			EXTENDED TO JUNE 15, 202	1	
	•	00	Return of Organization Exempt Fror	n Income Tax	OMB No. 1545-0047
For	пY	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		2010
		uary 2020)	Do not enter social security numbers on this form as it n	• • • • •	
Depa Interr	rtment o	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the la		Open to Public Inspection
				g JUL 31, 2020	•
	heck if		f organization	D Employer identificat	tion number
a	pplicab	le:			
	Addre	TEXA	S AMATEUR HOCKEY ASSOCIATION		
	Name chang		usiness as	73-1458493	3
	Initial		and street (or P.O. box if mail is not delivered to street address) Room		
	Final Final	1116	4 WINDJAMMER DR	214-908-91	L51
L	termin		own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	213,903.
	Amen		CO, TX 75036	H(a) Is this a group retu	
	Applie tion		nd address of principal officer: DON GIRARD	for subordinates?	
L	pendi		WINDJAMMER DR, FRISCO, TX 75036	H(b) Are all subordinates include	····· = =
1 1	ax-ex		X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or] 527 If "No," attach a list	
				H(c) Group exemption r	
				Year of formation: 1998 M S	
	nrt I	Summary			
	1		be the organization's mission or most significant activities: \underline{THE} ORG	ANTZATTON'S EXEM	ואיי
e	.	PURPOSE			
Jan	2	Check this bo			
veri	3				. 11
ĝ	4		lependent voting members of the governing body (r art vi, me ra)		0
<u>م</u>	5		of individuals employed in calendar year 2019 (Part V, line 2a)		0
Activities & Governance	6		of volunteers (estimate if necessary)		25
ž			d business revenue from Part VIII, column (C), line 12		0.
Ă			business taxable income from Form 990-T, line 39		0.
	~	Hot amolatoa		Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)	44,457.	45,495.
Revenue	9		ce revenue (Part VIII, line 2g)	225 601	152,523.
vel		•	come (Part VIII, column (A), lines 3, 4, and 7d)	0 0 4 0	15,885.
å	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		213,903.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	20 000	12,801.
			to or for members (Part IX, column (A), line 4)	0	0.
	46		r compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
Expenses	16a		undraising fees (Part IX, column (A), line 11e)	0.	0.
ben	b		ing expenses (Part IX, column (D), line 25)		
ŭ	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	188,935.	124,123.
	18	-	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	227,823.	136,924.
	19		expenses. Subtract line 18 from line 12	52,263.	76,979.
or				Beginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)	415,658.	449,799.
Net Assets or Fund Balances	21		(Part X, line 26)	57,543.	22,187.
Net	22		fund balances. Subtract line 21 from line 20	358,115.	427,612.
Pa	irt II	Signatur	e Block	· · · ·	•
Und	er pena	alties of perjurv.	I declare that I have examined this return, including accompanying schedules and si	tatements, and to the best of mv kn	nowledge and belief, it is
			. Declaration of preparer (other than officer) is based on all information of which pre		,
Sig	n	Signatur	e of officer	Date	

Sign	Signature of officer		Date						
Here	DON GIRARD, TREASURER								
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature Date	Check PTIN						
Paid	JAMES Y. ALBERT, CPA	JAMES Y. ALBERT, CPA 01/15	/21 self-employed P00105228						
Preparer	Firm's name 🕒 CARR, RIGGS & IN	GRAM, LLC	Firm's EIN 🕨 72–1396621						
Use Only	Firm's address 🕨 12400 COIT ROAD,	SUITE 1000							
	DALLAS, TX 75251		Phone no. 214.346.5800						
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)								
932001 01-2	932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019)								
~									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

		73-1458493 Pa	age 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: THE ORGANIZATION'S EXEMPT PURPOSES ARE: 1) PROMOTE AND B	E RESPONSIBLE	
	FOR THE OVERALL MANAGEMENT OF AMATEUR HOCKEY IN TEXAS AND		
	BRING DISTRICT AND NATIONAL AMATEUR HOCKEY EVENTS TO THE	•	
	DEVELOP POLICY FOR MATTERS THAT IMPACT ALL OF THE MEMBER .	ASSNS.	
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 X	No
•	If "Yes," describe these new services on Schedule O.	Yes X	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	easured by expenses.	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	• •	
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$128,619. including grants of \$12,801.) (Revenue		9.)
	THE ASSOCIATION PROMOTED YOUTH AND ADULT HOCKEY IN TEXAS		
	TOTAL PLAYERS REGISTERED WERE 16,123. THERE WERE 505 CERT	TETED	
	OFFICIALS REGISTERED.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
	Other program services (Describe on Schedule O)		
4d)	
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 128,619.		
		Form 990 ((2019)
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Form	990	(2019)	

Form 990 (2019) TEXAS AMATEUR HOCKEY ASSOCIATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
~	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
•	Schedule D, Part III	8		
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?			x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		х
11	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			21
	as applicable.			
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
a		11a		х
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
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? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			37
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
• -	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	900	X (2019)
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Form	990	(2019)
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	encernier en riedan ea cenearles (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	23		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			x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
•	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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			v
00	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
h	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		
C	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		x
34	sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		
54	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		
38	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par		00		L
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
00000	(gambling) winnings to prize winners?	1c	990	(2019)
932004	01-20-20 4	FOUL	550	(2019)

Form 990 (2019)				ASSOCIATION	
Part V Statemer	nts Regarding	Other IRS F	ilings and '	Tax Compliance	(continued)

