**		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash Complete Part II for

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

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

990	Overflow Statement		2020 Page 1
Name(s) as shown on return		FEIN	1 490 1
NORTH DAKOTA	AMATEUR HOCKEY ASSOCIA		45-0411123

OTHER EXPENSES

Description TOURNAMENT AWARDS	<u> </u>	Amount
	\$	6,509
USA STATE DISTRICT FEES AND MEETINGS CLOTHING AND EQUIPMENT		238
MISC EXPENSES		15,472
MEMORIALS		261
		200
	Total: \$	22,680