

Form **990**

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning **SEP 1, 2015** and ending **AUG 31, 2016**

B Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization

USA HOCKEY, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

1775 BOB JOHNSON DRIVE

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

COLORADO SPRINGS, CO 80906

F Name and address of principal officer: **JIM SMITH**

SAME AS C ABOVE

D Employer identification number

51-0204742

E Telephone number

7195768724

G Gross receipts \$ **42,335,376.**

H(a) Is this a group return

for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ **3724**

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ **WWW.USAHOCKEY.COM**

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: **1936** **M** State of legal domicile: **DC**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: USA HOCKEY, INC. PROVIDES THE FOUNDATION FOR THE SPORT OF ICE HOCKEY IN AMERICA; HELPS YOUNG		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	91	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	91	
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	123	
	6	Total number of volunteers (estimate if necessary)	116	
		7a	Total unrelated business revenue from Part VIII, column (C), line 12	18,972.
7b		Net unrelated business taxable income from Form 990-T, line 34	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	12,970,419.	10,336,104.
	9	Program service revenue (Part VIII, line 2g)	28,792,429.	31,221,687.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,173.	3,972.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	202,605.	614,357.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	41,972,626.	42,176,120.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,799,917.	3,269,059.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,318,410.	10,816,291.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,196,446.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-11g)	28,191,040.	28,049,784.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	41,309,367.	42,135,134.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	663,259.	40,986.
	20	Total assets (Part X, line 16)	20,649,835.	20,528,828.
	21	Total liabilities (Part X, line 26)	16,722,430.	17,560,437.
	22	Net assets or fund balances. Subtract line 21 from line 20	3,927,405.	2,968,391.

Part II Signature Block

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

Sign Here ▶ Signature of officer *DAVE OGREAN* Date **4-12-17**
 ▶ **DAVE OGREAN, EXECUTIVE DIRECTOR**
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
JILL J. GOODWIN, CPA	<i>Jill J. Goodwin</i>	4/11/17	<input type="checkbox"/>	P00450838
Firm's name ▶ WAUGH & GOODWIN, LLC	Firm's EIN ▶ 20-1766527	Phone no. (719) 590-9777		
Firm's address ▶ 1365 GARDEN OF THE GODS, SUITE 150	COLORADO SPRINGS, CO 80907			

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

☒ X**1** Briefly describe the organization's mission:

USA HOCKEY, INC. PROVIDES THE FOUNDATION FOR THE SPORT OF ICE HOCKEY IN AMERICA; HELPS YOUNG PEOPLE BECOME LEADERS, EVEN OLYMPIC HEROES; AND CONNECTS THE GAME AT EVERY LEVEL WHILE PROMOTING A LIFELONG LOVE OF THE SPORT. USA HOCKEY'S PRIMARY EMPHASIS IS ON GRASSROOTS HOCKEY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

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?☐ Yes ☒ No

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.**4a** (Code:) (Expenses \$ 9,629,768. including grants of \$) (Revenue \$ 28,584,118.)

MEMBERSHIP SERVICES - PROVIDED ITS MAGAZINE AND INSURANCE COVERAGE WHILE PARTICIPATING IN ANY SANCTIONED EVENTS TO OVER 580,000 MEMBERS. PUBLISHED VARIOUS EDUCATIONAL MATERIALS. PROCESSED ANNUAL REGISTRATION FOR ALL MEMBERS AND MAINTAINS A HISTORICAL AND CURRENT MEMBER DATABASE.

4b (Code:) (Expenses \$ 6,581,956. including grants of \$ 3,144,059.) (Revenue \$ 1,600,802.)

INTERNATIONAL PROGRAMS - TEAMS PARTICIPATE IN INTERNATIONAL COMPETITIONS AT VARIOUS AGE GROUPS.

4c (Code:) (Expenses \$ 4,065,771. including grants of \$) (Revenue \$ 107,804.)

NATIONAL TEAM DEVELOPMENT - CONDUCTED DEVELOPMENT PROGRAMS THAT PROVIDED ON-ICE AND GAME SITUATION TRAINING AND EDUCATION FOR 15 - 18 YEAR OLD PLAYERS.

4d Other program services (Describe in Schedule O.)

(Expenses \$ 15,315,275. including grants of \$ 125,000.) (Revenue \$ 928,963.)

4e Total program service expenses 35,592,770.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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 reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f 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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b 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	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		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):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	X	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	1a	1b	1c	2a	2b	3a	3b	4a	5a	5b	5c	6a	6b	7a	7b	7c	7d	7e	7f	7g	7h	8	9a	9b	10a	10b	11a	11b	12a	12b	13a	13b	13c	14a	14b
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	927																																		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0																																	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			X																																
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		123																																	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			X																																
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			X																																
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O			X																																
4a 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																											
b If "Yes," enter the name of the foreign country: 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?									X																										
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?									X																										
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?																																			
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?								X																											
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?																																			
7 Organizations that may receive deductible contributions under section 170(c).																																			
a 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?										X																									
b If "Yes," did the organization notify the donor of the value of the goods or services provided?																																			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?																X																			
d If "Yes," indicate the number of Forms 8282 filed during the year																																			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?										X																									
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?										X																									
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?																																			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?																																			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?																																			
9 Sponsoring organizations maintaining donor advised funds.																																			
a Did the sponsoring organization make any taxable distributions under section 4966?																																			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?																																			
10 Section 501(c)(7) organizations. Enter:																																			
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																																			
11 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 against amounts due or received from them.)																																			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?																																			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year																																			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.																																			
a 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.																																			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans																																			
c Enter the amount of reserves on hand																																			
14a Did the organization receive any payments for indoor tanning services during the tax year?																																			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O																																			

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" 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

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	91			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b Enter the number of voting members included in line 1a, above, who are independent		91		
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?				X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?			X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.				X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	10a	10b	11a	12a	12b	12c	13	14	15a	15b	16a	16b
10a Did the organization have local chapters, branches, or affiliates?	X											
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		X										
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			X									
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.												
12a Did the organization have a written conflict of interest policy? If "No," go to line 13				X								
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?					X							
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done						X						
13 Did the organization have a written whistleblower policy?							X					
14 Did the organization have a written document retention and destruction policy?								X				
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?												
a The organization's CEO, Executive Director, or top management official									X			
b Other officers or key employees of the organization										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 with a taxable entity during the year?												X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?												

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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 ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records: **THE ORGANIZATION - (719) 576-8724**
1775 BOB JOHNSON DRIVE, COLORADO SPRINGS, CO 80906