2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tas Statements. 2a 0 b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b 3a X 3a X 3b If least one is reported to A site set bins of Site your tay be required to A site set binshortions) 3a X 3b If 'Nes', 'Inst filed a Form 980-F1 for this year? 3a X 3b If 'Nes', 'Inst filed a Form 980-F1 for this year? 3a X 3b If 'Nes', 'Inst filed a Form 980-F1 for this year? 4a X 3c If 'Nes', 'Inst filed a Foreign country Set instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 3c If 'Nes', 'Inst the organization in For M88-F1 5a X 5b X 3c If 'Nes', 'Inst the organization in PortBind tax shore 100-1000-9 5b X 5b X 3c If 'Nes', 'Inst the arganization have annual gross receipts stat are normally greater than \$100.000, and did the organization sole and state organization sole and state organization sole and state state organization sole and state organization sole and						Yes	No
b If a least one is reported on lime 2a, did the organization file all required fedral employment to xerture? 25 30 Did the organization have unrelated business gross income of \$1,000 or more during the sylead of the organization have unrelated business gross income of \$1,000 or more during the sylead of the organization have unrelated business gross income of \$1,000 or more during the sylead of the organization have unrelated business gross income of \$1,000 or more during the sylead of the organization have annual gross income of \$1,000 or more during the sylead of \$1,000 or \$1,000 or more during the sylead of \$1,000 or \$1,000 or more during the sylead of \$1,000 or \$	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note: If the sum of lines 1 ₄ and 2 ₄ is greater than 250, you may be required to <i>e</i> _ <i>Mp</i> (see instructions) Image: Control 10, 200, 200, 200, 200, 200, 200, 200,		filed for the calendar year ending with or within the year covered by this return	2a	0)		
3a Ddt the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b ff 'Nes,' has it field a Form 980-T for this year? If 'No' to line 3b, provide an explanation on Schedule O 3b 4 b ff 'Nes,' has it field a Form 980-T for this year? If 'No' to line 3b, provide an explanation on Schedule O 3b 4a X b ff 'Nes,' inter the name of the forgin country, securities account, or other financial accounts (FAPI). 5a X 50 Was the organization have a provide that weather transaction at any time during the tax year? 5a X b U dary taxable party notify the organization that It was or is a party to a prohibited tax shelter transaction? 5a X 60 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization field wearganization include with every solication an express statement that such contributions or gifts were not tax deductible? 7a X 7 Organization tax the organization field wearganization field the organization fueld wearganization field wearganization field wearganization services provided? 7a X 11 'N'se,' indicate the number of Forms 8282 field during the year Cd 7a X 11 'N'se,' indicate the number of Forms 8282 field during the year? 7d 7a X	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b		
b If was, 'has It filled a Form 390-T for the year? If 'No' to line 3b, provide an explanation on Schedule D 3b 4 At any time dumg the calendary year, did the organization have an interest in, or a signature or other authority over, a		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions	s)				
4 At any time during the calendar year, idd the organization have an interest in, or a signature or other fancial account? 4 4 X Frees, "enter the name of the foreign country, ▶ See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X b Was the organization aparty to a prohibited subsheter transaction of a any time during the tax year? 5a X b Uid any taxable party notify the organization that it was or is a party to a prohibited subsheter transaction? 5b X c II * Yes' is the Sa or 5b, did the organization for Finos 888-71? 5a X 6a Does the organization have annual gross receipts that are normally groater than \$100,000, and did the organization solicit any contributions that wen solicitation an express statement that such contributions or gifs were not tax deductible? 6a X 0 Organizations that may receive deductible contributions and ersite provided to the party? 7a X 0 II the organization notify the donor of the value of the goods or services provided? 7a X 0 II the organization notify the donor of the value of the soods or services provided? 7a X 0 II the organization notify the donor of the value of the soods or services provide? 7a X 0 II the organization neceive a sy funds, directly or indirectly, to pay premiums on a personal benefit contract? 7a X					3a		X
fmancial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X b If 'Yes,' enter the name of the foreign country > > See instructions for filing requirements for FINCEN Form 114, Raport of Foreign Bank and Financial Accounts (FBAR). See 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? See X 5b Did any taxabib party notify the organization file Form 8886-17? Sec X 6a Oces the organization neural gross receipts that are normally greater than \$100,000, and did the organization solidt any contributions that were not tax deductible contributions? Sec X b If 'Yes,'' did the organization include with every solicitation an express statement that such contributions orgits Sec X b Id the organization neeve aparty can prohibited tax sonthal prohibited tax shelter transaction Sec X b Id the organization neeve aparty can prohibited tax sonthal prohibited tax shelter transaction Sec X c Did the organization neeve aparty apartic haxes and prohibited tax shelter transaction Sec X d If 'Yes,'' did the organization neeve aparty apartic haxes and prohibited tax shelter transaction Sec X d Id the organization revelse aparty and y for goods and services provided? To Ta X d	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b		
b If "Yes," anter the name of the foreign country. → Bee instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X Bild any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X If "Set" to the Sa or 5b, did the organization financial controlutions? 5a X b If "Set" to the organization nuclee with every solicitation a express statement that such contributions or gifts were not tax deductible? 6a X b If "Set" to the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6a X b If "Set," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7a X b If "Set," did the organization notify the donor of the value of the goods or services provided? 7a X b If "Set," did the organization notify the donor of the value of the goods or services provided? 7a X f If det organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X f If the organization received a contribution of qualified intelectual property, did the organization file orm 0899 as required?	4a			•			
See instructions for filing requirements for FinCEN Form 114. Report of Proreign Bank and Financial Accounts (FBAR). Sa X Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Sa X So Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? So X So Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? So X So Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? So X So Did the organization near mulaity greater that \$100,000, and did the organization solid. Ga X So Did the organization near partent necess of 375 made party as a contributions and party for pods and services provided to the part? To Ta Yes, 'idd the organization notify the donor of the value of the goods or services provided? To X Did the organization near express 226 filed during the year Zd To Z If 'Yes, 'iddicate the number of Forms 2822 filed during the year? To Z X If bit organization near early acontribution or care, boats, airplanes, or other vehicles, did the organization file Form 8892 as required? To X If the organization nearly acontribution or care, boats, airplanes, or other vehicles, did the organization file a			ccour	t)?	4a		X
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization file Form 8886 T? 5b X 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 ex chartable contributions? 6a X 7b Tyes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b X 7 Organization rotexive a payment in excess of \$25 made party is a contribution and party for goods and services provided to the payr? 7a X 11 11 11 7c X 10 Uf the organization neceive a payment in excess of \$25 made party is a contribution and party for goods and services provided to the payr? 7a X 11 11 12 X 17e X 11 11 12 12 12 12 12 11 12 12 12 12 12 11 12 12 12 12 13 12 12 12 12 12 14 14 14 12 12 12 14 14 14 <td< th=""><th>b</th><th></th><th></th><th></th><th></th><th></th><th></th></td<>	b						
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 56 X c If Yes' to line 5a or 5b, did the organization wile Form 8886 T? 5c 5c 5c d Dest be organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions include with every solicitation and party for goods and services provided to the party for a particulation and party for goods and services provided to the party? 6a X b If Yes, '' did the organization notice with every solicitation and party for goods and services provided to the part? 7c X b Did the organization notice a payment in excess of \$75 made party as a contribution and party for goods and services provided to the part? 7c X c Did the organization notice way the donor of the value of the goods or services provided? 7b X d If Yes, '' did the organization notice way funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X d Did the organization neceve a contribution of case, boats, anghanes, or other vehicles, did the organization file Form 8898 as required? 7d 1d d If Yes, '' nucleas the neumber of Form 390, art Vills, in 12, or public way file advills, distributions under section 4966? 9a 9b 0a	-						v
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b 14b 15 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X		<i>,</i>					
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a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		-		
Note: See the instructions for additional information the organization must report on Schedule O. Image: See the instructions for additional information is required to maintain by the states in which the organization is licensed to issue qualified health plans Image: Im							
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 13b 13b c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X	а				13a		
organization is licensed to issue qualified health plans 13b 13b 13b c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X		°					
c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X	b		100	1			
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X	~				-		
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X					140		x
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X 16 X							
excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X						1	
If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?					15		x
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?							
	16		incor	ne?	16		Х

