



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

## Short Form

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

► The organization may have to use a copy of this return to satisfy state reporting requirements

2011

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

A For the 2011 calendar year, or tax year beginning 09-01-2011, and ending 08-31-2012

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization POTOMAC VALLEY AMATEUR HOCKEY ASSOCIATION INC PVAHA	D Employer identification number 52-2139421
Number and street (or P O box, if mail is not delivered to street address) 1436 PUTTY HILL AVENUE	E Telephone number (443) 676-3046
City or town, state or country, and ZIP + 4 TOWSON, MD 21286	F Group Exemption Number ►

G Accounting method  Cash  Accrual Other (specify) ► \_\_\_\_\_H Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)I Website: ► [WWWUSAHOCKEY.COM](http://WWWUSAHOCKEY.COM)J Tax-Exempt status (check only one)  501(c)(3)  501(c)( ) (insert no)  4947(a)(1) or  527K Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 135,903

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I 

Revenue	1 Contributions, gifts, grants, and similar amounts received . . . . .	1 39,539
	2 Program service revenue including government fees and contracts . . . . .	2 5,244
	3 Membership dues and assessments . . . . .	3 89,355
	4 Investment income . . . . .	4 1,765
	5a Gross amount from sale of assets other than inventory . . . . .	5a
	b Less cost or other basis and sales expenses . . . . .	5b 0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a
Expenses	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b 0
	c Less direct expenses from gaming and fundraising events . . . . .	6c 0
	d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c) . . . . .	6d
	7a Gross sales of inventory, less returns and allowances . . . . .	7a
	b Less cost of goods sold . . . . .	7b 0
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c
	8 Other revenue (describe in Schedule O) . . . . .	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	9 135,903
	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10 67,448
Net Assets	11 Benefits paid to or for members . . . . .	11
	12 Salaries, other compensation, and employee benefits . . . . .	12
	13 Professional fees and other payments to independent contractors . . . . .	13 1,200
	14 Occupancy, rent, utilities, and maintenance . . . . .	14
	15 Printing, publications, postage, and shipping . . . . .	15 1,935
	16 Other expenses (describe in Schedule O) . . . . .	16 63,815
	17 Total expenses. Add lines 10 through 16 . . . . .	17 134,398
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 1,505
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19 117,591
	20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	21 119,096

**Part II Balance Sheets**Check if the organization used Schedule O to respond to any question in this Part II 

(See the instructions for Part II )

	<b>(A) Beginning of year</b>	<b>(B) End of year</b>	
<b>22 Cash, savings, and investments</b>	134,690	<b>22</b>	185,901
<b>23 Land and buildings</b>		<b>23</b>	
<b>24 Other assets (describe in Schedule O)</b>	24,000	<b>24</b>	
<b>25 Total assets</b>	158,690	<b>25</b>	185,901
<b>26 Total liabilities (describe in Schedule O)</b>	41,099	<b>26</b>	66,805
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	117,591	<b>27</b>	119,096

**Part III Statement of Program Service Accomplishments**Check if the organization used Schedule O to respond to any question in this Part III 

What is the organization's primary exempt purpose?

TO PROMOTE THE SPORT OF AMATEUR ICE HOCKEY IN THE MARYLAND, VIRGINIA, AND WASHINGTON D C AREA

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**Expenses**

(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

**28 PROVIDED COACHING AND VOLUNTEER BACKGROUND SCREENING TO PROTECT YOUTH MEMBERS, PROVIDED EDUCATION AND PROFESSIONAL DEVELOPMENT FOR COACHES AND PARENTS, ORGANIZED AND MANAGED COMPETITIVE HOCKEY TOURNAMENTS, HOSTED DEVELOPMENTAL HOCKEY CAMPS FOR PLAYERS, ASSISTED "GRASS ROOTS" GROWTH THROUGH GRANTS**  
 (Grants \$ 66,951) If this amount includes foreign grants, check here   **28a** 67,448

**29**

(Grants \$ ) If this amount includes foreign grants, check here   **29a**

**30**

(Grants \$ ) If this amount includes foreign grants, check here   **30a**

**31 Other program services (describe in Schedule O)**  
 (Grants \$ ) If this amount includes foreign grants, check here   **31a**

**32 Total program service expenses** (add lines 28a through 31a)  **32** 66,951

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV )Check if the organization used Schedule O to respond to any question in this Part IV 

<b>(a) Name and address</b>	<b>(b) Title and average hours per week devoted to position</b>	<b>(c) Compensation (If not paid, enter -0-.)</b>	<b>(d) Contributions to employee benefit plans &amp; deferred compensation</b>	<b>(e) Expense account and other allowances</b>
See Additional Data Table				

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V 

**33** Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

**34** Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

**35** If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T

**a** Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

**b** If "Yes" to line 35a, has the organization filed a **Form 990-T** for the year? If "No," provide an explanation in Schedule O