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) 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 (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAY FINNIGAN DISTRICT DIRECTOR	1.00	X						0.	0.	0.
(2) GLENN HEPPERAN DISTRICT DIRECTOR	1.00	X						0.	0.	0.
(3) FRANK MCGADY DISTRICT DIRECTOR	1.00	X						0.	0.	0.
(4) GENE PALECCO DISTRICT DIRECTOR	1.00	X						0.	0.	0.
(5) LARRY HELLWIG DISTRICT DIRECTOR	1.00	X						0.	0.	0.
(6) DON MULDER* DISTRICT DIRECTOR	5.00	X						0.	0.	0.
(7) MIKE MULLALLY DISTRICT DIRECTOR	1.00	X						0.	0.	0.
(8) MARY ANN ROBINSON DISTRICT DIRECTOR	1.00	X						0.	0.	0.
(9) MIKE BONISH* DISTRICT DIRECTOR	5.00	X						0.	0.	0.
(10) DON DEROSIA DISTRICT DIRECTOR	1.00	X						0.	0.	0.
(11) TOM MCGRATH DISTRICT DIRECTOR	1.00	X						0.	0.	0.
(12) JOHN TOBIN DISTRICT DIRECTOR	1.00	X						0.	0.	0.
(13) GORDON BOWMAN DISTRICT DIRECTOR	1.00	X						0.	0.	0.
(14) LARRY JOHNSON DISTRICT DIRECTOR	1.00	X						0.	0.	0.
(15) RAY KRAEMER DISTRICT DIRECTOR	1.00	X						0.	0.	0.
(16) ROGER MAURITHO DISTRICT DIRECTOR	1.00	X						0.	0.	0.
(17) TOM CLINE DISTRICT DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) 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 (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PAUL DAY DISTRICT DIRECTOR	1.00	X						0.	0.	0.
(19) JOHN KAROLCIK DISTRICT DIRECTOR	1.00	X						0.	0.	0.
(20) KAYE PINKOWSKI DISTRICT DIRECTOR	1.00	X						0.	0.	0.
(21) SCOTT GRAY DISTRICT DIRECTOR	1.00	X						0.	0.	0.
(22) DOUG KEPHART DISTRICT DIRECTOR	1.00	X						0.	0.	0.
(23) DAVE MARGENAU DISTRICT DIRECTOR	1.00	X						0.	0.	0.
(24) STEVE OLEHEISER DISTRICT DIRECTOR	1.00	X						0.	0.	0.
(25) KEITH BARRETT DISTRICT DIRECTOR	1.00	X						0.	0.	0.
(26) CHERI BONAWITZ DISTRICT DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								1,892,493.	0.	351,828.
d Total (add lines 1b and 1c)								1,892,493.	0.	351,828.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

23

- 3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

- 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
TOUCHPOINT MEDIA, INC., 505 HIGHWAY 169 NORTH, SUITE 465, MINNEAPOLIS, MN 55441	PRINTING & PUBLISHING COST FOR	483,372.
FAEGRE BAKER DANIELS LLP, 2200 WELLS FARGO CENTER 90 S. 7TH STREET, MINNEAPOLIS, MN	LEGAL SERVICES	354,101.
INTERACTIVE COACHING LLC/FLEXX COACH, 9220 SKY KING DRIVE, COLORADO SPRINGS, CO 80924	CEP DEVELOPMENT CONTENT FOR COACHING	315,274.
NEURAL PLANET, 2450 44TH STREET SE STE 200, GRAND RAPIDS, MI 49512	USAH REGISTRATION TOOL AND ONLINE SYST	243,513.
THE ACTIVE NETWORK, 10182 TELESIS CT STE 300, SAN DEIGO, CA 92121	PROGRAMMING, SUPPORT AND HOSTING FEES FO	207,305.
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		7

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) RICHARD OLIVER DISTRICT DIRECTOR	1.00	X						0.	0.	0.
(28) TOM REGAN DISTRICT DIRECTOR	1.00	X						0.	0.	0.
(29) JOE BAUDO DISTRICT DIRECTOR	1.00	X						0.	0.	0.
(30) JOE EPPOLITO DISTRICT DIRECTOR	1.00	X						0.	0.	0.
(31) GARY LEBRUN DISTRICT DIRECTOR	1.00	X						0.	0.	0.
(32) MIKE TRIMBOLI DISTRICT DIRECTOR	1.00	X						0.	0.	0.
(33) DWAYNE DILLINGER DISTRICT DIRECTOR	1.00	X						0.	0.	0.
(34) GREG EVENSON DISTRICT DIRECTOR	1.00	X						0.	0.	0.
(35) JON GUSTAFSON DISTRICT DIRECTOR	1.00	X						0.	0.	0.
(36) DRU HAMMOND DISTRICT DIRECTOR	1.00	X						0.	0.	0.
(37) DEAN BRANDSTETTER DISTRICT DIRECTOR	1.00	X						0.	0.	0.
(38) CHRIS KENNEY DISTRICT DIRECTOR	1.00	X						0.	0.	0.
(39) T.C. LEWIS DISTRICT DIRECTOR	1.00	X						0.	0.	0.
(40) GEOFF PASHKOWSKI DISTRICT DIRECTOR	1.00	X						0.	0.	0.
(41) DONNA KAUFMAN DISTRICT DIRECTOR	1.00	X						0.	0.	0.
(42) KRIS KNAUSS DISTRICT DIRECTOR	1.00	X						0.	0.	0.
(43) MARC FRIEDMAN DISTRICT DIRECTOR	1.00	X						0.	0.	0.
(44) TOM LENZ DISTRICT DIRECTOR	1.00	X						0.	0.	0.
(45) MIKE MULHALL* DISTRICT DIRECTOR	5.00	X						0.	0.	0.
(46) CHRIS POWERS DISTRICT DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) SHAWNA DAVIDSON DIRECTORS AT-LARGE	1.00	X						0.	0.	0.
(48) SARAH FRASER DIRECTORS AT-LARGE	1.00	X						0.	0.	0.
(49) JOAN MARICONDA DIRECTORS AT-LARGE	1.00	X						0.	0.	0.
(50) DAVE MEISNER DIRECTORS AT-LARGE	1.00	X						0.	0.	0.
(51) BRUCE URBAN DIRECTORS AT-LARGE	1.00	X						0.	0.	0.
(52) PHIL VERCHOTA DIRECTORS AT-LARGE	1.00	X						0.	0.	0.
(53) JOE BERTAGNA NCAA DIRECTORS	1.00	X						0.	0.	0.
(54) MIKE SNEE NCAA DIRECTORS	1.00	X						0.	0.	0.
(55) BILL DALY PROFESSIONAL SPORTS ORGANIZATION DIR	1.00	X						0.	0.	0.
(56) DON FEHR PROFESSIONAL SPORTS ORGANIZATION DIR	1.00	X						0.	0.	0.
(57) JOHN BEADLE VICE PRESIDENT	5.00 2.00	X		X				0.	0.	0.
(58) CHARLES FUERTSCH VICE PRESIDENT	5.00 2.00	X		X				0.	0.	0.
(59) DONNA GUARIGLIA TREASURER	10.00 2.00	X		X				0.	0.	0.
(60) BILL HALL SECRETARY	10.00 2.00	X		X				0.	0.	0.
(61) DAVE KLASNICK VICE PRESIDENT	5.00 2.00	X		X				0.	0.	0.
(62) GAVIN M. REGAN VICE PRESIDENT	5.00 2.00	X		X				0.	0.	0.
(63) LARRY REID VICE PRESIDENT	5.00 2.00	X		X				0.	0.	0.
(64) JIM SMITH PRESIDENT	10.00 2.00	X		X				0.	0.	0.
(65) JOHN VANBIESBROUCK VICE PRESIDENT	5.00 2.00	X		X				0.	0.	0.
(66) TAYLOR CHACE ATHLETE DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(67) JULIE CHU ATHLETE DIRECTOR	1.00	X						0.	0.	0.
(68) CHRIS CLARK ATHLETE DIRECTOR	1.00	X						0.	0.	0.
(69) CRAIG CONROY ATHLETE DIRECTOR	1.00	X						0.	0.	0.
(70) PAM DREYER ATHLETE DIRECTOR	1.00	X						0.	0.	0.
(71) MEGHAN DUGGAN ATHLETE DIRECTOR	1.00	X						0.	0.	0.
(72) TRICIA DUNN-LUOMA ATHLETE DIRECTOR	1.00	X						0.	0.	0.
(73) MOLLY ENGSTROM ATHLETE DIRECTOR	1.00	X						0.	0.	0.
(74) CHRIS FERRARO ATHLETE DIRECTOR	1.00	X						0.	0.	0.
(75) PETER FERRARO ATHLETE DIRECTOR	1.00	X						0.	0.	0.
(76) MANNY GUERRA, JR. ATHLETE DIRECTOR	1.00	X						0.	0.	0.
(77) JAMIE HAGERMAN-PHINNEY ATHLETE DIRECTOR	1.00	X						0.	0.	0.
(78) TAYLOR LIPSETT ATHLETE DIRECTOR	1.00	X						0.	0.	0.
(79) SHELLEY LOONEY* ATHLETE DIRECTOR	5.00	X						0.	0.	0.
(80) FREDDY MEYER ATHLETE DIRECTOR	1.00	X						0.	0.	0.
(81) KEVIN MILLER* ATHLETE DIRECTOR	5.00	X						0.	0.	0.
(82) JENNY POTTER* ATHLETE DIRECTOR	5.00	X						0.	0.	0.
(83) BLAKE SLOAN ATHLETE DIRECTOR	1.00	X						0.	0.	0.
(84) MIKE MACMILLAN COACHES DIRECTOR	1.00	X						0.	0.	0.
(85) ALAN MURDOCH COLLEGE CLUB DIRECTOR	1.00	X						0.	0.	0.
(86) CHRIS VAN TIMMEREN COLLEGE CLUB DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VII