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Form 990	(2019)
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TEXAS AMATEUR HOCKEY ASSOCIATION

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

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X

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 on Schedule O. See instructions.

Sec	tion A. Governing Body and Management				v	
19	Enter the number of voting members of the governing body at the end of the tax year	1a	11		Yes	No
Id	If there are material differences in voting rights among members of the governing body at the end of the tax year		¥¥	1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
h	Enter the number of voting members included on line 1a, above, who are independent	1b	0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		Ţ	-		
2				2		x
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under th	 e direct	supervision	<u> </u>		
5			Supervision	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			<u> </u>		
~	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
a	The governing body?	-	-	8a	х	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
5	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re					
		venue	0000./		Yes	N
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			100		
		•	umatos,	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod			11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,	sgs			
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i>			12.0		
Ŭ	in Schedule O how this was done	,		12c	х	
13				13	X	
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approva			14		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ai by inc	lependent			
-	The organization's CEO, Executive Director, or top management official			15a		x
	Other officers or key employees of the organization			15a		X
5	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			130		- 23
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent wi	th a			
150	taxable entity during the year?			16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua					
5	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	-			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure	<u></u>		1 100	1	1
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 (1024 or 1024-A, if applicable), 990, a	nd 990-	T (Section 501(c)(3)	s onlv)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.		(2000)			
	Own website Another's website X Upon request Other (explain	n on Sc	hedule ()			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			d finan	cial	
	statements available to the public during the tax year.		and poney, and			
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and	records			
	DON GIRARD - 214-908-9151					
	11164 WINDJAMMER DR, FRISCO, TX 75034					
32004	\$ 01-20-20			Form	990	(201
_ 2 5 4	6			. 5.11		`
301	.15 794202 38-10043.000 2019.05020 TEXAS AM	ATEU	JR HOCKEY A	ASSC	38	- :

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Form 990 (2019)	TEXAS AMATE	UR HOCKEY A	ASSOCIATION	73-1458493	Page 7
Part VII Compensat	tion of Officers, Direct	ctors, Trustees, I	Key Employees, Highe	st Compensated	
Employees	and Independent C	ontractors			
Check if Scheo	lule O contains a response	or note to any line in t	this Part VII		

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

(D)

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.

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(D)

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(. .

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	not c	Pos	itior) than c	200	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week	offi	cer ar	nd a d	irecto	r/trus	tee)	from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				æ		organization	(W-2/1099-MISC)	from the
	related	tee ol	Istee			ensat		(W-2/1099-MISC)		organization
	organizations	trus	al tri		oyee	9d mo				and related
	below	Individual trustee or director	In stit utio nal tru stee	e	Key employee	Highest compensated employee	Ter			organizations
	line)	Indiv	Insti	Officer	Key	High emp	Forn			
(1) LUCAS REID	1.00									
PRES		х						0.	0.	0.
(2) MARK SERVAES	1.00									
VP		х						0.	0.	0.
(3) BRAD BUCKLAND	1.00									
SECRETARY	1.00	x						0.	0.	0.
(4) DON GIRARD	1.00	Δ	<u> </u>		<u> </u>			0.	0.	0.
	1.00								0	
TREASURER	1 00	Х			<u> </u>			0.	0.	0.
(5) KAREN YOUNG	1.00									
TRAVEL PRESIDENT		Х						0.	0.	0.
(6) AUSTIN SUTTER	1.00									
ADULT PRESIDENT		Х						0.	0.	0.
(7) T. C. LEWIS	1.00									
HOUSE PRESIDENT		Х						0.	0.	0.
(8) ANGIE VAUGHT	1.00									
WOMENS PRESIDENT		х						0.	0.	0.
(9) ALFREDO CORONA	1.00									
DISABLED PRESIDENT		х						0.	0.	0.
(10) KEITH ANDRESEN	1.00	23		<u> </u>						<u>.</u>
HIGH SCHOOL PRESIDENT	1.00	x						0.	0.	0.
	1 00	Δ						0.	0.	0.
(11) REGGIE HALL	1.00								•	
PAST PRESIDENT		Х						0.	0.	0.
		1								
			-	-	-	-				
		I								- 000
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		TEXAS	AMA	TEUR HO	OCK	ΈY	A	SS	OC	IA	TION	73-14	<u>1584</u>	193	P	age 8
Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)															
	(A) (B) Name and title Averag hours p week (list an				box offi	not c , unles	ss per	nore son is	than c s both r/trus	n an	(D) (E) Reportable Reportabl compensation compensati from from relate the organizatio			an	(F) stimate nount other pensa	of
				hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	I	fr org an	om th anizat d relat anizati	e ion ed
	Subtotal										0.		0.			0.
с	Subtotal Total from continuation s Total (add lines 1b and 1d	heets to F	Part VII	, Section A							0.		0.			0.
2	Total number of individuals compensation from the ord	(including) but no							o re	-	000 of reportable				0
	compensation from the org	Janization													Yes	No
3	Did the organization list an line 1a? If "Yes," complete			-		-	•			Ŭ		2		3		Х
4	For any individual listed on and related organizations g	line 1a, is	the su	m of reportab	le co	mpe	ensat	tion	and	oth	ner compensation from t	he organization		4		x
5	Did any person listed on lir rendered to the organization	ne 1a recei	ve or a	ccrue comper	nsati	on fr	oma	any	unre	elate	ed organization or individ	dual for services		5		x
Sec	tion B. Independent Contra		. com		e J /	<u>or sc</u>		Jerso	011 .				<u></u>	0		
1	Complete this table for you the organization. Report co	0		•								, ,	oensat	ion fro	om	
			A)			ONE					(B) Description of s		C) ompe	C) nsatio	n
							-							<u> </u>		
2	Total number of independe		•	•	ot lir	nitec	to t			ted	above) who received m	ore than				
	\$100,000 of compensation	i from the o	organiz	ation 🕨				0	,					Form	990 (;	2019)