**c** Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

**36** Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

**37a** Enter amount of political expenditures, direct or indirect, as described in the instructions **37a**

**b** Did the organization file **Form 1120-POL** for this year?

**38a** Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

**b** If "Yes," complete Schedule L, Part II and enter the total amount involved **38b**

**39** *Section 501(c)(7) organizations.* Enter

**a** Initiation fees and capital contributions included on line 9

**39a** 0

**b** Gross receipts, included on line 9, for public use of club facilities

**39b** 0

**40a** *Section 501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under

section 4911 **40a**, section 4912 **40b**, section 4955 **40c**

**b** *Section 501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

**c** *Section 501(c)(3) and 501(c)(4) organizations.* Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 **40d**

**d** *Section 501(c)(3) and 501(c)(4) organizations.* Enter amount of tax on line 40c reimbursed by the organization **40e**

**e** *All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

**41** List the states with which a copy of this return is filed **41** MD

**42a** The organization's books are in care of **42a** CHRIS DERNETZ TREASURER Telephone no **42a** (443) 676-3046

Located at **42a** 1436 PUTTY HILL AVENUE

**42a** ZIP + 4 **42a** 21286

**b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If "Yes," enter the name of the foreign country **42b**

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**

**c** At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If "Yes," enter the name of the foreign country **42c**

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here **43** and enter the amount of tax-exempt interest received or accrued during the tax year

**44a** Did the organization maintain any donor advised funds? If "Yes," *Form 990 must be completed instead of Form 990-EZ.*

**b** Did the organization operate one or more hospital facilities during the year? If "Yes," *Form 990 must be completed instead of Form 990-EZ*

**c** Did the organization receive any payments for indoor tanning services during the year?

**d** If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

**45a** Did the organization have a controlled entity within the meaning of section 512(b)(13)?

**45b** 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," *Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)*

	Yes	No
<b>33</b>		No
<b>34</b>		No
<b>35a</b>		No
<b>35b</b>		No
<b>35c</b>		No
<b>36</b>		No
<b>37b</b>		No
<b>38a</b>		No
<b>38b</b>		
<b>39a</b>	0	
<b>39b</b>	0	
<b>40b</b>		No
<b>40c</b>		
<b>40d</b>		
<b>40e</b>		No
<b>41</b>	MD	
<b>42a</b>	CHRIS DERNETZ TREASURER	Telephone no (443) 676-3046
Located at <b>42a</b>	1436 PUTTY HILL AVENUE	ZIP + 4 <b>42a</b> 21286
<b>42b</b>		
<b>42c</b>		No
<b>43</b>		
<b>44a</b>		No
<b>44b</b>		No
<b>44c</b>		No
<b>44d</b>		No
<b>45a</b>		No
<b>45b</b>		No

**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
<b>46</b>		No

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.**

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

**47** 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

	Yes	No
<b>47</b>		No

**48** Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
<b>48</b>		No

**49a** Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
<b>49a</b>		No

**b** If "Yes," was the related organization a section 527 organization?

	Yes	No
<b>49b</b>		No

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

**f** Total number of other employees paid over \$100,000

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

**d** Total number of other independent contractors each receiving over \$100,000

**52** Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A  Yes  No

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

<b>Sign Here</b>	***** Signature of officer  CHRIS DERNETZ Treasurer Type or print name and title	2012-11-15 Date	
	Preparer's signature Robert A Taylor CPA	Date Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (See instructions)
<b>Paid Preparer's Use Only</b>	Firm's name (or yours if self-employed), address, and ZIP + 4 Premier Business Solutions LLC 606 Baltimore Avenue Suite 300 Towson, MD 21204	EIN <input type="checkbox"/>	Phone no <input type="checkbox"/> (410) 825-1613

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

2011

Open to Public  
Inspection**SCHEDULE A**  
(Form 990 or 990EZ)**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. ► See separate instructions.

Department of the Treasury  
Internal Revenue ServiceName of the organization  
POTOMAC VALLEY AMATEUR HOCKEY  
ASSOCIATION INC PVAHA

Employer identification number

52-2139421

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

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

1  A church, convention of churches, or association of churches **section 170(b)(1)(A)(i)**.

2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )

3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state

5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )

6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )

8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )

10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.

11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h  Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public Support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 <b>Total support</b> (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 <b>First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						►

**Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15
16a <b>33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	►
b <b>33 1/3% support test—2010.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	►
17a <b>10%-facts-and-circumstances test—2011.</b> If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization	►
b <b>10%-facts-and-circumstances test—2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization	►
18 <b>Private Foundation</b> If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions	►

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	80,531	81,971	106,853	124,582	128,894	522,831
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	6,855	13,279	50,777	5,339	5,244	81,494
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 <b>Total.</b> Add lines 1 through 5	87,386	95,250	157,630	129,921	134,138	604,325
7a Amounts included on lines 1, 2, and 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
c Add lines 7a and 7b						
8 <b>Public Support</b> (Subtract line 7c from line 6 )						604,325