Total to Part VII, Section A, line 1c

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	8,123,139.			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,212,965.			
	g	Noncash contributions included in lines 1a-1f: \$		644,339.			
	h	Total. Add lines 1a-1f		10,336,104.			
Program Service Revenue	2 a	MEMBERSHIP FEES	Business Code	900099	26,480,206.	26,480,206.	
	b	TOURNAMENTS & EXHIBITIONS		711300	2,839,785.	2,839,785.	
	c	CORPORATE SPONSORSHIPS		900099	1,896,512.	1,896,512.	
	d	RELATED PARTY RENTAL INCOME		900099	5,184.	5,184.	
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		31,221,687.			
	3	Investment income (including dividends, interest, and other similar amounts)			3,972.		3,972.
4	Income from investment of tax-exempt bond proceeds						
5	Royalties			553,741.		553,741.	
Other Revenue	6 a	Gross rents	(i) Real				
	b	Less: rental expenses	(ii) Personal				
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
	b	Less: cost or other basis and sales expenses	(ii) Other				
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	200,900.			
	b	Less: direct expenses	b	159,256.			
	c	Net income or (loss) from fundraising events		41,644.		41,644.	
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances	a				
	b	Less: cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
	Miscellaneous Revenue				Business Code		
11 a	ADVERTISING REVENUE		900004	18,972.		18,972.	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		18,972.				
12	Total revenue. See instructions.		42,176,120.	31,221,687.	18,972.	599,357.	

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 ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,269,059.	3,269,059.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,129,117.	790,382.	259,697.	79,038.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	7,285,470.	5,222,427.	1,583,787.	479,256.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	539,116.	365,463.	126,173.	47,480.
9 Other employee benefits	1,308,529.	825,409.	392,002.	91,118.
10 Payroll taxes	554,059.	414,398.	103,243.	36,418.
11 Fees for services (non-employees):				
a Management				
b Legal	408,905.		381,808.	27,097.
c Accounting	72,625.		72,625.	
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 (A) amount, list line 11g expenses on Sch O.)	1,956,751.	1,715,653.	183,777.	57,321.
12 Advertising and promotion	454,010.	334,280.	21,678.	98,052.
13 Office expenses	2,735,625.	2,569,902.	141,699.	24,024.
14 Information technology	171,708.	111,257.	60,451.	
15 Royalties				
16 Occupancy	890,314.	350,880.	539,434.	
17 Travel	8,485,996.	7,925,040.	434,878.	126,078.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	170,900.	150,898.	18,207.	1,795.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	562,839.		562,839.	
23 Insurance	5,997,895.	5,817,454.	180,441.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a HONORARIA	1,328,383.	1,326,693.	1,120.	570.
b OTHER	1,062,354.	923,177.	89,592.	49,585.
c ICE RENTAL	901,694.	856,041.	3,680.	41,973.
d UNIFORMS	666,390.	660,898.	5,222.	270.
e All other expenses	2,183,395.	1,963,459.	183,565.	36,371.
25 Total functional expenses. Add lines 1 through 24e	42,135,134.	35,592,770.	5,345,918.	1,196,446.
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)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,963,932.	1	3,447,948.
	2 Savings and temporary cash investments	8,448,413.	2	6,352,385.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	855,204.	4	1,246,308.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,599,435.	9	1,763,849.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,733,458.		
	b Less: accumulated depreciation	10b 4,393,577.	10c	2,339,881.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	750,000.	13	750,000.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	4,152,914.	15	4,628,457.
16 Total assets. Add lines 1 through 15 (must equal line 34)	20,649,835.	16	20,528,828.	
Liabilities	17 Accounts payable and accrued expenses	3,045,285.	17	3,443,967.
	18 Grants payable		18	
	19 Deferred revenue	13,677,145.	19	14,068,861.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	47,609.
	26 Total liabilities. Add lines 17 through 25	16,722,430.	26	17,560,437.
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		3,888,744.	27	2,968,391.
28 Temporarily restricted net assets		38,661.	28	0.
29 Permanently restricted net assets			29	
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances	3,927,405.	33	2,968,391.	
34 Total liabilities and net assets/fund balances	20,649,835.	34	20,528,828.	

Part XI Reconciliation of Net Assets

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	42,176,120.
2	Total expenses (must equal Part IX, column (A), line 25)	2	42,135,134.
3	Revenue less expenses. Subtract line 2 from line 1	3	40,986.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,927,405.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,000,000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,968,391.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X
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 in Schedule O and describe any steps taken to undergo such audits	3b	

Form 990 (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

USA HOCKEY, INC.

Employer identification number

51-0204742

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 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 government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- 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 integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2015

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

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

(Complete only if you checked the box on line 9 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	32213905.	36722121.	38995368.	38679681.	10336104.	156947179
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	3082586.	2926356.	3869536.	3083167.	31221689.	44183334.
3 Gross receipts from activities that are not an unrelated trade or business under section 513					200,900.	200,900.
4 Tax revenues levied for the 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						
6 Total. Add lines 1 through 5	35296491.	39648477.	42864904.	41762848.	41758693.	201331413
7a Amounts included on lines 1, 2, and 3 received from disqualified persons					3,800.	3,800.
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						0.
c Add lines 7a and 7b					3,800.	3,800.
8 Public support. (Subtract line 7c from line 6.)						201327613

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6	35296491.	39648477.	42864904.	41762848.	41758693.	201331413
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,797.	8,569.	7,017.	7,173.	3,972.	33,528.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	6,797.	8,569.	7,017.	7,173.	3,972.	33,528.
11 Net income from unrelated business activities not included in line 10b, whether 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.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	35303288.	39657046.	42871921.	41770021.	41762665.	201364941

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	99.98 %
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	99.98 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	.02 %
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	.02 %

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☒

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b A family member of a person described in (a) above?
- c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- a ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

	Yes	No
2a		
2b		
3a		
3b		

3 Parent of Supported Organizations. Answer (a) and (b) below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

(A) Prior Year

(B) Current Year
(optional)

1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

(A) Prior Year

(B) Current Year
(optional)

1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

Current Year

1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

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

Supplemental information area with horizontal lines for text entry.

2015

*** Not Open to Public Inspection ***

523172 04-01-15

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

Employer identification number

USA HOCKEY, INC.

51-0204742

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 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, 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

Employer identification number

USA HOCKEY, INC.

51-0204742

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>1,723,611.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>60,907.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>239,750.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>62,191.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

USA HOCKEY, INC.

51-0204742

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	UNITED AIRLINE TICKETS	\$ 272,611.	08/31/16
2	HOCKEY EQUIPMENT AND APPAREL	\$ 60,907.	08/31/16
3	APPAREL	\$ 239,750.	08/31/16
4	HOCKEY EQUIPMENT AND APPAREL	\$ 62,191.	08/31/16
		\$	

Name of organization

Employer identification number

USA HOCKEY, INC.**51-0204742****Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015Open to Public
Inspection

Name of the organization

USA HOCKEY, INC.