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					UR HOCKEY	ASSOCIATION	N	73-1458	493 Page 9
Pa	rt V	/111	Statement of Re	venue					_
			Check if Schedule O	contains a respo	nse or note to any lir	ne in this Part VIII (A)	(B)	(C)	[D]
						Total revenue	Related or exempt	Unrelated business revenue	Revenue excluded
S S	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts				1b		1			
, G Mo			Fundraising events						
ar A			Related organizations						
is, G		е	Government grants (contr	ibutions) 1e					
tion er S		f	All other contributions, gifts,						
Dthe			similar amounts not included		45,495.	4			
onti nd (-	Noncash contributions included in			45,495.			
a C		h	Total. Add lines 1a-1f		Business Code	45,495.			
	2	a	HOCKEY CAMPS	& TOURNA		152,523.	152,523.		
vice	2	b							
Ser		c							
am eve		d							
Program Service Revenue		е							
P			All other program service						
		g	Total. Add lines 2a-2f			152,523.			
	3		Investment income (includ			5,499.			5,499.
	4		other similar amounts) Income from investment of			5,499.			5,499.
	5		Royalties						
	Ū			(i) Real	(ii) Personal				
	6	а	Gross rents	6a					
		b	Less: rental expenses	6b					
		с	Rental income or (loss)	6c					
			Net rental income or (loss		>				
	7	а	Gross amount from sales of	(i) Securiti		4			
			assets other than inventory	7a	10,386.	-			
e		D	Less: cost or other basis and sales expenses	7b	0.				
venue		c	Gain or (loss)	70 7c	10,386.	1			
Rev			Net gain or (loss)			10,386.	10,386.		
Other I			Gross income from fundraisi						
đ			including \$	of					
			contributions reported on	-					
			Part IV, line 18		8a	4			
			Less: direct expenses		8b				
			Net income or (loss) from Gross income from gamin		ts ►				
	3	a	Part IV, line 19		9a				
		b	Less: direct expenses		9b				
			Net income or (loss) from						
			Gross sales of inventory, I						
			and allowances		10a	-			
			Less: cost of goods sold		10b				
		С	Net income or (loss) from	sales of inventor					
sn	44	~			Business Code				
liscellaneous Revenue	11	a b			—				
ella		c			_				
lisc			All other revenue						
Σ			Total. Add lines 11a-11d						
	12		Total revenue. See instruction			213,903.	162,909.	0.	5,499.
93200	9 01-:	20-2	20			0			Form 990 (2019)
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TEXAS AMATEUR HOCKEY ASSOCIATION 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	se or note to any line in t	his 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	10 001	10 001		
and domestic governments. See Part IV, line 21	12,801.	12,801.		
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				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
 8 Pension plan accruals and contributions (include 				
section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal	2,373.		2,373.	
c Accounting	1,275.		1,275.	
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 0.)				
12 Advertising and promotion				
13 Office expenses	54.		54.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials \dots				
19 Conferences, conventions, and meetings	4,439.		4,439.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a TOURNAMENTS EXPENSE	81,601.	81,601.		
b CAMP FEES	30,552.	30,552.		
c WEBSITE EXPENSE	3,665.	3,665.		
d BACKGROUND SCREENING	160.		160.	
e All other expenses	4.		4.	
25 Total functional expenses. Add lines 1 through 24e	136,924.	128,619.	8,305.	0 .
26 Joint costs. Complete this line only if the organization				
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here Figure if following SOP 98-2 (ASC 958-720)				Form 990 (201)

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TEXAS	AMATEUR	HOCKEY	ASSOCIATION
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		Check if Schedule O contains a response or note	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		81,432.	1	40,795.
	2	Savings and temporary cash investments	170,041.	2	125,056.	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	11,374.
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, substa	antial contributor, or 35%			
		controlled entity or family member of any of these	e persons		5	
	6	Loans and other receivables from other disqualifi	ed persons (as defined			
		under section 4958(f)(1)), and persons described	in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ä	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D				
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities	164 105	11		
	12	Investments - other securities. See Part IV, line 1	164,185.	12	272,574.	
	13	Investments - program-related. See Part IV, line 1			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		415,658.	15	110 700
	16	Total assets. Add lines 1 through 15 (must equa		1,008.	16 17	<u>449,799.</u> 0.
	17 18	Accounts payable and accrued expenses	1,000.	18	0.	
	19	Grants payable Deferred revenue		56,535.	19	22,187.
	20	Tax-exempt bond liabilities		20	22/20/0	
	21	Escrow or custodial account liability. Complete F			21	
	22	Loans and other payables to any current or form				
Liabilities		trustee, key employee, creator or founder, substa				
ilide		controlled entity or family member of any of thes			22	
Lia	23	Secured mortgages and notes payable to unrelate			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pay				
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		57,543.	26	22,187.
		Organizations that follow FASB ASC 958, check	ck here 🕨 📃			
ces		and complete lines 27, 28, 32, and 33.				
lan	27				27	
Ba	28				28	
nnd		Organizations that do not follow FASB ASC 95	58, check here 🕨 🛛 🛛			
ΓĒ		and complete lines 29 through 33.		0		0
ts c	29	Capital stock or trust principal, or current funds		0.	29	0.
sse	30	Paid-in or capital surplus, or land, building, or eq		0.	30	0.
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc		358,115.	31	427,612.
ž	32			358,115. 415,658.	32	<u>427,612.</u> 449,799.
	33	Total liabilities and net assets/fund balances		413,030.	33	449,/99.