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	87,386	95,250	157,630	129,921	134,138	604,325
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	663	1,765	1,763	1,763	1,765	7,719
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	663	1,765	1,763	1,763	1,765	7,719
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						0
13 <b>Total support</b> (Add lines 9, 10c, 11 and 12 )	88,049	97,015	159,393	131,684	135,903	612,044

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	98 740 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	98 900 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	1 260 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	1 100 %
19a <b>33 1/3% support tests—2011.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization 		
b <b>33 1/3% support tests—2010.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization 		
20 <b>Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

**Explanation**

---

---

---

---

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

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

**2011****Open to Public  
Inspection**

Name of the organization POTOMAC VALLEY AMATEUR HOCKEY ASSOCIATION INC PVAHA	<b>Employer identification number</b> 52-2139421
--	---

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 26 2	Total Liabilities 2	PRE-SEASON BLOCK GRANT - Beginning \$10904 PRE-SEASON BLOCK GRANT - Ending \$36085
Form 990-EZ, Part II, Line 26 1	Total Liabilities 1	PRE-SEASON MEMBERSHIP FEES - Beginning \$30195 PRE-SEASON MEMBERSHIP FEES - Ending \$30720
Form 990-EZ, Part II, Line 24 1	Other Assets 1	PRE-SEASON PROGRAM GRANTS - Beginning \$24000 PRE-SEASON PROGRAM GRANTS - Ending \$0
Form 990-EZ, Part I, Line 16 15	Other Expenses 15	REGULATORY FILING FEES \$90
Form 990-EZ, Part I, Line 16 14	Other Expenses 14	TELEPHONE \$108
Form 990-EZ, Part I, Line 16 13	Other Expenses 13	GIFTS \$300
Form 990-EZ, Part I, Line 16 11	Other Expenses 11	USAGE FEES \$539
Form 990-EZ, Part I, Line 16 10	Other Expenses 10	TRANSCRIPTION SERVICES \$999
Form 990-EZ, Part I, Line 16 9	Other Expenses 9	ANNOUNCING \$1000
Form 990-EZ, Part I, Line 16 7	Other Expenses 7	SUPPLIES \$2526
Form 990-EZ, Part I, Line 16 6	Other Expenses 6	UNIFORMS/ EQUIPMENT \$2541
Form 990-EZ, Part I, Line 16 5	Other Expenses 5	REFEREES \$2687
Form 990-EZ, Part I, Line 16 4	Other Expenses 4	SE DISTRICT EXPENSES \$3360
Form 990-EZ, Part I, Line 16 3	Other Expenses 3	AWARDS \$4057
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	MEALS \$4132
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	ICE RENTAL \$19333
Form 990-EZ, Part I, Line 16 1012	Other Expenses 1012	Insurance \$280
Form 990-EZ, Part I, Line 16 1007	Other Expenses 1007	Conferences, Conventions, and Meetings \$3427
Form 990-EZ, Part I, Line 16 1005	Other Expenses 1005	Travel \$18436
Form 990-EZ, Part I, Line 10 31	Grants and Similar Amounts Paid In Excess of \$5,000 31	Donee's Name TRI-CITY EAGLES   Donee's Address 13800 OLD GUNPOWDER ROAD LAUREL, MD 20707   Cash Amount Given \$5356

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 10 29	Grants and Similar Amounts Paid In Excess of \$5,000 29	Donee's Name NELSON HOCKEY   Donee's Address 8781 PINEY ORCHARD PARKWAY ODETON, MD 21113   Cash Amount Given \$6000

## Additional Data

**Software ID:** 11000144  
**Software Version:** 2011v1.2  
**EIN:** 52-2139421  
**Name:** POTOMAC VALLEY AMATEUR HOCKEY  
ASSOCIATION INC PVAHA

### Form 990-EZ, Special Condition Description:

#### Special Condition Description

### Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
PAUL DUQUETTE 6218 CRESTWOOD DRIVE ALEXANDRIA, VA 22312	Director 3 00	0		
BRAD SURDAM 9103 MARIAH JEFFERSON COURT LORTON, VA 22079	Director 3 00	0		
DEBBIE MOON 8757 CARDINAL FOREST CIRCLE LAUREL, MD 20723	Director 3 00	0		
BUD BUONATO 5372 IRON PEN PLACE COLUMBIA, MD 21044	Director 3 00	0		
PAM WEISS 8813 MAYBERRY COURT POTOMAC, MD 20854	Director 3 00	0		
NAO MATSUKATA 5116 SCARSDALE ROAD BETHESDA, MD 20816	Director 3 00	0		
LINDA JONDO 7518 LAWRENCE ROAD BALTIMORE, MD 21222	Vice President 3 00	0		
CHRIS DERNETZ 1436 PUTTY HILL AVENUE TOWSON, MD 21286	Treasurer 3 00	0		
JOHN COLEMAN 214 LAWTON STREET FALLS CHURCH, VA 22046	President 3 00	0		
MIKE BANCROFT 159 FRIAR TUCK SHERWOOD FOREST, MD 21405	Secretary 3 00	0		