Employer identification number

51-0204742

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the
organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a ☐ Public exhibition d ☐ Loan or exchange programs
- b ☐ Scholarly research e ☐ Other _____
- c ☐ Preservation for future generations
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☐ %
- b Permanent endowment ☐ %
- c Temporarily restricted endowment ☐ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		6,733,458.	4,393,577.	2,339,881.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,339,881.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) GRANTS RECEIVABLE FROM USA HOCKEY FOUNDATION	3,637,431.
(2) DUE FROM USA HOCKEY FOUNDATION	907,184.
(3) DUE FROM SERVING THE AMERICAN RINKS	83,842.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	4,628,457.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DUE TO USA HOCKEY FOUNDATION	47,609.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	47,609.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	42,335,376.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	159,256.
e	Add lines 2a through 2d	2e	159,256.
3	Subtract line 2e from line 1	3	42,176,120.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	42,176,120.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	42,294,390.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	159,256.
e	Add lines 2a through 2d	2e	159,256.
3	Subtract line 2e from line 1	3	42,135,134.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	42,135,134.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

INCOME TAXES

THE CORPORATION AND THE FOUNDATION QUALIFY AS TAX-EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND, ACCORDINGLY, ARE NOT SUBJECT TO FEDERAL INCOME TAX. NEITHER ENTITY IS A PRIVATE FOUNDATION. HARP QUALIFIES UNDER THE PROVISIONS OF SECTION 501 OF THE INTERNAL REVENUE CODE TO BE EXEMPT FROM FEDERAL INCOME TAXES. ACCORDINGLY, NO TAX PROVISION HAS BEEN RECORDED.

THE CORPORATION'S, FOUNDATION'S AND HARP'S FORMS 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, ARE SUBJECT TO EXAMINATION BY VARIOUS

Part XIII Supplemental Information *(continued)*

TAXING AUTHORITIES, GENERALLY FOR THREE YEARS AFTER THE DATE THEY WERE
FILED. MANAGEMENT OF THE CORPORATION BELIEVES THAT IT DOES NOT HAVE ANY
UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES CHARGED TO EXPENSE IN AUDITED
STATEMENTS

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES CHARGED TO EXPENSE IN AUDITED
STATEMENTS

SCHEDULE F
(Form 990)Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015Open to Public
Inspection

Name of the organization

USA HOCKEY, INC.

Employer identification number

51-0204742

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
EUROPE (INCLUDING ICELAND & GREENLAND)			TRAVEL		379,612.
RUSSIA AND NEIGHBORING STATES			TRAVEL		286,278.
3 a Sub-total	0	0			665,890.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			665,890.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2015

SI-0204742

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990) ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471) ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990) ☐ Yes ☒ No

Schedule F (Form 990) 2015

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

Lined area for supplemental information.

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

2015

Open to Public Inspection

USA HOCKEY, INC.

Employer identification number
51-0204742

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- d ☐ In-person solicitations

- ☐
- No

- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
Total	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 USHHOF AWARDS BANQU (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	200,900.			200,900.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	200,900.			200,900.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	91,722.			91,722.
	8 Entertainment				
	9 Other direct expenses	67,534.			67,534.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				159,256.
	11 Net income summary. Subtract line 10 from line 3, column (d)				41,644.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name Address

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
- ☐
- Yes
- ☐
- No

b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$.

c If "Yes," enter name and address of the third party:

Name Address

16 Gaming manager information:

Name Gaming manager compensation \$ Description of services provided ☐ Director/officer☐ Employee☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Part IV Supplemental Information *(continued)*

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

USA HOCKEY, INC.

Part I General Information on Grants and Assistance

Employer identification number
51-0204742

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALASKA STATE HOCKEY ASSOCIATION 841 1ST STREET ANCHORAGE, AK 99501	92-0129499	501(C)(3)	18,807.	0.			BLOCK GRANT
AMATEUR HOCKEY ASSOCIATION ILLINOIS - 2 S. 713 GROVE - WARRENVILLE, IL 60555	36-2883831	501(C)(3)	67,600.	0.			BLOCK GRANT
ARIZONA AMATEUR HOCKEY ASSOCIATION P.O. BOX 17714 FOUNTAIN HILLS, AZ 85269	86-0954646	501(C)(3)	11,582.	0.			BLOCK GRANT
ASSISTIVE TECHNOLOGY OUTDOOR PROFESSIONALS, INC. - P.O. BOX 563 - STRAFFORD, MO 65757	45-4706442	501(C)(3)	10,000.	0.			VA GRANT
ATLANTIC AMATEUR HOCKEY ASSOCIATION - 251 E. GLEN AVE - RIDGEWOOD, NJ 07450	23-7375622	501(C)(3)	88,160.	0.			BLOCK GRANT
ATLANTIC JUNIOR HOCKEY LEAGUE 700 LAWRENCE DRIVE WEST CHESTER, PA 19380	45-4998974	501(C)(3)	9,833.	0.			JUNIOR SHOWCASE SUBSIDIES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2015)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ATLANTIC JUNIOR HOCKEY LEAGUE 700 LAWRENCE DRIVE WEST CHESTER, PA 19380	45-4998974	501(C)(3)	10,303.	0.			NHL DRAFT/NCAA GRANT
ATLANTIC METROPOLITAN HOCKEY LEAGUE - P.O. BOX 240 - FLORHAM PARK, NJ 07932	22-3249555	501(C)(3)	20,000.	0.			JUNIOR OFFICIATING GRANT
CALIFORNIA AMATEUR HOCKEY ASSOCIATION - 4529 S. CHESTNUT AVE - FRESNO, CA 93725	33-0254897	501(C)(3)	60,975.	0.			BLOCK GRANT
CAROLINA AMATEUR HOCKEY ASSOCIATION - 11004 COKESEBURY LANE - RALEIGH, NC 27614	31-1709238	501(C)(3)	18,567.	0.			BLOCK GRANT
CENTRAL DISTRICT 413 S. MIDVALE ROAD MADISON, WI 53711	27-1357753	501(C)(3)	5,000.	0.			BOYS' 14 CAMP GRANT
CENTRAL DISTRICT 413 S. MIDVALE ROAD MADISON, WI 53711	27-1357753	501(C)(3)	5,000.	0.			GIRLS' 15 CAMP GRANT
CHICAGO STEEL HOCKEY TEAM 1996 S. KIRK ROAD GENEVA, IL 60134	47-4056367		25,000.	0.			GRANT
CITY OF BOISE PARKS & RECREATION 1104 ROYAL BLVD. BOISE, ID 83706	82-6000165	GOVERNMENT	10,000.	0.			VA GRANT
COLLEGE HOCKEY, INC. 121 DONALD LYNCH BLVD MARLBOROUGH, MA 01752	27-1436145	501(C)(3)	600,000.	0.			PROMOTE COLLEGE HOCKEY