Form **990** (2019)

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	1990 (2019) TEXAS AMATEUR HOCKEY ASSOCIATION	73-14	58493	Pa	_{ge} 12
Pa	rt 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			03.
2	Total expenses (must equal Part IX, column (A), line 25)	2			24.
3	Revenue less expenses. Subtract line 2 from line 1	3			79.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			15.
5	Net unrealized gains (losses) on investments	5		/,4	82.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	42	7,6	12.
Ра	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		·····		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2 b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle 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 requi	red audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	
					(· - ·

Form **990** (2019)

SCHED	ULI	ΕA
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Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the summinut	
Name of the organizati	on

Name	of the organization							identification number
	TEXA	S AMATEUR I	HOCKEY ASSOC	IATION	1		7	3-1458493
Part	I Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	e instructions	6.	
The org	ganization is not a private found	lation because it is: (F	For lines 1 through 12, cl	heck only o	one box.)			
1 🗋	A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).		
2	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990 or 99	90-EZ).)			
3	A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).		
4	A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,
	city, and state:							
5	An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
	section 170(b)(1)(A)(iv). (0	Complete Part II.)						
6	A federal, state, or local go	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).		
7	An organization that norma	ally receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	ie general p	oublic described in
	section 170(b)(1)(A)(vi). (C	complete Part II.)						
8	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)				
9	An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	nction with a	land-grant	college
	or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	and state of	the college	or
	university:							
10 🛛	🗴 An organization that norma	ally receives: (1) more	than 33 1/3% of its supp	port from c	ontributio	ns, membersł	nip fees, an	d gross receipts from
	activities related to its exen	npt functions - subjec	t to certain exceptions,	and (2) no	more thar	33 1/3% of it	s support f	rom gross investment
	income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	ed by the org	anization a	ifter June 30, 1975.
	See section 509(a)(2). (Co	mplete Part III.)						
11 🗌	An organization organized a	and operated exclusi	vely to test for public sat	fety. See	section 50	9(a)(4).		
12	An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functior	ns of, or to ca	rry out the	purposes of one or
	more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section (509(a)(3). (Check the box in
	lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
а	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted orga	anization(s), ty	pically by	giving
	the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	ipporting
	organization. You must o	complete Part IV, Se	ections A and B.					
b	Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ving
	control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
	organization(s). You mus	st complete Part IV,	Sections A and C.					
с	Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	nd functional	ly integrate	d with,
	its supported organizatio	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.		
d	Type III non-functionally	y integrated. A supp	orting organization oper	ated in cor	nnection w	rith its suppor	ted organiz	zation(s)
	that is not functionally int	tegrated. The organiz	ation generally must sat	isfy a distri	ibution rec	uirement and	an attentiv	/eness
	requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	۷.		
е	Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Type I, Type	I, Type III	
	functionally integrated, or	r Type III non-functior	nally integrated supportin	ng organiz	ation.			
fΕ	Enter the number of supported of	organizations						
g F	Provide the following information							
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the orga in your governi	nization listed ng document?	(v) Amount of		(vi) Amount of other
	organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)
Total								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

Schedule A (Form 990 or 990-EZ) 2019 TEXAS AMATEUR HOCKEY ASSOCIATION Part II

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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.)

Se	ction A. Public Support		-	_	-		-
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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)						
	Public support. Subtract line 5 from line 4.						
		() 0045	(1) 0010	() 0047	(1) 0040	() 0010	(0) T + 1
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
-	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						
10	business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ns)			12	
	First five years. If the Form 990 is for		,				
	organization, check this box and stor	•					
Se	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (li	ine 6. column (f) d	vided by line 11. d	column (f))		14	%
	Public support percentage from 2018		-			15	%
	33 1/3% support test - 2019. If the c					ore, check this bo	
	stop here. The organization qualifies						
k	33 1/3% support test - 2018. If the c	organization did no	ot check a box on				
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop	here. Explain in Pa	rt VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		
k	10% -facts-and-circumstances test						
	more, and if the organization meets th	e "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explai	n in Part VI how the	e
	organization meets the "facts-and-circ	umstances" test.	The organization of	qualifies as a publi	cly supported orga	nization	
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	nd see instructions	s >
					Cab	edule A (Form 990	ar 000 EZ) 0010