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO AMATEUR HOCKEY ASSOCIATION - 3860 BALSAM STREET - WHEATRIDGE, CO 80033	84-1303384	501(C)(3)	31,635.	0.			BLOCK GRANT
COLORADO SPRINGS AMATEUR HOCKEY ASSOCIATION - P.O. BOX 1263 - COLORADO SPRINGS, CO 80901	75-3004503	501(C)(3)	10,000.	0.			VA GRANT
FLORIDA SLED HOCKEY ASSOCIATION, INC. - 4112 NW 36TH LANE - CAPE CORAL, FL 33993	45-3527055	501(C)(3)	10,000.	0.			VA GRANT
IDAH0 AMATEUR HOCKEY ASSOCIATION P.O. BOX 1238 KETCHUM, ID 83340	82-0515812	501(C)(3)	7,927.	0.			BLOCK GRANT
MASSACHUSETTS HOCKEY 75 BELCHER DRIVE WHITMAN, MA 02382	04-3130566	501(C)(3)	2,550.	0.			BOYS' 14 CAMP GRANT
MASSACHUSETTS HOCKEY 75 BELCHER DRIVE WHITMAN, MA 02382	04-3130566	501(C)(3)	1,650.	0.			BOYS' 15 CAMP GRANT
MASSACHUSETTS HOCKEY 75 BELCHER DRIVE WHITMAN, MA 02382	04-3130566	501(C)(3)	103,367.	0.			BLOCK GRANT
MASSACHUSETTS HOCKEY 75 BELCHER DRIVE WHITMAN, MA 02382	04-3130566	501(C)(3)	2,950.	0.			GIRLS' 14/15 CAMP GRANT
METROPOLITAN JUNIOR HOCKEY LEAGUE 554 LAFAYETTE AVE HAWTHORNE, NJ 07506	22-3249555	501(C)(3)	3,432.	0.			NHL DRAFT/NCAA GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
METROPOLITAN JUNIOR HOCKEY LEAGUE P.O. BOX 240 FLORHAM PARK, NJ 07932	22-3249555	501(C)(3)	9,833.	0.			JUNIOR SHOWCASE SUBSIDY
MICHIGAN AMATEUR HOCKEY ASSOCIATION - 17809 LOST POND LANE - SPRING LAKE, MI 49456	38-2556088	501(C)(3)	5,000.	0.			BOYS' 15 CAMP GRANT
MICHIGAN AMATEUR HOCKEY ASSOCIATION - 17809 LOST POND LANE - SPRING LAKE, MI 49456	38-2556088	501(C)(3)	5,000.	0.			BOYS' 14 CAMP GRANT
MICHIGAN AMATEUR HOCKEY ASSOCIATION - 17809 LOST POND LANE - SPRING LAKE, MI 49456	38-2556088	501(C)(3)	116,972.	0.			BLOCK GRANT
MID WEST AMATEUR HOCKEY ASSOCIATION - 10224 V STREET - OMAHA, NE 68127	42-1457750	501(C)(3)	14,718.	0.			BLOCK GRANT
MID-AMERICAN HOCKEY ASSOCIATION 1127 COUNTRY CLUB ROAD MONONGAHELA, PA 15063	35-1964943	501(C)(3)	81,167.	0.			BLOCK GRANT
MID-AMERICAN HOCKEY ASSOCIATION 1127 COUNTRY CLUB ROAD MONONGAHELA, PA 15063	35-1964943	501(C)(3)	1,500.	0.			GIRLS' 15 CAMP GRANT
MINNESOTA HOCKEY 6806 FORESTVIEW LN. N MAPLE GROVE, MN 55369	41-1458420	501(C)(3)	115,368.	0.			BLOCK GRANT
MINNESOTA HOCKEY 6806 FORESTVIEW LN. N MAPLE GROVE, MN 55369	41-1458420	501(C)(3)	5,000.	0.			GIRLS' 15 CAMP GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINNESOTA HOCKEY 6806 FORESTVIEW LN. N MAPLE GROVE, MN 55369	41-1458420	501(C)(3)	5,000.	0.			BOYS' 15 CAMP GRANT
MISSOURI HOCKEY, INC. 25 CHAMINADE DRIVE CREVE COEUR, MO 63141	43-1602178	501(C)(3)	15,310.	0.			BLOCK GRANT
MONTANA AMATEUR HOCKEY ASSOCIATION 2600 QUEEN STREET MISSOULA, MT 59801	82-0580433	501(C)(3)	9,638.	0.			BLOCK GRANT
NEW ENGLAND DISTRICT HOCKEY 28 TARBOX ROAD JERICHO, VT 05465	02-0495890	501(C)(3)	4,250.	0.			BOYS' 15 CAMP GRANT
NEW ENGLAND DISTRICT HOCKEY 28 TARBOX ROAD JERICHO, VT 05465	02-0495890	501(C)(3)	4,150.	0.			BOYS' 14 CAMP GRANT
NEW ENGLAND DISTRICT HOCKEY 28 TARBOX ROAD JERICHO, VT 05465	02-0495890	501(C)(3)	76,070.	0.			BLOCK GRANT
NEW ENGLAND DISTRICT HOCKEY 28 TARBOX ROAD JERICHO, VT 05465	02-0495890	501(C)(3)	5,000.	0.			GIRLS' 15 CAMP GRANT
NEW YORK STATE AMATEUR HOCKEY ASSOCIATION - 57 COUNTRYGATE LANE - TONWANDA, NY 14150	16-1184849	501(C)(3)	107,650.	0.			BLOCK GRANT
NORTH AMERICAN 3 HOCKEY LEAGUE 2601 AVENUE OF THE STARS, STE 400 FRISCO, TX 75034	27-3629698	501(C)(3)	4,821.	0.			NHL DRAFT/NCAA GRANT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH AMERICAN 3 HOCKEY LEAGUE 2601 AVENUE OF THE STARS, STE 400 FRISCO, TX 75034	27-3628698	501(C)(3)	9,833.	0.			JUNIOR SHOWCASE SUBSIDY
NORTH AMERICAN HOCKEY LEAGUE 2601 AVENUE OF THE STARS, STE 400 FRISCO, TX 75034	38-3203750	501(C)(3)	60,000.	0.			JUNIOR GRANT
NORTH AMERICAN HOCKEY LEAGUE 2601 AVENUE OF THE STARS, STE 400 FRISCO, TX 75034	38-3203750	501(C)(3)	36,000.	0.			JUNIOR SHOWCASE GRANT
NORTH AMERICAN HOCKEY LEAGUE 2601 AVENUE OF THE STARS, STE 400 FRISCO, TX 75034	38-3203750	501(C)(3)	24,839.	0.			NHL DRAFT/NCAA GRANT
NORTH DAKOTA AMATEUR HOCKEY ASSOCIATION - 4311 15TH AVENUE SW #111 - FARGO, ND 58103	45-0411123	501(C)(3)	11,388.	0.			BLOCK GRANT
OREGON STATE HOCKEY ASSOCIATION 1460 SE 58TH AVE PORTLAND, OR 97215	93-0791934	501(C)(3)	5,110.	0.			BLOCK GRANT
PACIFIC NORTHWEST AMATEUR HOCKEY ASSOCIATION - 14326 124TH AVENUE NE - KIRKLAND, WA 98034	91-1088618	501(C)(3)	19,205.	0.			BLOCK GRANT
POTOMAC VALLEY AMATEUR HOCKEY ASSOC. - 7518 LAWRENCE ROAD - BALTIMORE, MD 21222	52-2139421	501(C)(3)	46,638.	0.			BLOCK GRANT
ROCKY MOUNTAIN DISTRICT HOCKEY INC. - 1188 LAMPTON ROAD - SOUTH JORDAN, UT 84095	47-3667426	501(C)(3)	10,050.	0.			BOYS '14 CAMP GRANT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCKY MOUNTAIN DISTRICT HOCKEY INC. - 1188 LAMPTON ROAD - SOUTH JORDAN, UT 84095	47-3667426	501(C)(3)	11,950.	0.			GIRLS' 14 CAMP GRANT
SERVING THE AMERICAN RINKS 1775 BOB JOHNSON DRIVE COLORADO SPRINGS, CO 80906	84-1537531	501(C)(6)	125,000.	0.			GRANT TO SUPPORT OPERATIONS
SOUTH DAKOTA AMATEUR HOCKEY ASSOCIATION - 122 E. TEXAS STREET - RAPID CITY, SD 57701	46-0409014	501(C)(3)	5,883.	0.			BLOCK GRANT
SOUTHERN AMATEUR HOCKEY ASSOCIATION - 1234 HALIFAX ROAD - KNOXVILLE, TN 37922	58-2502660	501(C)(3)	16,858.	0.			BLOCK GRANT
STATEWIDE AMATEUR HOCKEY OF FLORIDA - 2324 NE 20TH AVE - WILTON MANORS, FL 33305	59-3417365	501(C)(3)	28,815.	0.			BLOCK GRANT
TEXAS AMATEUR HOCKEY ASSOCIATION 803 HIGHLAND LAKES COURT KELLER, TX 76248	73-1458493	501(C)(3)	32,525.	0.			BLOCK GRANT
U.S. HOCKEY LEAGUE 1327 W WASHINGTON BLVD, STE 3C CHICAGO, IL 60607	42-1484283	501(C)(3)	900,000.	0.			GRANT
U.S. HOCKEY LEAGUE 1327 W WASHINGTON BLVD, STE 3C CHICAGO, IL 60607	42-1484283	501(C)(3)	65,214.	0.			NHL DRAFT/NCAA GRANT
UNITED STATES PREMIER HOCKEY LEAGUE - 20 TRAFALGAR SQUARE, STE 202 - NASHUA, NH 03063	46-1408772	501(C)(3)	29,500.	0.			JUNIOR SHOWCASE SUBSIDY

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED STATES PREMIER HOCKEY LEAGUE - 20 TRAFALGAR SQUARE, STE 202 - NASHUA, NH 03063	45-1408772	501(C)(3)	41,382.	0.			NHL DRAFT/NCAA GRANT
USA WARRIORS ICE HOCKEY PROGRAM, INC. - 14414 SYLVAN GLADE DRIVE - NORTH POTOMAC, MD 20878	26-3110186	501(C)(3)	10,000.	0.			VA GRANT
UTAH AMATEUR HOCKEY ASSOCIATION 6336 S. CANNONWOOD DRIVE TAYLORSVILLE, UT 84123	87-0356292	501(C)(3)	10,668.	0.			BLOCK GRANT
WISCONSIN AMATEUR HOCKEY ASSOCIATION - 806 FOREST CIRCLE - POND DU LAC, WI 54935	39-1929213	501(C)(3)	37,155.	0.			BLOCK GRANT

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.**PART I, LINE 2:**

GRANTEES ARE REQUIRED TO DEMONSTRATE THEIR ELIGIBILITY PRIOR TO FUNDS BEING DISTRIBUTED.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

USA HOCKEY, INC.

Employer identification number

51-0204742

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b	X	
2	X	
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2015

Do not list any individuals that are not listed on Form 990, Part VII.

Do not list any individuals that are not listed on Form 990, Part VII. Do not list any individuals that are not listed on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on row (i) and from related organizations, described in the instructions, on row (ii).

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

[illegible]

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

ALL EMPLOYEES ARE ELIGIBLE FOR DISCRETIONARY BONUSES BASED UPON A VARIETY OF SUBJECTIVE CRITERIA. ANY BONUSES RECEIVED ARE REPORTED IN COLUMN B(III) OF SCHEDULE J PART II.

SCHEDULE J PART I, LINE 1A

OFFICERS WHO ARE EMPLOYEES OF THE ORGANIZATION AND KEY EMPLOYEES ARE PROVIDED COUNTRY CLUB MEMBERSHIPS. THESE MEMBERSHIPS ARE PRIMARILY USED FOR PURPOSES RELATED TO THEIR DUTIES, AND ON BEHALF OF THE ORGANIZATION. THE PERSONAL USE PORTION OF THE DUES IS REPORTED AS TAXABLE COMPENSATION AND REPORTED IN COLUMN (B)(III) OTHER REPORTABLE COMPENSATION OF SCHEDULE J PART II.

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open To Public Inspection

Name of the organization

USA HOCKEY, INC.

Employer identification number

51-0204742

Part I	Excess Benefit Transactions
--------	-----------------------------

(section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

[illegible]

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II	Loans to and/or From Interested Persons.
---------	--

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

[illegible]

Part III	Grants or Assistance Benefiting Interested Persons.
-----------------	--

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

[illegible]

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
PENFACS FINANCIAL SERVICES	RON DEGREGORIO, BOA	30,000.	OFFICE ADMI		X
ALLEGRA MARKETING, PRINT &	JIM SMITH, BOARD PR	40,425.	PRINTING BR		X

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: PENFACS FINANCIAL SERVICES

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

RON DEGREGORIO, BOARD CO-CHAIR, OWNS ENTITY

(D) DESCRIPTION OF TRANSACTION: OFFICE ADMINISTRATION SUPPORT

(A) NAME OF PERSON: ALLEGRA MARKETING, PRINT & MAIL

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

JIM SMITH, BOARD PRESIDENT, OWNS ENTITY

(D) DESCRIPTION OF TRANSACTION: PRINTING BROCHURES & MISC.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2015

**Open To Public
Inspection**

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization

USA HOCKEY, INC.

Employer identification number

51-0204742

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (HOCKEY EQUIPM)	X	8	371,728.	FAIR MARKET VALUE
26 Other ▶ (AIRLINE TICKE)	X	1	272,611.	FAIR MARKET VALUE
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X
33		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2015)

Part II

Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER REPORTED IN COLUMN B IN PART I RELATES TO THE ACTUAL NUMBER
OF CONTRIBUTORS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

USA HOCKEY, INC.

Employer identification number

51-0204742

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PEOPLE BECOME LEADERS, EVEN OLYMPIC HEROES; AND CONNECTS THE GAME AT
EVERY LEVEL WHILE PROMOTING A LIFELONG LOVE OF THE SPORT. USA HOCKEY'S
PRIMARY EMPHASIS IS ON GRASSROOTS HOCKEY. ALSO, THERE ARE JUNIOR AND
ADULT HOCKEY PROGRAMS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ALSO, THERE ARE JUNIOR AND ADULT HOCKEY PROGRAMS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

COACHING

EXPENSES \$ 2,308,548. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2,085.

PLAYER DEVELOPMENT

EXPENSES \$ 3,032,854. INCLUDING GRANTS OF \$ 0. REVENUE \$ 58,146.

ADULT HOCKEY

EXPENSES \$ 1,569,654. INCLUDING GRANTS OF \$ 0. REVENUE \$ 678,770.

INTERNET PROJECT

EXPENSES \$ 388,143. INCLUDING GRANTS OF \$ 0. REVENUE \$ 7,528.

ANNUAL CONGRESS/MID-WINTER MEETINGS

EXPENSES \$ 1,032,219. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

YOUTH PROGRAM

Name of the organization

USA HOCKEY, INC.

Employer identification number

51-0204742

EXPENSES \$ 905,974. INCLUDING GRANTS OF \$ 125,000. REVENUE \$ 21,000.

JUNIOR PROGRAM

EXPENSES \$ 523,481. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

OFFICIALS

EXPENSES \$ 2,547,107. INCLUDING GRANTS OF \$ 0. REVENUE \$ 161,434.