Scnedule A (Form 990 or 990-EZ) 2019

932022 09-25-19

Schedule A (Form 990 or 990-EZ) 2019 TEXAS AMATEUR HOCKEY ASSOCIATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	239,328.	447,089.	269,465.	270,138.	198,018.	1424038.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
F	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	239,328.	447,089.	269,465.	270,138.	198,018.	1424038.
	Amounts included on lines 1, 2, and	235,520.	447,005.	209,405.	270,150.	190,010.	11210301
	3 received from disqualified persons						0.
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.
	Add lines 7a and 7b						1424038.
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						1424030.
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	239,328.	447,089.	269,465.	270,138.	198,018.	1424038.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	44.	46.	3,813.	4,603.	5,499.	14,005.
F	Unrelated business taxable income		±0.	5,015.	±,005.	5,455.	14,005.
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b	44.	46.	3,813.	4,603.	5,499.	14,005.
	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.)			100.			100.
13	Total support. (Add lines 9, 10c, 11, and 12.)	239,372.	447,135.	273,378.	274,741.	203,517.	1438143.
14	First five years. If the Form 990 is for	[•] the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	1 501(c)(3) organiza	ition,
	ction C. Computation of Publi						
	Public support percentage for 2019 (li			olumn (f))		15	99.02 %
	Public support percentage from 2018 ction D. Computation of Inves			·····		16	99.46 %
	Investment income percentage for 20			ne 13. column (f))		17	.97 %
	Investment income percentage from 2					18	•54 %
	a 33 1/3% support tests - 2019. If the						
	more than 33 1/3%, check this box ar	-					►X
b	33 1/3% support tests - 2018. If the	-	•				
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organizatio	<u>n did not check a l</u>	box on line 14, 19a	a, or 19b, check th			
9320	23 09-25-19		. –		Sche	edule A (Form 990	or 990-EZ) 2019
			15				

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Schedule A (Form 990 or 990-EZ) 2019 TEXAS AMATEUR HOCKEY ASSOCIATION

Part IV Supporting Organizations

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

16

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73-1458493 Page 4 Yes No 1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c

 5b

 5c

 5c

 5c

 6

 7

 8

 9a

 9b

 9c

 10a

Schedule A (Form 990 or 990-EZ) 2019

10b

Schedule A (Form 990 or 990-EZ) 2019 TEXAS AMATEUR HOCKEY ASSOCIATION Part IV Supporting Organizations (continued)

It last the organization accepted a gift or contribution from any of the following persons? Ves. No a A person who directly controls, either alone or together with persons discribed in (b) and (c) below, the governing body of a supported organization? Ital Ital <th></th> <th></th> <th></th> <th></th> <th></th>					
A Approvance directly or indirectly controls, ether some or together with persons described in (b) and (c) below, the operating bady of a supported organization? A ASM control described in (b) above? A SSM control described				Yes	No
bediew, the governing body of a supported organization? b A family member of a period described in (§) dow? b A family member of a period described in (§) dow? b A family member of a period described in (§) dow? b A family member of a period described in (§) or (b) above? f 'Yes' to a, b, or, e, provide destail in Pert VI. feed the directors, trustees, or membership of one or more supported organizations have the power to regulating social tests at majority of the organization as directors or trustees at all times during the tax yar? f 'We,' describe in Pert VI now the supported organization of directors or trustees at all times during the tax yar? f 'We,' describe in Pert VI now the supported organization of generation, describe in the provement to any support organization, etc. for the organization as period and organization of the tax have powers during the tax year. f Did the organization or restrictors, if yin, generated tax powers during the tax year. f Did the organization organization of the supported organization, by the period. controlled the supporting organization of the supported organization, by the year. f Did the organization organization's directors or trustees during the tax year also a majority of the organization organization organization, by the tax or trustees during the tax year also a majority of the organization's supported organization. f we a majority of the organization's supported organization, by the last day of the fifth month of the organization dise. f we any of the form Boly of the directors or trustees during the tax year also a majority of the intercors or trustees of the support organization's under the day of the fifth month of the organization's powering directors with generoted organization's under the day of the fifth month of the organization's powering directors with generoted organization's under the day of the fifth month of the organization's powering directors with releformation and (f) poper trus yea					
b A family member of a preprint described in (a) above? c. A 35% controlled entity of a preprint does made to (b) above? c. A 5% controlled the approximation of the organization of the second described in (b) above? controlled the directors, trustees, or membership of one or more supported organizations have the power to regulary appoint or elect at least a macrin of the organization's directors or trustees at a tiltimes during the tax yean? (P, V), " associte in Part IV now the appoint ador errors we supported organization, describe how the powers to generation's activities, if the organization is directors or trustees at a tiltimes during the tax yean? (P, V), " associte in Part IV now the supported organization, describe how the powers to generation, and white, support ador errors we supported organization, describe how the beneficiant or up supported organization? If Yes, "sopian in Part IV how providing such benefications or trustees during the tax yean? (P, V), "associte in Part IV how and the support of the support of organization? If Yes, "sopian in Part IV how providing such benefications or trustees during the tax year? (P, V), "sopian in Part IV how control or management of the supporting organization." If Yes, "sopian in Part IV how control or management of the supporting organizations are volved to end on the organization was vested in the same persons that controlled or managed the supporting organization was vested in the same persons that controlled or managed the supporting organization was vested in the same persons that controlled or managed the organization is directors, or trustees the roop and the organization was vested in the same persons that controlled or managed the supporting organization was vested in the same persons that controlled or managed the supporting organization was vested in the same persons that controlled or managed the supporting organization was vested in the same persons that controlled oreganization." If Yes, "sopian in Part Y how tay yean (P is Pon	а		44-		
Section B. Type I Supporting Organizations Ves No Organization B. Type I Supporting organizations Ves No organization or elect at least a majority of the organization's directors or trustees all lines during the tax year 11* No,* describe in Par VI how the supported organization's directors or trustees all lines during the tax year 11* No,* describe in Par VI how the supported organization of effectively operated, supervised, or controlled the organization or restrictions, if any, applied to such powers during the tax year. Did the organization oparted for the ternef of any supported organization of the the supported organization oparted for the ternef of any supported organization of the three the supported organization oparte for the ternef of any supported organization of the three the supported organization oparted provides or trustees during the tax year also a majority of the directors or trustees of each of the organization is directors or trustees during the tax year also a majority of the directors or trustees of each of the supporting organizations. Ves No Wes ampoints or theorem to applied to a supported organizations, by the last day of the fifth oncy control or management of the supporting organization, the text and nuch of tax year also a majority of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization sprease to each of its supported organizations, by the last day of the fifth month of the organization instrement to also each or the date of nuclication, and (bi) copies of the organization instrement to also decide a organizations working elaboration in the text of each of the supported organization. Ves No Ves any of the organization is supported organizations. Ves No Di Did the organization is directors, or trustees either () appointed organizations is used to a organization sub- supported organization is used to a directory the organization. Supported organization is used to a the date on fintication, the erginal in					
Det the directors, trustees, or membership of one or more supported organizations have the power to regularly apoint or elect at least a majority of the organization's directors or trustees at all times during the tax yea? If Ybo,' describe in Part VI how the supported organization of directors or trustees at all times during the tax yea? Det the organization supported and yean controlled the supported organization, the tax yea and the composition or restrictions, and what controlled the supported organization of the supported organization or trustees of a supported organization is upported organization or manageed in the same persons that controlled or manageed in the supported organization is upported organization, by the last day of the fifth month of the organization's directors or trustees during the tax year (a) a copy of the form 900 that was most recently life as of the directors, and (ii) copies of the organization's directors, or trustees either (i) appointed organization's apported organization or support provided during the prior tax year, (i) a copy of the form 900 that was most necently life as of the directory, and (ii) copies of the organization's directors, or trustees either (i) appointed organization's apported org			110		
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	edule A (Form 990 or 990-EZ) 2019 TEXAS AMATEUR HOCKEY AS			73-1458493 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	•		Part VI). See instructions. All
Sect	other Type III non-functionally integrated supporting organizations must co tion A - Adjusted Net Income	mplete Se	(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		
Sect	tion 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		
е	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		
Sect	tion 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		