AMERICAN DEVELOPMENT MODEL

EXPENSES \$ 2,032,306. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

MEMBERSHIP DEVELOPMENT

EXPENSES \$ 974,989. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6:

MEMBERS

USA HOCKEY IS A MEMBERSHIP ORGANIZATION WITH OVER 580,000 MEMBERS. THERE ARE TWO CATEGORIES OF MEMBERS, REGISTERED PARTICIPANT MEMBERS AND ALLIED MEMBERS. SOME OF THE REGISTERED PARTICIPANT MEMBERS ARE DESIGNATED AS ELIGIBLE ATHLETES BASED UPON PARTICIPATION IN CERTAIN HOCKEY COMPETITIONS. ALLIED MEMBERSHIP IS DIVIDED INTO VARIOUS SECTIONS, AS ESTABLISHED BY THE BOARD OF DIRECTORS. CURRENT SECTIONS OF USA HOCKEY ARE AS FOLLOWS: OFFICIALS (REFEREES AND LINESMEN), COACHES, COLLEGES, GIRLS'/WOMEN'S, HIGH SCHOOL, AMATEUR HOCKEY ORGANIZATIONS (INCLUDING NATIONAL AMATEUR HOCKEY ORGANIZATIONS), PROFESSIONAL HOCKEY ORGANIZATIONS, REGISTRARS, INDIVIDUAL MEMBERS AND DISABLED HOCKEY.

FORM 990, PART VI, SECTION A, LINE 7A:

Name of the organization

USA HOCKEY, INC.

Employer identification number

51-0204742

MEMBER ELECTIONS OF BOARD OF DIRECTORS

EACH DISTRICT DIRECTOR WILL BE ELECTED BY THE REGISTERED PARTICIPANT
MEMBERS OF THAT DISTRICT. EACH DIRECTOR REPRESENTING A SECTION OF USA
HOCKEY WILL BE ELECTED BY THE ALLIED MEMBERS OF THAT SECTION. EACH ATHLETE
DIRECTOR WILL BE ELECTED BY ELIGIBLE ATHLETES.

FORM 990, PART VI, SECTION B, LINE 11:

A COPY IS GIVEN TO THE AUDIT COMMITTEE AND TO THE EXECUTIVE COMMITTEE
MEMBERS FOR REVIEW. TIME ALLOWED FOR THE REVIEW PROCESS IS 1-2 WEEKS, AND
THEN THE 990 IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

USA HOCKEY REQUIRES THAT EACH OF ITS OFFICERS, DIRECTORS, AND EMPLOYEES
COMPLETE AND SIGN A CONFLICT OF INTEREST QUESTIONNAIRE ON A YEARLY BASIS,
AND THOSE QUESTIONNAIRES ARE REVIEWED BY USA HOCKEY'S GENERAL COUNSEL AND,
IF APPROPRIATE, OTHERS WITHIN USA HOCKEY TO PROTECT USA HOCKEY AND ITS
OFFICERS, DIRECTORS, AND EMPLOYEES FROM THE APPEARANCE OF OR CHARGES OF
IMPROPRIETY. PURSUANT TO THE CONFLICT OF INTEREST POLICY, PERSONS WITH A
CONFLICT OF INTEREST WITH RESPECT TO A SPECIFIC MATTER ARE EXCLUDED FROM
ANY VOTING OR CONSIDERATION ON THAT MATTER. ANY PERSON THAT FAILS TO
COMPLY WITH THE POLICY IS SUBJECT TO SANCTIONS AS THE BOARD OF DIRECTORS
DEEMS APPROPRIATE.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE DIRECTOR'S COMPENSATION IS REVIEWED AND APPROVED BY A
COMPENSATION COMMITTEE. OTHER KEY EMPLOYEE'S COMPENSATION IS DETERMINED BY
THE EXECUTIVE DIRECTOR AND REVIEWED BY THE COMPENSATION COMMITTEE.

Name of the organization

USA HOCKEY, INC.

Employer identification number

51-0204742

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE GENERAL PUBLIC THROUGH THE USA HOCKEY WEBSITE. REQUESTS CAN ALSO BE MAILED TO THE USA HOCKEY, INC. OFFICES.

FORM 990, PART VI LINE 1A

EXECUTIVE COMMITTEE

THE EXECUTIVE COMMITTEE SHALL CONSIST OF ALL OF THE OFFICERS OF USA HOCKEY AND SUFFICIENT ATHLETE DIRECTORS TO INSURE THAT NOT LESS THAN 20% OF ITS MEMBERSHIP IS COMPOSED OF ATHLETE DIRECTORS. THREE DIRECTOR REPRESENTATIVES SHALL BE ELECTED BY THE BOARD OF DIRECTORS FROM THE DISTRICT DIRECTORS, SECTION DIRECTORS OR DIRECTORS AT-LARGE. PERSONS LISTED ON PART VII WITH AN ASTERISK BEHIND THEIR NAME ARE THOSE ATHLETE AND DIRECTOR REPRESENTATIVES SERVING ON THE EXECUTIVE COMMITTEE.

THE EXECUTIVE COMMITTEE SHALL BE EMPOWERED TO ACT ON THE BEHALF OF THE BOARD OF DIRECTORS BETWEEN MEETINGS OF THE BOARD PROVIDED THAT (A) THE EXECUTIVE COMMITTEE SHALL NOT HAVE THE AUTHORITY TO AMEND, ALTER, OR REPEAL THE BYLAWS OR RULES AND REGULATIONS, BUT MAY RECOMMEND SUCH CHANGES TO THE BOARD OF DIRECTORS FOR CONSIDERATION AND (B) THE EXECUTIVE COMMITTEE SHALL HAVE THE AUTHORITY TO AMEND, ALTER OR REPEAL RULES AND REGULATIONS ONLY IN THE CASE OF AN EMERGENCY WHEN A VOTE OF THE BOARD OF DIRECTORS CANNOT REASONABLY BE OBTAINED, AND IN SUCH EVENT THE ACTION TAKEN BY THE EXECUTIVE COMMITTEE SHALL BE PLACED ON THE AGENDA AT THE NEXT MEETING OF THE BOARD OF DIRECTORS FOR RATIFICATION, AMENDMENT OR REPEAL.

Name of the organization

USA HOCKEY, INC.

Employer identification number

51-0204742

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

TRANSFER OF NET ASSETS TO USA HOCKEY FOUNDATION, EIN

74-2553720

-1,000,000.

FORM 990. PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

OMB No. 1545-0047

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990.

1000

information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

USA HOCKEY, INC.

Employer identification
51-0204742

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

[illegible]

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
USA HOCKEY FOUNDATION - 74-2553720							
1775 BOB JOHNSON DRIVE	TO RAISE FUNDS AND ACQUIRE						
COLORADO SPRINGS, CO 80906	ASSETS FOR USA HOCKEY	COLORADO	501(C)(3)	LINE 11A, I	USA HOCKEY INC	X	
SERVING THE AMERICAN RINKS - 84-1537531	TO PROVIDE EDUCATION, TRAINING, & NEW RESOURCES						
1775 BOB JOHNSON DRIVE	TO ICE RINK & ARENA	COLORADO	501(C)(6)		USA HOCKEY INC	X	
COLORADO SPRINGS, CO 80906	TO PROVIDE GENERAL						
HOCKEY AND RINK PROTECTION, INC. -	LIABILITY INSURANCE						
80-0266799, 76 ST PAUL STREET, STE 500,	COVERAGE TO THOSE	VERMONT	501(C)(3)	LINE 11A, I			X
BURLINGTON, VT 05401							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART VII FOR CONTINUATIONS

532161
09-08-15
LHA

Schedule R (Form 990) 2015

part III Identification of Related Organizations Taxable as a Partnership Complete if the information is: 51-0204742 Page 2

Part III **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

[illegible]

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

[illegible]

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Dividends from related organization(s)**g** Sale of assets to related organization(s)**h** Purchase of assets from related organization(s)**i** Exchange of assets with related organization(s)**j** Lease of facilities, equipment, or other assets to related organization(s)**k** Lease of facilities, equipment, or other assets from related organization(s)**l** Performance of services or membership or fundraising solicitations for related organization(s)**m** Performance of services or membership or fundraising solicitations by related organization(s)**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**o** Sharing of paid employees with related organization(s)**p** Reimbursement paid to related organization(s) for expenses**q** Reimbursement paid by related organization(s) for expenses**r** Other transfer of cash or property to related organization(s)**s** Other transfer of cash or property from related organization(s)**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SERVING THE AMERICAN RINKS	B	125,000.CASH	
(2) USA HOCKEY FOUNDATION	C	8,123,139.CASH	
(3) USA HOCKEY FOUNDATION	K	369,300.CASH	
(4) USA HOCKEY FOUNDATION	O	510,042.CASH	
(5) USA HOCKEY FOUNDATION	D	4,544,615.CASH	
(6) USA HOCKEY FOUNDATION	R	1,000,000.CASH	

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)SERVING THE AMERICAN RINKS	A	5,184.	CASH
(8)SERVING THE AMERICAN RINKS	D	83,842.	CASH
(9)USA HOCKEY FOUNDATION	P	141,442.	CASH
(10)USA HOCKEY FOUNDATION	Q	0.	CASH
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Part VI

Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

SERVING THE AMERICAN RINKS

PRIMARY ACTIVITY: TO PROVIDE EDUCATION, TRAINING, & NEW RESOURCES TO ICE

RINK & ARENA INDUSTRY

NAME OF RELATED ORGANIZATION:

HOCKEY AND RINK PROTECTION, INC.

PRIMARY ACTIVITY: TO PROVIDE GENERAL LIABILITY INSURANCE COVERAGE TO THOSE

ASSOCIATED W/USAH

EXTENDED TO JULY 17, 2017

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No. 1545-0087

For calendar year 2015 or other tax year beginning SEP 1, 2015 and ending AUG 31, 2016**2015**Open to Public Inspection for
501(c)(3) Organizations OnlyDepartment of the Treasury
Internal Revenue ServiceInformation about Form 990-T and its instructions is available at www.irs.gov/form990t.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

A <input type="checkbox"/> Check box if address changed	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number (Employees' trust, see instructions.)
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type USA HOCKEY, INC. Number, street, and room or suite no. If a P.O. box, see instructions. 1775 BOB JOHNSON DRIVE City or town, state or province, country, and ZIP or foreign postal code COLORADO SPRINGS, CO 80906	51-0204742 E Unrelated business activity codes (See instructions.) 541860 541800
C Book value of all assets at end of year 20,528,828.	F Group exemption number (See instructions.) 3724	
	G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Describe the organization's primary unrelated business activity. **SALE OF ADVERTISING IN MAGAZINE****I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation.**J** The books are in care of **THE ORGANIZATION** Telephone number **(719) 576-8724****Part I Unrelated Trade or Business Income**

(A) Income (B) Expenses (C) Net

1a Gross receipts or sales			
b Less returns and allowances			
c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11	18,972.	18,700.
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13	18,972.	18,700.
			272.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	272.
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	272.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	0.
31 Net operating loss deduction (limited to the amount on line 30) SEE STATEMENT 1	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	0.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	0.

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01-08-16

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2015)

Part III Tax Computation**35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ☐ See instructions and:**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34

35c 0.

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:☐ Tax rate schedule or ☐ Schedule D (Form 1041)

36

37 Proxy tax. See instructions

37

38 Alternative minimum tax

38

39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies

39 0.

Part IV Tax and Payments**40a Foreign tax credit** (corporations attach Form 1118; trusts attach Form 1116)

40a

b Other credits (see instructions)

40b

c General business credit. Attach Form 3800

40c

d Credit for prior year minimum tax (attach Form 8801 or 8827)

40d

e Total credits. Add lines 40a through 40d

40e

41 Subtract line 40e from line 39

41 0.

42 Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)

42

43 Total tax. Add lines 41 and 42

43 0.

44a Payments: A 2014 overpayment credited to 2015

44a

b 2015 estimated tax payments

44b

c Tax deposited with Form 8868

44c

d Foreign organizations: Tax paid or withheld at source (see instructions)

44d

e Backup withholding (see instructions)

44e

f Credit for small employer health insurance premiums (Attach Form 8941)

44f

g Other credits and payments:☐ Form 2439☐ Form 4136 ☐ Other

Total

44g

45 Total payments. Add lines 44a through 44g

45

46 Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐

46

47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed

47 0.

48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid

48 0.

49 Enter the amount of line 48 you want: Credited to 2016 estimated tax

Refunded

49

Part V Statements Regarding Certain Activities and Other Information (see instructions)**1** At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here

Yes No

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.

Yes No

3 Enter the amount of tax-exempt interest received or accrued during the tax year \$

Yes No

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A****1** Inventory at beginning of year

1

2 Purchases

2

3 Cost of labor

3

4a Additional section 263A costs (attach schedule)

4a

b Other costs (attach schedule)

4b

5 Total. Add lines 1 through 4b

5

6 Inventory at end of year

6

7 Cost of goods sold. Subtract line 6

from line 5. Enter here and in Part I, line 2

7

8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

Yes No

Sign Here

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

Signature of officer *David W. Grea* Date 4-12-17

EXECUTIVE DIRECTOR

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name

JILL J. GOODWIN, CPA

Preparer's signature

Jill J. Goodwin, CPA

Date

4/11/17

Check ☐ if self-employed

PTIN

P00450838

Firm's name **WAUGH & GOODWIN, LLP**Firm's EIN **20-1766527**Firm's address **1365 GARDEN OF THE GODS, SUITE 150**Phone no. **(719) 590-9777****COLORADO SPRINGS, CO 80907**

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)**1.** Description of property(1)
(2)
(3)
(4)**2.** Rent received or accrued**(a)** From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)**(b)** From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)**3(a)** Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)(1)
(2)
(3)
(4)

Total 0.

Total 0.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)**(b) Total deductions.**

Enter here and on page 1, Part I, line 6, column (B)

0.

Schedule E - Unrelated Debt-Financed Income (see instructions)**1.** Description of debt-financed property**2.** Gross income from or allocable to debt-financed property**3.** Deductions directly connected with or allocable to debt-financed property**(a)** Straight line depreciation (attach schedule)**(b)** Other deductions (attach schedule)(1)
(2)
(3)
(4)**4.** Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)**5.** Average adjusted basis of or allocable to debt-financed property (attach schedule)**6.** Column 4 divided by column 5**7.** Gross income reportable (column 2 x column 6)**8.** Allocable deductions (column 6 x total of columns 3(a) and 3(b))(1)
(2)
(3)
(4)0%
0%
0%
0%**Totals**

Enter here and on page 1, Part I, line 7, column (A).

0.

Enter here and on page 1, Part I, line 7, column (B).

0.

Total dividends-received deductions included in column 8

0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)**1.** Name of controlled organization**2.** Employer identification number**Exempt Controlled Organizations****3.** Net unrelated income (loss) (see instructions)**4.** Total of specified payments made**5.** Part of column 4 that is included in the controlling organization's gross income**6.** Deductions directly connected with income in column 5(1)
(2)
(3)
(4)**Nonexempt Controlled Organizations****7.** Taxable income**8.** Net unrelated income (loss) (see instructions)**9.** Total of specified payments made**10.** Part of column 9 that is included in the controlling organization's gross income**11.** Deductions directly connected with income in column 10(1)
(2)
(3)
(4)Add columns 5 and 10.
Enter here and on page 1, Part I, line 8, column (A).Add columns 6 and 11.
Enter here and on page 1, Part I, line 8, column (B).**Totals**

0.

0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) AMERICAN HOCKEY	18,972.	18,700.	272.	800,255.	1250810.	272.
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	18,972.	18,700.				272.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T

NET OPERATING LOSS DEDUCTION

STATEMENT 1

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
08/31/14	343,493.	0.	343,493.	343,493.
08/31/15	290,818.	0.	290,818.	290,818.
NOL CARRYOVER AVAILABLE THIS YEAR			634,311.	634,311.