emergency temporary reduction (see instructions).

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 TEXAS AMATEUR HOCKEY ASSOCIATION

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	r
Secti	on D - Distributions		· · · · ·	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	
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	ne organization is responsive)	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	1		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A	(Form 990 or 990-EZ) 2019	TEXAS A	MATEUR	HOCKEY	ASSOCI	ATION		73-14584	93 Page 8
Part VI	Supplemental Inforn Part IV, Section A, lines 1, line 1; Part IV, Section D, li Section D, lines 5, 6, and 8	nation. Prov 2, 3b, 3c, 4b, 4 ines 2 and 3; P	vide the expla 4c, 5a, 6, 9a, Part IV, Sectio	nations requir 9b, 9c, 11a, 1 n E, lines 1c, 2	ed by Part II, I 1b, and 11c; I 2a, 2b, 3a, and	ine 10; Part II, Part IV, Sectio d 3b; Part V, lii	line 17a or 13 n B, lines 1 ai ne 1; Part V, S	7b; Part III, line ⁻ nd 2; Part IV, Se Section B, line 1	I2; ction C,
	(See instructions.)	s; and Part V, S	Section E, line	es 2, 5, and 6.	Also complete	e this part for a	any additiona	information.	
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Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2019

Employer identification number

73-1458493	
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Organization type (check of	ne).
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
Form 990 or 990-EZ	 So1(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a 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.

TEXAS AMATEUR HOCKEY ASSOCIATION

General Rule

X 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., burpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set of the parts unless to the set of the year for an *exclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set of the parts unless to the set of the year for an *exclusively* set 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 for an *exclusively* set of the parts unless the **form any form any**

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2019)
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Name of organization

Employer identification number

73-1458493

TEXAS AMATEUR HOCKEY ASSOCIATION

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	USA HOCKEY ASSOCIATION 1775 BOB JOHNSON DRIVE COLORADO SPRINGS, CO 80906	\$ <u>45,495.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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22 2019.05020 TEXAS AMATEUR HOCKEY ASSO 38-10041

15130115 794202 38-10043.000

Page 3

Employer identification number

73-1<u>458493</u>

TEXAS AMATEUR HOCKEY ASSOCIATION

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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

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15130115 794202 38-10043.000

Schedule B	(Form 990.	990-EZ.	or 990-PF) (2019)
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Page	4
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ame of or	rganization		Employer identification numbe
EXAS	AMATEUR HOCKEY ASSOCIAT	TION	73-1458493
art III		ons to organizations described in se	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the ye
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.) \$
a) No	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
ŀ		(e) Transfer of gift	k
F	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
a) No. from			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			<u> </u>
		(e) Transfer of gift	t
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
Γ			
		[
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
			<u> </u>
ŀ		(e) Transfer of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
a) No.			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			<u> </u>
Γ		(e) Transfer of gift	ł
	Transferee's name, address, ar	nd ZI P + 4	Relationship of transferor to transferee
F	,,,,,,,		
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454 11-06-	-19		Schedule B (Form 990, 990-EZ, or 990-PF) (20

15130115 794202 38-10043.000

SCHEDU	LE D
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epartment of the Treasury

Internal Revenue Service

(Form	990)
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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.

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



Employer identification number

73-1458493

	Name	of the	organization
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TEXAS AMATEUR HOCKEY ASSOCIATION

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 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? No Yes 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 No impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No _____ [Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ 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 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB 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 FASB 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 ▶ \$ 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019 932051 10-02-19

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Sche		ATEUR HOCH						73-14			age 2
Par	t III Organizations Maintaining Co	ollections of Art	t, His [.]	torical Tre	easures, o	r Other	Similar	^r Assets	(contin	ued)	
3	Using the organization's acquisition, accessio	on, and other records	s, chec	k any of the	following tha	t make sig	nificant u	ise of its	·	,	
	collection items (check all that apply):										
а	Public exhibition	d] Loan or exc	hange progra	am					
b	Scholarly research	е		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	llections and explair	n how t	hey further th	ne organizatio	on's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit or					er similar a	assets		_		_
_	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang		ete if th	ie organizatio	on answered	"Yes" on I	orm 990-	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Part										
1a	Is the organization an agent, trustee, custodia		•						-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing	table:							
									Amount		
С	Beginning balance						1c				
	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		7		.
	Did the organization include an amount on Fo						y?	L	Yes		_ No
	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete if						<u></u>				
I ai									() [h1-
4.	Projector of some holes of	(a) Current year	(d)	Prior year	(c) Two yea	irs back (d) Three y	ears back	(e) Four	years	раск
1a	Beginning of year balance										
b	Contributions										
с.	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance		(line 1								
2	Provide the estimated percentage of the curre	•		ig, column (a)) neid as:						
a L	Board designated or quasi-endowment		_%								
b	Permanent endowment Term endowment 9	% %									
с	The percentages on lines 2a, 2b, and 2c should	-									
20	Are there endowment funds not in the posses		tion th	at are hold a	nd administa	rad far tha	orgoniza	tion			
Ja		ssion of the organiza		at are neiù ai			organiza		Г	Yes	No
	by: (i) Unrelated organizations								3a(i)	165	NU
	· · · · · · · · · · · · · · · · · · ·								3a(ii)		
b	(ii) Related organizations								3b		
4	Describe in Part XIII the intended uses of the								00	I	
Par	t VI Land, Buildings, and Equipmo		which	Turius.							
	Complete if the organization answered		. Part I	V. line 11a. S	See Form 990). Part X. li	ne 10.				
	Description of property	(a) Cost or o			t or other		cumulate	bd	(d) Bool	value	e
		basis (investn		• •	(other)		reciation		(u) 2001	(value	0
1a	Land		,		、						
b	Buildings										
	Leasehold improvements										
d	Equipment										
	Other										
	Add lines 1a through 1e. (Column (d) must ec		X colu	mn (R) line 1	() ()	•					0.
								Schedule	D (Form	990)	2019

932052 10-02-19

Sched	ule D (Form 990) 2019			R HOCKEY	ASS	OCIATION	73-1458493 Page 3
Part	VII Investments	other Security of the secur	ties.				
	Complete if the	organization answer	ed "Yes" o	n Form 990, Part	IV, line	11b. See Form 990, Part	X, line 12.
(a) D	escription of security or c	ategory (including name o	of security)	(b) Book val	ue	(c) Method of valua	tion: Cost or end-of-year market value
(1) Fin	ancial derivatives						
(2) Clo	osely held equity intere						
(3) Otl	• • •						
		ASSOCIATIO	ON				
(B)	FOUNDATION			272,	574.	COST	
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
	Col. (b) must equal Form	990. Part X. col. (B) lir	ne 12.) 🕨	272,	574.		
	VIII Investments			•			
		-		n Form 990, Part	IV. line	11c. See Form 990, Part	X. line 13.
		of investment		(b) Book val			ition: Cost or end-of-year market value
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	Col. (b) must equal Form	990. Part X. col. (B) lir	ne 13.) 🕨				
Part							
	Complete if the	organization answer	ed "Yes" o	n Form 990, Part	IV, line	11d. See Form 990, Part	X, line 15.
		-	(a) D	Description			(b) Book value
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total.	(Column (b) must equa	l Form 990. Part X. c	ol. (B) line	15.)			
Part							
	Complete if the	organization answer	ed "Yes" o	n Form 990, Part	IV, line	11e or 11f. See Form 990	0, Part X, line 25.
1.	(a)) Description of liabi	lity				(b) Book value
(1)	Federal income taxes	3					
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	(Column (b) must equa	l Form 990 Part X c	ol. (B) line :	25.)			
							cial statements that reports the
							ote has been provided in Part XIII

932053 10-02-19

Schedule D (Form 990) 2019

Sche	dule D (Form 990) 2019 TEXAS AMATEUR HOCKEY ASS	SOCIATION	73-1458493 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ements With Revenue	e per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d			
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Expens	es per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	.)	
Pa	rt 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.

932054 10-02-19

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

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

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

19 Open to Public Inspection Employer identification number 73-1458493

OMB No. 1545-0047

TEXAS AMATEUR HOCKEY ASSOCIATION

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

MANAGEMENT OF AMATEUR HOCKEY IN TEXAS AND OKLAHOMA, 2) BRING DISTRICT

AND NATIONAL AMATEUR HOCKEY EVENTS TO THE AREA AND 3) DEVELOP POLICY

FOR MATTERS THAT IMPACT ALL OF THE MEMBER ASSNS.

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

AN OUTSIDE CPA FIRM WAS RETAINED TO PREPARE FORM 990 FROM THE

ORGANIZATION'S BOOKS AND RECORDS.THE RETURN WAS PROVIDED TO THE TREASURER

WHO PRESENTED IT AT AN ORGANIZATIONAL MEETING FOR REVIEW AND APPROVAL BY

THE BOARD BEFORE FILING.

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

COMMITTEE REVIEWS PER POLICY.

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

ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST STATEMENTS AND FINANCIAL

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STATEMENTS ARE AVAILABLE TO THE PUBLIC ON THE WEBSITE.

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

15130115 794202 38-10043.000

SCHEDULE	R
(Form 990)	

(Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

OMB No. 1545-0047

2019 Open to Public Inspection

Employer identification number

73-1458493

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

Name of the organization

TEXAS AMATEUR HOCKEY ASSOCIATION

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II 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	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
USA HOCKEY - 51-0204742							
1775 BOB JOHNSON DR							
COLORADO SPRINGS, CO 80906	HOCKEY	COLORADO	501(C)(3)	LINE 11			Х
	-						
	-						
	-						

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

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 TEXAS AMATEUR HOCKEY ASSOCIATION

73-1458493 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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(i		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule	Gener mana partr	al or Pero ging er?	rcentage vnership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	No	
										$\left \right $		

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
		country)		01 1 400			'	Yes	No
	1								

Schedule R (Form 990) 2019 TEXAS AMATEUR HOCKEY ASSOCIATION

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	s N
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	1a		
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)		X	
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)	1f		+
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)			
i Exchange of assets with related organization(s)	1i		
j Lease of facilities, equipment, or other assets to related organization(s)			
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
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)	1m		
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	<u>1p</u>		
q Reimbursement paid by related organization(s) for expenses			+
r Other transfer of cash or property to related organization(s)	<u>1r</u>		
s Other transfer of cash or property from related organization(s)	1s		

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) USA HOCKEY	С	45,495.	
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2019 TEXAS AMATEUR HOCKEY ASSOCIATION

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners set 501(c)(3) orgs.? Yes No		(h) Dispro tiona allocatio Yes	Code V-UBI amount in box 20 of Schedule K-1	(j) General o managing partner? Yes NO	(k) r Percentage ownership
						163			
					1				

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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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